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January/February 2020 \$5.00

Volume 16, Number 1

medestheticsmagazine.com

CELLULITE TREATMENTS

What Works and
What's Coming

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Anti-Androgen
For Acne

Brooke Jackson, MD

On Achieving a Good Work-Life Balance

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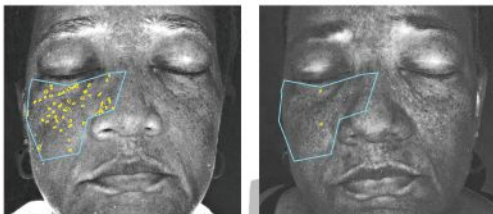
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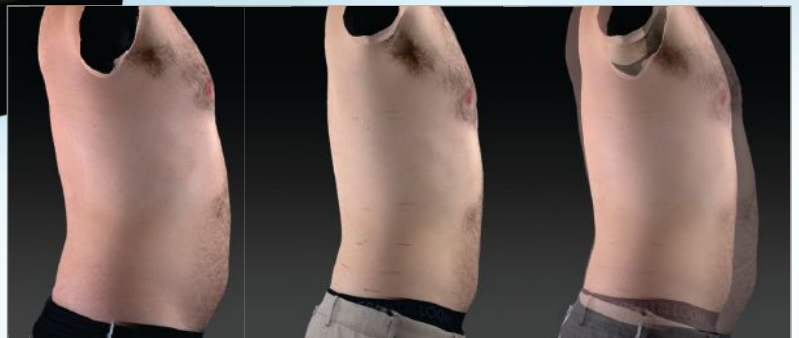
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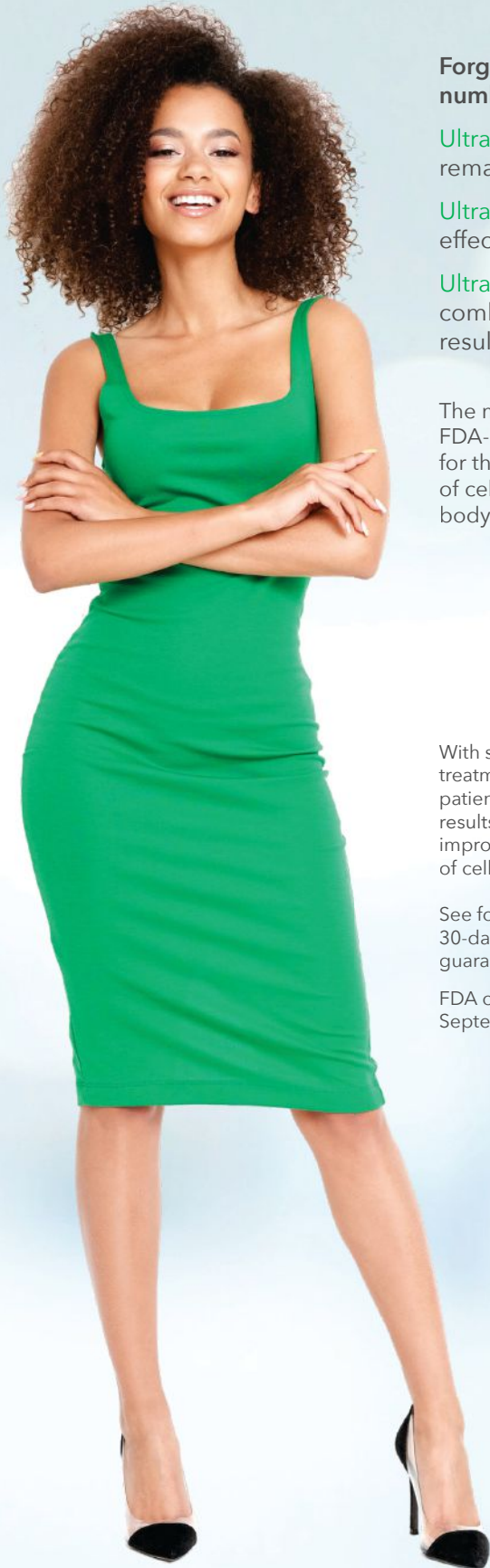
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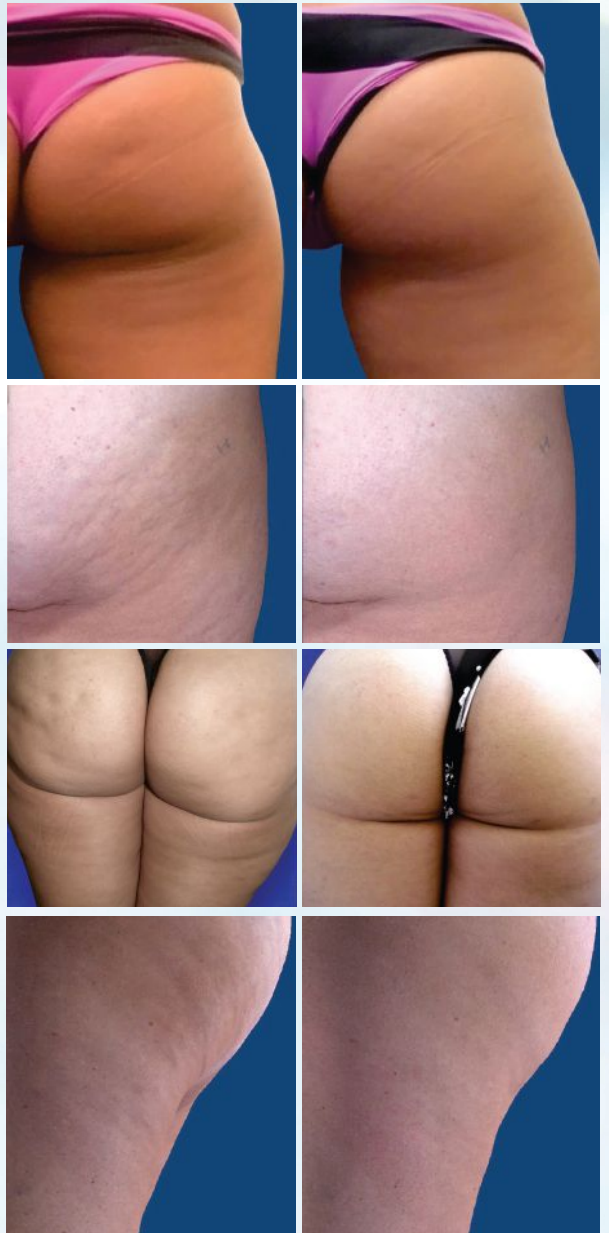
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*In multi-site clinical trials NCT02867150 at ClinicalTrials.gov, researchers demonstrated immediate fat loss for 100% of patients. Losses during each treatment in clinical trials averaged 1.6 liters and 3.5" combined from the waist, hips, and thighs. FDA clearances K160880 and K150336. U.S. Patents include 9498641, 9044595, and 9808314. UltraSlim® is a registered trademark of Blue Water Innovatons, LLC. MKT-191003-01



COVER: Brooke Jackson, MD

PHOTOGRAPHY: David Williams

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Mount Sinai, New York City



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SEEING THE FUTURE

There have been numerous predictions made about the year 2020. They range from the absurd—ape chauffeurs and flying houses, oh my!—to the more likely—continued growth in the use of telemedicine. I will make a few, low-risk predictions myself. In 2020, we will see improvements in existing aesthetic technologies and the emergence of brand-new treatments that will help physicians better address common cosmetic concerns, such as acne and cellulite.

Effective treatments for cellulite, which plagues about 90 percent of women, have been few and far between. That began to change with the introduction of Cellfina just five years ago, and now two more promising treatments are under U.S. Food & Drug Administration (FDA) review. On page 24 (“Smoothing the Dimples”), you can learn more about current and on-the-horizon treatments for patients anxious to banish cellulite.

Effective treatments for cellulite, which plagues about 90 percent of women, have been few and far between.

We are also likely to see the first topical anti-androgen for acne in 2020. Clascoterone 1% has completed phase 3 studies, and the FDA has accepted a new drug application (NDA) for the prescription topical. In Newsmakers on page 56, we share updates on the clinical trials, FDA timeline and potential future indications.

As we march forward, embracing new ideas and innovations, many tried and true aesthetic treatments continue to be relevant. The use of chemical peels to soften, brighten and smooth skin stretches back to ancient times, and these services remain widely popular today among patients, providers and even home users. On page 36 (“Peeling Back the Layers”), physicians and chemical peel manufacturers discuss why these treatments are so effective for indications such as melasma and acne. They also reveal what we’ve learned about how to prepare skin, and select and combine the right peeling agents for specific concerns.

Most future predictions center on technology. Health care has seen dizzying technological growth over the past two decades in the use of lasers and other energy-based treatment devices, electronic health records and the aforementioned telemedicine. The industry is also engaging more and more with artificial intelligence. In “The Future of Data Analysis” on page 30, writer Joe Dysart examines one of the latest AI-driven tools entering health care: natural language generation software.

According to the Chinese zodiac, the year 2020 (year of the metal rat) will be prosperous and lucky for all. This is my favorite prediction, and I hope it rings true for all of you.

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ALTRENO (tretinoin) Lotion, 0.05%, is now available in a 20-gram size exclusively for dispensing in dermatologists' offices. Ortho Dermatologics developed the 20-gram tube to improve patient compliance with treatment by ensuring that patients leave the office ready to begin their acne regimen.

"We like having a derm-dispensed option in our office," said Florida-based dermatologist, Leslie Baumann, MD. "I believe there is a link between an office visit and compliance when the patient can leave with the recommended medication in hand. Life is full of distractions and making a drug available in the office helps to ensure that the patient will use it in the way it has been prescribed. And, there is an enhanced possibility that use of the drug will begin that day. This means the patient will be able to see results sooner. We dispense several brands in our office specifically for this reason."

For more information, visit altrenohcp.com.

Social Media Support

Allied Beauty Experts, a provider of liability insurance, practice management and web design and management services, is now offering social media management services. The company notes that organic outreach is crucial to small businesses, and social media engagement is key to reaching more people interested in your brand and your services. The Allied Beauty Experts team will manage your social media pages and develop valuable content to help you grow an audience of engaged, loyal followers for your practice or medspa. "Creating brand awareness is what organic outreach is all about. Finding valuable content to post on a regular basis will expand your reach and increase brand awareness. Our company specializes in that," said Ken Callison, executive director of Allied Beauty Experts.

To learn more, visit alliedbeautyexperts.net.



ONLINE ACCREDITED AESTHETICS TRAINING

Medical education provider xMedica has launched a new website featuring CME and non-CME training programs for aesthetic practitioners. The courses cover topics including injection techniques for neuromodulators and dermal fillers, absorbable suspension sutures, novel fat grafting technology and more.

The site features three key sections:

- **xMedica LIVE**, where you can find listings of upcoming live programs at major conferences as well as sponsored workshops around the U.S.
- **xMedica ONLINE CME** courses taught by world-class experts in their respective fields
- **More to Explore**, where you can browse through videos on topics such as intimate wellness, dermal fillers and energy-based devices, with new content added regularly

"It's important for aesthetic practitioners to stay on top of new techniques to incorporate novel treatment modalities into their practices for their patients," said Wm. Phil Werschler, MD, founder of Spokane Dermatology Clinic and Werschler Aesthetics in Washington state. "The xMedica programs and advanced courses offer best-in-class educational opportunities to advance your techniques to the next level."

The CME and non-CME programs are open to practitioners of all specialties including dermatologists, plastic surgeons, facial plastic surgeons and other cosmetic doctors, as well as physician extenders and practice staff.

For more information, visit x-medica.com.



RESULTS SHOULD BE THREE THINGS: SEEN, FELT, & IMMEDIATE

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Tackling Burnout

Provider and staff burnout affects safety, quality of care, the patient experience and financial performance. So how can you help your employees—and yourself—maintain the passion, focus and energy required to deliver optimal care? Resilience experts Gary R. Simonds, MD, MHCDS, and Wayne M. Sotile, PhD, authors of *Thriving in Healthcare: A Positive Approach to Reclaim Balance and Avoid Burnout in Your Busy Life*, note that minimizing stressors is typically not an option in the world of health care, but learning new coping strategies is. They offer several strategies you can implement to foster resilience in your practice, such as:

Grant permission for self-compassion and self-care.

Normalize concepts of self-compassion and self-care. Notice what makes you feel good or bad, what angers and excites you and what brings you joy, peace, wonder or meaning.

Nourish and cherish relationships. The intense work of health care and fatigue after work hours can be isolating. You may stop going out and developing new friendships. It's critical to stop this cycle and fully commit to nourishing your relationships—with coworkers as well as loved ones.

Debrief the challenges of the day and celebrate the uplifts. Sharing hurtful work experiences, such as disappointments, embarrassment, confrontations and resilience breakdowns, can build empathy and lessen the pain. Likewise, collecting and reflecting on daily uplifts can boost well-being and counter psychological distress.

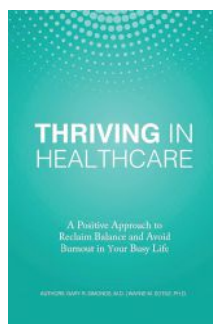
Demystify leadership. Work on breaking the “us versus them” mentality. Don't just take comfort in the notion that there's a team dedicated to facilitating your work efforts, but befriend and engage those teammates in your efforts to provide high-quality care.

Take “humanity breaks.” Enjoy a brief break in the morning and another respite in the afternoon for coffee, chatting with colleagues or meditation. If possible, step away from responsibilities for an hour or two in the middle of the workday. Leave the premises, have lunch, take a walk, soak up some sun or run a pleasant errand.

Master critical communication skills. Engage in team role-playing sessions to practice challenging critical conversations, such as breaking bad news, working with an uncooperative patient, speaking with a hostile physician, taking a difficult phone call and dealing with underperforming coworkers.

Explore your team's internal dynamics. Host regular team meetings to discuss practice dynamics, and open up a discussion on relationships, conflicts, idiosyncrasies, communications, likes and dislikes, concerns, successes and so forth. Remember: Teams that continually improve are fueled by members complimenting and affirming each other at least three times as frequently as they criticize.

Thriving in Healthcare: A Positive Approach to Reclaim Balance and Avoid Burnout in Your Busy Life is available on amazon.com.



SEBACIA DATA SHOWS TWO-YEAR EFFICACY FOR ACNE

Data from a real-world study of Sebacia Microparticles showed that improvement in inflammatory acne lesions is maintained two years after treatment. Jill Waibel, MD, presented the long-term data from Sebacia's ongoing European Union real-world registry study at the American Society for Dermatologic Surgery (ASDS) Annual Meeting in October. The study was designed to evaluate acne outcomes in patients who received pre-treatment with common first-line topical acne medications prior to the Sebacia treatment. Seventy-six patients were prescribed a two- to four-week course of topical retinoid followed by three weekly in-office treatments of Sebacia Microparticles at commercial centers. The two-year clinical results demonstrated:

- 92 percent average acne inflammatory lesion count (ILC) improvement at 24 months compared to baseline.
- 77 percent of patients were acne medication-free at 24 months.
- 9 percent of patients received a topical acne drug and only 14 percent received a systemic acne drug during the follow-up period.
- No serious or unanticipated adverse events.

“These 24-month results from the EU registry study provide us the first perspective of the long-term safety and durability of Sebacia Microparticles in acne patients,” said Dr. Waibel. “Sebacia Microparticles represents an option for dermatologists that is complementary to our polytherapy approach to acne while allowing us to target the sebaceous glands with a selective and local treatment.” **ME**

1. Cohen JL, Geronemus R. Safety and efficacy evaluation of pulsed dye laser treatment, CO₂ ablative fractional resurfacing, and combined treatment for surgical scar clearance. J Drugs Dermatol. 2018;15(11):1315-1319. © 2019 Candela Corporation. This material contains registered and unregistered trademarks, trade-names, service marks and brand names of Candela Corporation and its affiliates. All other trademarks are the property of their respective owners. All rights reserved. P180202EN-NA, Rev. A

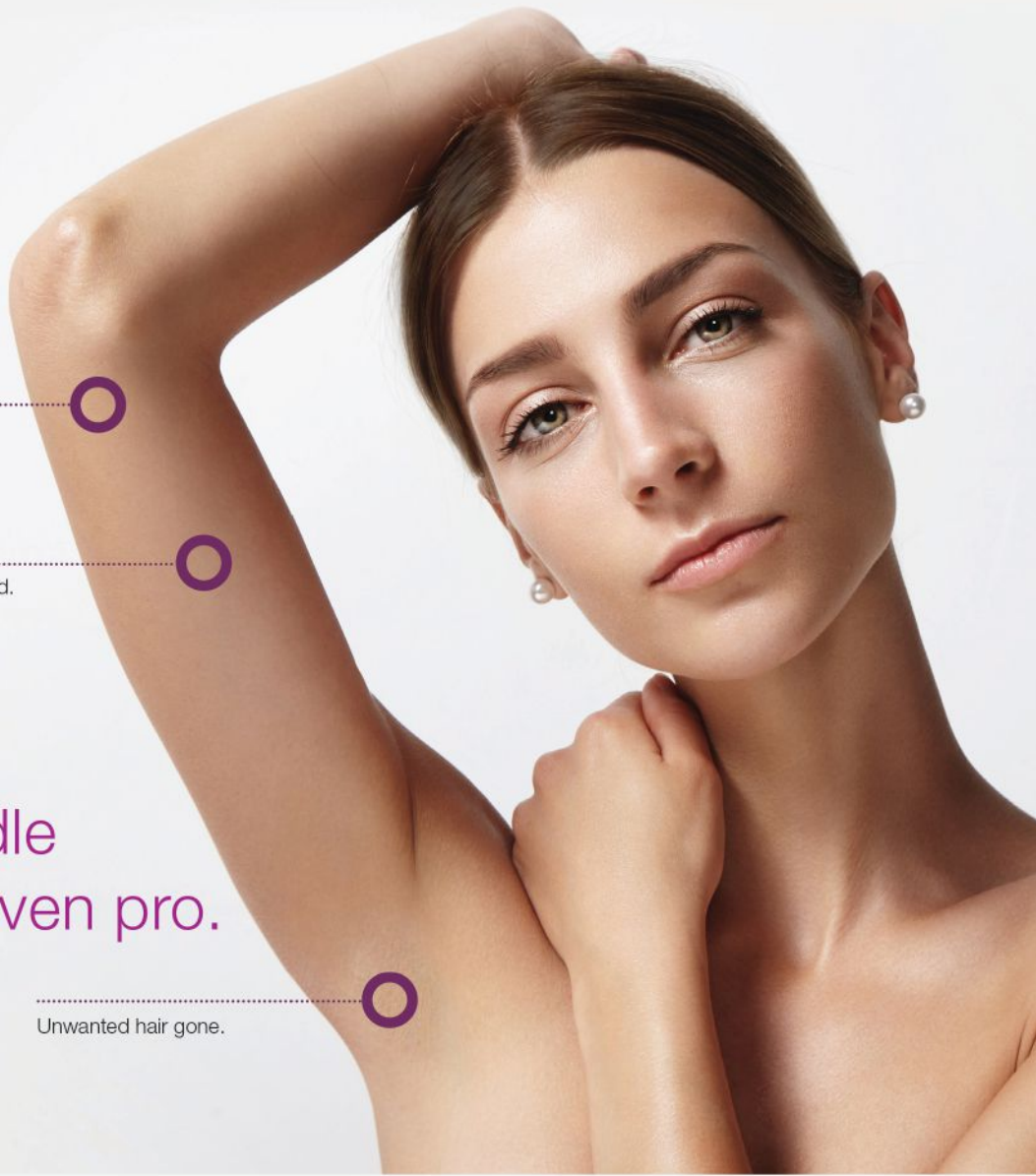


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Contact: 800.333.4055, babor.com.

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Contact: 877.746.4407, inductiontherapies.com.

3 YOUNGER-LOOKING EYES

Environ Youth EssentiA Vita-Peptide Eye Gel with Optim-Hyal, a new hyaluronic acid regeneration technology ingredient, stimulates the effects of natural hyaluronic acid renewal to provide the appearance of intense hydration for plumper, firmer skin in the eye area. The gel helps to smooth wrinkles while strengthening and protecting skin. Additional ingredients include vitamins, antioxidants and peptides that work synergistically to reduce the visible signs of aging, while promoting a younger-looking appearance.

Contact: 877.337.6227, environskincare.com.

4 TARGETED ACNE RELIEF

Galderma's AKLIEF (trifarotene) Cream, 0.005%, for the topical treatment of acne features a new retinoid molecule that selectively targets retinoic acid receptor (RAR) gamma, the most common RAR found in the skin. In two pivotal phase 3 studies that included 2,420 patients, AKLIEF Cream was proved to treat both facial (forehead, cheeks, nose and chin) and truncal (chest, shoulders and back) acne.

"While retinoids are foundational therapies to treat acne, there has been little innovation in decades," said Sandra Johnson, MD, FAAD, an investigator in the clinical trials of AKLIEF Cream and a dermatologist at Johnson Dermatology in Fort Smith, Arkansas. "With the approval of AKLIEF Cream, I am excited to offer my patients a unique, highly targeted retinoid that reduces inflammatory lesions on the face, back, chest and shoulders that has also been shown to be safe and well-tolerated."

Contact: 866.735.4137, aklief.com.

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Internal Marketing

Strategies to increase loyalty and motivate patient referrals.

In business lexicon, internal marketing is the promotion of an organization's objectives and services to its employees with the goal of improving customer service and creating brand ambassadors. In the service industry, it also refers to the practice of promoting your services to existing (versus prospective) clients to increase loyalty and motivate referrals. Combining both of these efforts is key to practice growth.

There are many advantages to internal marketing. First, you already know your patients and your staff. This makes marketing less intimidating and allows you to gather instant feedback on your efforts. Second, internal marketing is less costly than external campaigns and, therefore, offers a higher return on investment (ROI).

Following are some of the most effective internal marketing strategies that can help increase patient loyalty and motivate word-of-mouth referrals.

MOTIVATING REFERRALS

Word-of-mouth referrals are the very best marketing tool there is, and they are free. The best way to encourage patients to refer their friends and family is to ask them. You can do this verbally if a patient tells you how much she loved her results and through in-office signage, such as, "If you loved the service you received, tell a friend. Your referrals help our practice grow."

Open house and VIP events are another effective way to encourage patient referrals. Host a seasonal or educational event to introduce a new treatment or technology. Promote the event in-office and through your patient email list, and invite your patients to bring a guest.

You can also encourage existing patients to refer their friends by giving them a "treat a friend" certificate for a discounted introductory service.

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Have you ever taken the time to market yourself and your practice to your employees?

BUILDING LOYALTY

Aesthetic patients have many options for care. They may seek out another provider due to a negative experience with your practice, respond to a discount offer or try a new facility out of curiosity. But in some cases, patients go to another practice because they were unaware that you offered the very same treatment they were seeking. Don't let this happen to you! Make sure your staff and patients are aware of the full range of treatments and services offered at your facility.

There are several ways to keep patients apprised of your treatments: offer a service menu at the front desk and upon checkout; run video loops in the waiting area that highlight your full range of services; create signage of your treatments to post throughout the facility; and, most importantly, discuss patients' concerns with them and guide them toward treatments that can help.

Offering your own branded skincare product line can increase patient loyalty, too, as the patient will need to reorder either through your website or by coming back into the practice.

Some practices offer surveys to new and returning patients. These surveys ask about specific aesthetic concerns as well as level of interest in different types

of treatments offered in the practice.

You can reduce no-shows and increase patient retention by having staff members book the patient's next appointment for treatments, such as Botox, chemical peels or fillers, before they leave the practice. Then follow up with text, email or phone reminders in the week or days before the scheduled appointment.

After every appointment, send a thank-you note or email letting the patient know how much you appreciate the trust they have put in you and your practice, and include contact information in case they have any questions or concerns.





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Cheryl Whitman is founder and CEO of Beautiful Forever, an aesthetic business consulting firm, and author of *Beautifully Profitable, Forever Profitable*. Contact her at: cheryl@beautifulforever.com, 561.299.3909.



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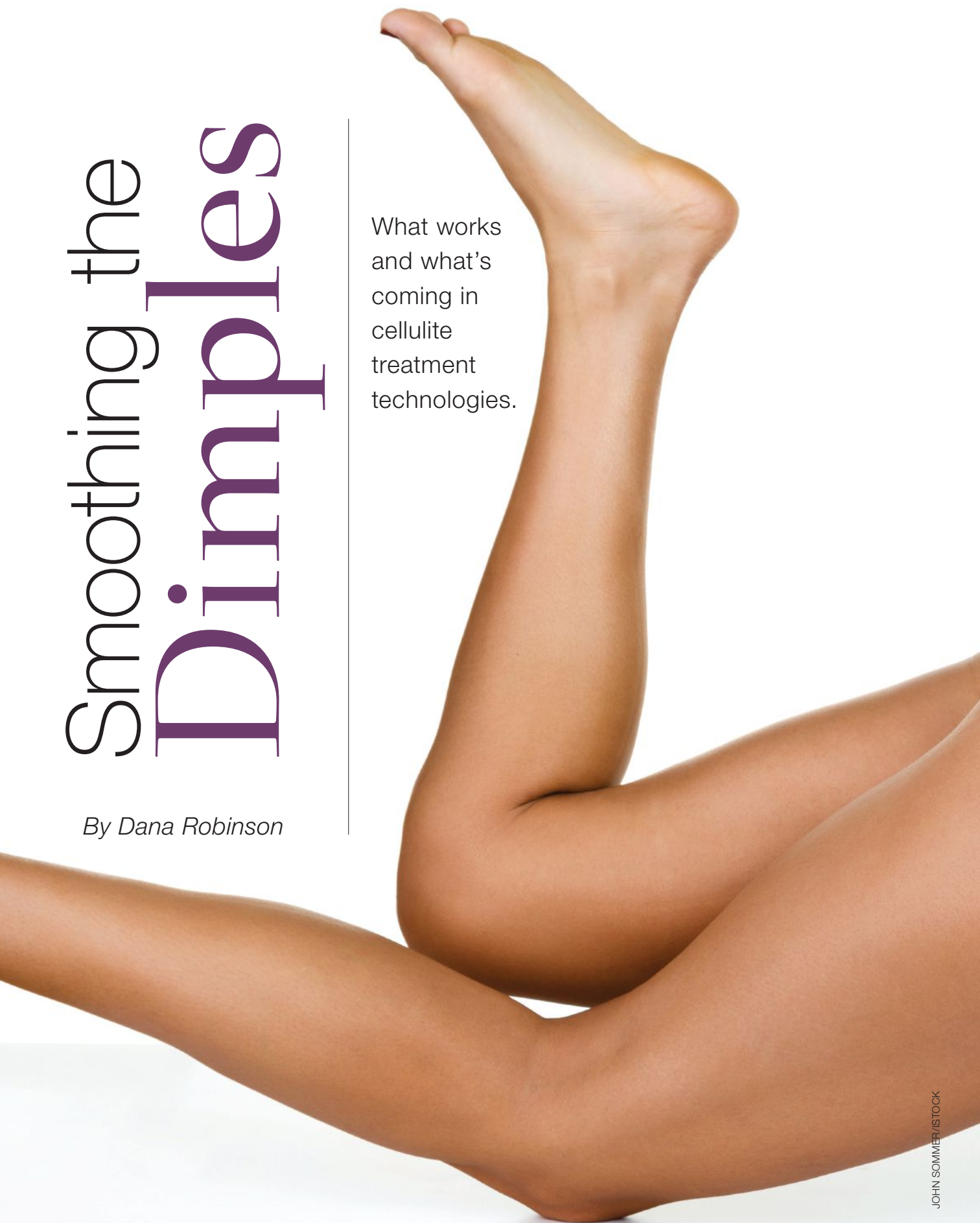
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Smoothing the Dimples

By Dana Robinson

What works
and what's
coming in
cellulite
treatment
technologies.



The firm, tight skin that patients had as children, particularly in the thighs and buttocks area, can become a distant memory as soon as they reach their late teens or early 20s. What was once picture-perfectly round and smooth often begins to acquire a sizeable collection of dimples and divots. That's why the medical aesthetics industry has been hard at work for decades trying to eradicate the phenomenon of cellulite that impacts about 90 percent of women. Today, lotions, creams, massage devices and even cellulite-eliminating jeans (seriously, Google it) of the past have been replaced by a new generation of dimple-busting treatments with results that are backed by years of study, U.S. Food and Drug Administration (FDA) approval and cold, hard science.

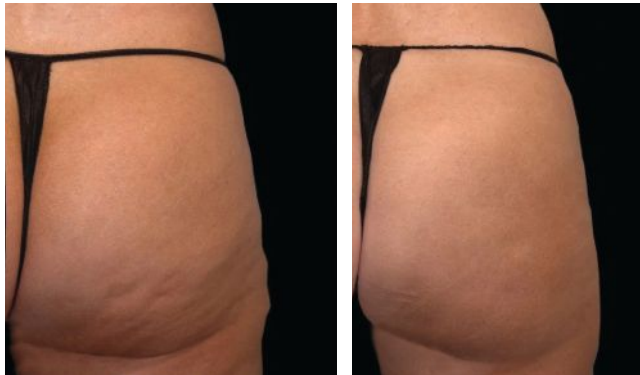
What Works?

Many cellulite treatments of yesteryear sought to fight the condition topically, but Cellfina (Merz Aesthetics) treats the structural cause of cellulite underneath the skin. The handheld device severs the tight bands of connective tissue that are woven throughout the fat in the thighs and buttocks and pull down on the skin to create dimples. To perform the treatment, physicians mark the dimples on the patient's body while she's standing and then infiltrate the treatment areas with a local anesthetic while the

patient is in a prone position. A microblade is then used to cut those bands. "It's great for smoothing dimples and short, horizontal lines," says Jeremy B. Green, MD, FAAD, of Skin Associates of South Florida and the Skin Research Institute in Coral Gables, Florida. "It works really, really well."

The treatment earned FDA approval in 2015, and 93 percent to 99 percent of patients see improvement that lasts a minimum of five years from a single treatment, says Michael S. Kaminer, MD, of SkinCare Physicians





Before and 28 days after the third treatment with collagenase clostridium histolyticum (CCH) injections.

in Chestnut Hill, Massachusetts, and associate clinical professor of dermatology, Yale School of Medicine, who was one of the original developers and researchers of the technology. “Previously, that was unheard of,” he says, noting that he has patients who have reported seeing results that last up to 10 years.

While only one treatment is typically necessary for long-term results, the volume of anesthesia required can limit the number of dimples treated in a single session. Dr. Kaminer did treat one patient who had so many dimples that he was unable to anesthetize an area of that size without potentially causing harm, so he had to break the procedure into two visits.

The Cellfina treatment is fairly easy for physicians to pick up. The trick is to “identify what is truly a dimple, and not treat the bands that hold up the buttock. Releasing bands along the gluteal crease can worsen the appearance of the butt region,” says Sabrina Guillen Fabi, MD, FAAD, FAACS, volunteer assistant clinical professor of dermatology at the University of California, San Diego. “After about five cases you can easily feel comfortable knowing what to release and how to optimize your positioning of the device so you can get the best results.”

Downtime is minimal. Dr. Kaminer recommends that patients wear a spandex garment over the treated area 24 hours a day for one week after the procedure. He also recommends that they avoid exercise for about three to four days due to oozing that may occur from the liquid anesthesia. But patients can essentially be out and about the next day, he says.

In some cases, Dr. Kaminer combines Cellfina treatment with Sculptra (poly-L-lactic acid, PLLA) injections, which help gradually replace lost collagen. “Cellfina is really

terrific at making people look noticeably and appreciatively different, but they may sometimes have little ripples or stubborn dimples that they want to tidy up. That’s where these fillers come in,” he says.

Because cellulite is sometimes a combination of dimples as well as skin undulations, combination treatments may be required to achieve the best outcomes. “After the age of 30 there’s typically an element of skin laxity,” says Dr. Fabi. “For that I use a skin-tightening device, such as Ultherapy microfocused ultrasound (Merz Aesthetics). We did a clinical trial using Ultherapy for the buttocks and thighs. Improvement is no more than 30 percent to 40 percent. Or you can use biostimulators, such as diluted PLLA or diluted calcium hydroxyapatite (Radiesse, Galderma), to thicken skin laxity.”

Patient Selection

If dimples are the patient’s main concern, Cellfina is Dr. Green’s go-to device. Dr. Kaminer finds that the treatment works best on shallow to medium dimples, but that women with deeper dimples will still see some improvement.

Patients within 10 pounds of a comfortable weight that they can happily carry and maintain are the ideal candidates, according to Dr. Kaminer, as significant weight gain can worsen cellulite.

Cellfina is safe for all skin types, but because small needles are used during the procedure, patients with darker skin tones may experience post-inflammatory hyperpigmentation at the treatment sites. In Dr. Kaminer’s experience, the pigmentation always resolves on its own, but may take longer to resolve in darker skin types.

What’s Next?

Researchers are always finding ways to build a better mousetrap, and for cellulite treatment those traps are coming in the form of injections, such as collagenase clostridium histolyticum (CCH, Endo International). CCH is a liquid enzyme that breaks up collagen types 1 and 3, which are found both in the skin and in the fibrous bands that cause cellulite, says Joely Kaufman-Janette, MD, of Skin Associates of Florida and a clinical investigator of CCH for cellulite. The injection is already approved in the U.S. for the treatment of Dupuytren’s contracture and Peyronie’s disease and is currently awaiting approval for the treatment of cellulite.

continued on page 34

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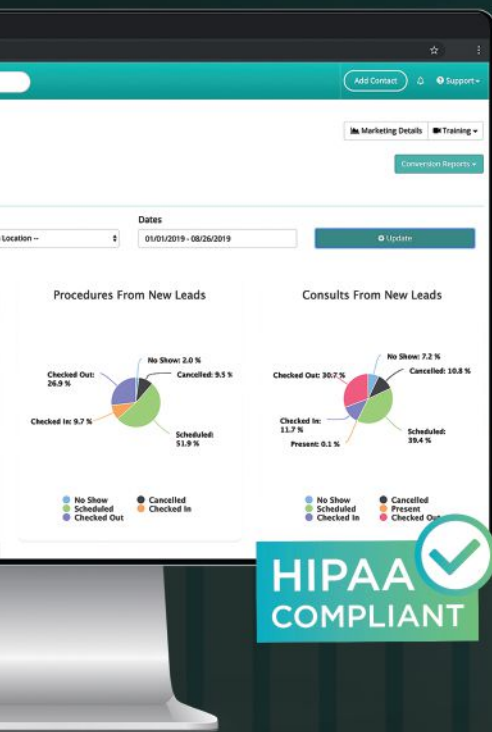
Dermaware's hydroquinone-free **Go Spot Go Gel** lightens spots of hyperpigmentation with botanicals of bearberry, licorice, morus alba and vitamin C. The gel is available in two formulations: Go Spot Go Cream for sensitive skin and Go Spot Go Gel with glycolic acid for less sensitive skin. **Contact: 504.469.3500, dermaware.com.**



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A black and white profile of a woman with long, dark hair, looking towards the right. The background is a dark blue gradient with a pattern of glowing white binary code (0s and 1s) on the right side.

THE FUTURE OF DATA ANALYSIS

Natural language generation software is the latest advance in AI-driven data analysis, and it's making its way into health care.

By Joe Dysart



Discussion of artificial intelligence (AI) in health care has largely revolved around electronic medical records and the incorporation of AI-based decision-making tools. But that's not the only area of health care where this new technology is appearing. There are also new AI-based software tools that scan your practice's data and create easy-to-understand written reports.

Natural language generation (NLG) software is similar to what Microsoft Excel uses to generate charts and graphs of your data. But NLG deciphers the data and delivers it in a written report. "Instead of forcing people to learn how to analyze spreadsheets or explore dashboards, data storytelling uses simple, easy-to-understand language and one-click collaboration features to ensure that everyone in your company actually understands data, all the time," says Anna Schena, a senior product manager at Narrative Science, an AI-generated writing toolmaker.

Johns Hopkins Hospital is utilizing Tableau technology "to understand operating room utilization from a cost perspective, facilitating surgeons to benchmark themselves against others performing similar surgeries and correlating those benchmarks to outcomes," says Akash Chandawarkar, MD, a resident physician in the department of plastic and reconstructive surgery at Johns Hopkins Hospital. "Reports of this kind can also uncover associations with variables that may have never occurred to the practitioner to query."

Many of the NLG software programs offer real-time updating of data in both visual and written format, which makes it easier to track changes. For example, if a graph you're looking at in your business intelligence software suddenly shows a 20 percent drop, many AI-generated writing programs are able to interpolate the data and instantly explain that change with an updated text description.

"NLG-driven narratives are the breakthrough that data-generated visuals were years ago," says Sharon Daniels, CEO of Arria, an AI-generated writing toolmaker. "The ability to access key information in near real-time, communicated as if written by the company's top analyst, without bias, at an NLG writing speed is truly astonishing."

"With 'data storytelling,' your team can read a personalized story that tells them what they need to know about the business, tailored specifically to their needs," adds Schena. "It articulates the most important and interesting information to each employee, every day. And it allows them to share that information with others."



RESEARCHING THE OPTIONS

One of the best ways to shop for AI-generated writing software that integrates with your business intelligence software is to investigate market leaders in the space. Currently, the top three players in AI-generated writing are Automated Insights, Narrative Science and Arria NLG, according to a 2018 report by market research firm Forrester. These three players offer the most customization in terms of both the kinds of reports that can be generated and the number of writing styles that can be used to generate the reports. They also offer more languages than other competitors, according to Forrester.

Depending on your specific needs, you might also want to look at lower-cost solutions with fewer bells and whistles. Among the second-tier strong performers are SAP and Salesforce, according to Forrester. Third-tier options include AX Semantics, Yseop, IBM and Marlabs.

Gartner Group, another respected market research firm, came up with a similar list of key players in their June 2019 report on AI-generated writing: Arria NLG, Automated Insights, AX Semantics and Yseop.



NO MATTER WHICH SOLUTIONS YOU FIND MOST APPEALING FOR YOUR PRACTICE, **THE FEATURES TO LOOK FOR IN ANY AI-GENERATED WRITING SYSTEM INCLUDE:**

CUSTOM ANALYSIS. Currently, scores of AI-generated writing toolmakers have the ability to transform data into simple text. But fewer can manipulate that capability to unearth the specific insights you need. Look for software that offers customization of insights as well as the ability to blend those insights with a business intelligence program you already use.

GRANULAR FOCUS. The best AI-generated writing solutions enable you to unearth highly specific insights, including ones that may be of use to only one individual in your organization.

REAL-TIME UPDATING. Many AI-generated writing solutions offer users the option to "set-it-and-forget-it." Essentially, this enables users to design a predefined report, which is continuously updated with real-time data.

CONTINUOUS UPDATING. This is an extremely handy feature, for example, if you're monitoring critical data that's streaming into your organization nonstop.

CUSTOM LANGUAGE STYLE. Basic AI-generated text has a reputation for being a bit dry. The best AI-generated writing tools offer you the ability to stylize the language. If you want to go for more stylish reports, you can bring in a creative copywriter to tweak the language style that your system will autogenerate.

ABILITY TO PORT TO CHATBOTS. While not every organization is currently using chatbots to communicate with customers—or to foster communication among employees—you may want that option down the line. As chatbot technology matures, for example, a chatbot backed by an AI-generated writing system will be able to carry on a conversation with your customer in a very natural, intelligent and innovative manner. Your employees also may use chatbots to query your database for easy answers to insights you have buried there. Such AI-powered chatbots would be a welcome change from conventional chatbots, which can come off as robotic and are often flummoxed for responses to even seemingly easy questions.

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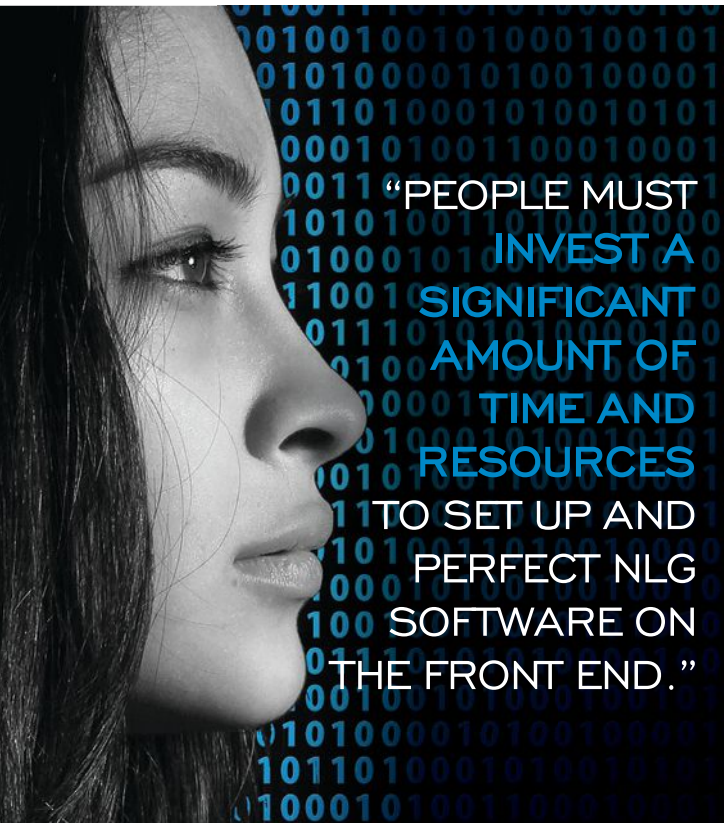
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“PEOPLE MUST INVEST A SIGNIFICANT AMOUNT OF TIME AND RESOURCES TO SET UP AND PERFECT NLG SOFTWARE ON THE FRONT END.”

Integrating an AI-generated writing tool with your practice’s business intelligence software does take time. “People must invest a significant amount of time and resources to set up and perfect NLG software on the front end,” says Brian Everett, senior partner with marketing firm MindShare Strategies. “And after reports and articles are generated, people still need to review and tweak the text to ensure it makes sense and is error-free.”

Look for a number of new AI-generated writing providers to emerge in the next few years with more powerful and more versatile systems. Such solutions likely will come in the form of standalone tools. Others will emerge as add-on tools to comprehensive business software suites.

As with most new software driven by AI, NLG is poised to dramatically alter the way organizations and companies work with data. So even if you’re not in the market for AI-generated writing right now, you’ll want to track this tech closely in the coming years. [ME](#)

Joe Dysart is an Internet speaker and business consultant based in New York City. Contact him at joe@dysartnewsfeatures.com.

The potential benefit of CCH over existing procedures is that it does not require any anesthesia. In clinical studies, patients with mild to severe cellulite dimpling underwent three treatments three weeks apart. The most common adverse events included bruising at the treatment site. However, the bruising became less severe with each session and cellulite dimpling did improve, says Dr. Kaufman-Janette. Contraindications include an allergy to the medication and bleeding disorders.

Dr. Kaufman believes that, if approved, physicians may pair the treatment with a tightening device, such as Emsculpt (BTL Aesthetics) or truSculpt flex (Cutera) for best results. And the CCH treatments will be easy to learn. The needle is placed underneath the skin at the site of the cellulite dimple and the solution is dispersed at three different angles. “Most dermatologists and plastic surgeons who are already really well versed at injections will be able to pick up a technique like this,” says Dr. Kaufman-Janette. A final decision by the FDA is expected by the fall of 2020, and the drug should become available to patients and physicians a few months after that, she adds.

Soliton Rapid Acoustic Pulse (RAP) is another cellulite treatment that’s currently in the queue to receive FDA approval. In the proof-of-concept trial, which treated 67 patients, the device was applied to the surface of the skin for a single, noninvasive, 20-minute treatment that required no anesthesia and caused no bruising, swelling or infection. Patient-reported pain scores were an average of 2.4 on a scale of 0 to 10. The result was an improvement in the appearance of cellulite, and none of the patients experienced any post-treatment downtime.

The device uses high-powered acoustic waves that are specifically designed to target subcutaneous tissue, including fibrous septae, which contributes to the appearance of cellulite. The device is currently being used in partnership with a short pulse laser to remove tattoos. The cellulite version is enhanced to treat larger areas, but the core technology is identical, says Dr. Kaminer, who is chair of the scientific advisory board for Soliton.

Given that the treatment doesn’t require any anesthesia or injections, it may appeal to needle-averse patients. There’s also “basically zero learning curve” for physicians, says Dr. Kaminer, which gives skincare professionals plenty of incentive to investigate the use of the device. He believes that, as with other cellulite treatments, it may be used in conjunction with fillers, such as Sculptra. But that will depend on how well the treatment is proved to work and on the type and severity of the cellulite. A larger study is currently in the works, and Dr. Kaminer is hopeful that FDA approval will occur in the next year or two, bringing yet another effective treatment to those suffering from cellulite. [ME](#)

Dana Robinson is a freelance writer based in Los Angeles.



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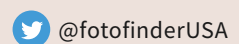
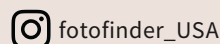


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PEELING BACK THE LAYERS

Top indications and agents
for superficial chemical peels.

By Inga Hansen

WHETHER YOU ARE ADDRESSING ACNE AND PIGMENTATION CONCERNS OR SIMPLY SEEKING TO BRIGHTEN LACKLUSTER SKIN,

superficial chemical peels have been proving their worth for hundreds of years. “Superficial chemical peels are very affordable, effective and the recovery time is quick, which is why they are so popular,” says John Kulesza, chemist and founder of Young Pharmaceuticals. On the following pages, physicians discuss how they’re using superficial chemical peels in their practices to address acne, unwanted pigmentation and photodamage.



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BANISHING BLEMISHES

TOP PEELING AGENTS: Salicylic Acid, Glycolic Acid, Lactic Acid, Azelaic Acid

Acne is a top indication for superficial peels, particularly for patients with skin of color, says Kachiu Lee, MD, of the Main Line Center for Laser Surgery in Ardmore, Pennsylvania. “You aren’t able to use lasers or deeper chemical peels on these patients, and there have been several randomized, controlled trials that have shown efficacy with both alpha and beta hydroxy acids in reducing acne lesions,” she says.

Pearl Grimes, MD, of The Grimes Center for Medical and Aesthetic Dermatology in Los Angeles, considers salicylic acid—a beta hydroxy acid—the most effective peeling agent for acne. “If you look mechanistically at how salicylic acid works, it decreases oil, which is why it’s the most efficacious peel for acne,” she says.

Salicylic acid is highly lipophilic, which allows it to reach the pilosebaceous unit, notes Dr. Lee. Another benefit of salicylic acid is that it has anti-inflammatory properties. “Salicylic acid is a chemical cousin of aspirin. It’s one of the best known dermatologic agents that is anti-inflammatory,” says Kulesza.

Alpha hydroxy acids (AHAs), such as glycolic acid and lactic acid, are less lipophilic, and therefore less likely to reach the pilosebaceous unit. Yet they also have been shown to be highly effective in improving acne. “We don’t know the exact mechanism by which AHAs help acne, but we know that they help exfoliate the skin by decreasing the cohesion between the cells, and that itself can potentially help with acne,” says Dr. Lee.

The benefit of offering glycolic acid peels to acne patients often comes down to cost. “For teenage acne, salicylic acid is better, but glycolic acid has been used for acne for a long time. It’s less expensive than salicylic, and you can put the patient on a salicylic acid home product to maintain their skin between peels,” says Angelia Inscoc, CEO of Induction Therapies, maker of the A Method Peel Center, which offers concern-specific peels with pre- and post-peel kits.

Lactic acid has similar efficacy to glycolic acid, “but it’s a little gentler,” says Dr. Lee. “So it’s good for patients who have more sensitive skin.”

Peeling patients with sensitive and even rosacea-prone skin is becoming more common thanks to new formulations and peeling agents that offer anti-inflammatory benefits. “Azelaic acid is a wonderful medication to treat acne and rosacea,” says Kulesza. “Many people don’t realize that if you mix azelaic acid with a solvent, such as alcohol, you can create a solution that lightly peels the skin and has an anti-inflammatory effect. Another ingredient is mandelic acid, which is a large, heavy molecule that does not penetrate very deeply. It works very superficially and has some antibacterial properties. That’s why blended peels containing salicylic acid, azelaic acid and mandelic acid can be used on patients who have very sensitive or rosacea-prone skin.”

PEELING AWAY PIGMENT

TOP PEELING AGENTS: Glycolic Acid, Lactic Acid, Tretinoin

Dr. Grimes, who specializes in pigment concerns, utilizes superficial peels for patients struggling with melasma, post-inflammatory hyperpigmentation (PIH) and dyschromia associated with photoaging. “Superficial peels are very good if you just want to treat the pigmentation component of photoaging,” she says. “But if someone has deeper rhytids in addition to dyschromia, you need a deeper peel.”

Her top peeling agents for pigmentation concerns are AHAs, salicylic acid and tretinoin. “What I like about a tretinoin peel is that it’s less aggressive. The peeling is very, very superficial. It is not an inflammatory peel,” says Dr. Grimes.

Melasma is a top indication for superficial peels in Dr. Lee’s practice as well. She performs glycolic or lactic acid peels combined with a homecare regimen, which includes daily sunscreen and a hydroquinone or nonhydroquinone lightening agent.

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This patient's melasma was treated with hydroquinone 4% and a salicylic acid (30%) peel.

Kulesza notes that lactic acid is a good option for unwanted pigment. "In addition to having an exfoliating effect on the skin, it also modestly inhibits pigment production," he says. "Other ingredients often used in peels targeting melasma include resorcinol, a chemical cousin of hydroquinone used in the Jessner peel, and arbutin, which comes from the bearberry plant and is also a chemical cousin of hydroquinone. If you use arbutin at a high enough level, it will have a peeling effect."

The Jessner peel is a combination of salicylic acid, lactic acid and resorcinol. "These peels really target pigment, and they can be layered," says Inscoc. "So it's something you can stack together to give the patient a deeper peel, while a one-layer Jessner peel is safe for Fitzpatrick skin types 4 and 5."

Superficial peels alone are not effective for long-term treatment of melasma. But when combined with home care, they can boost treatment efficacy. "After compliance, one of the biggest difficulties in using topical treatments is penetration," says Dr. Lee. "If you use a peel beforehand to thin out the stratum corneum, then the topicals can penetrate much better into the skin."

Dr. Grimes calls daily topicals the "workhorses" of melasma treatment. "What that patient is doing every day affects their melasma more so than the peel. You can't just peel and not have them on a daily regimen," she says.

To further enhance peel outcomes, Dr. Lee performs a very superficial microneedling treatment and then applies the peel. "This was popularized

by our colleagues in India who treat a lot of skin-of-color patients with melasma," she says. "It's difficult to safely use lasers on these patients, and there's really good data on the use of superficial peels combined with microneedling to help with pigmentation for improvement of melasma."

SKIN REJUVENATION

TOP PEELING AGENTS: Glycolic Acid, Lactic Acid, Retinoids

In addition to reducing acne breakouts and lifting unwanted pigment, superficial peels can provide immediate skin brightening and plumping. "A superficial AHA peel is a great treatment for a younger patient, someone in their 20s or maybe their early 30s, and it's a great skin rejuvenation treatment for people who want no downtime," says Dr. Lee. "But if the patient has a little more photodamage, superficial peels may not be as effective as a medium or deep chemical peel or a laser treatment."

As with pigmentation concerns, performing a superficial peel prior to starting a patient on an antiaging homecare regimen "is going to allow all of your active ingredients to penetrate better and work faster," says Inscoc.

Glycolic acid, thanks to its low cost and long track record in skin care, is the most popular agent for skin rejuvenation. "It's great for a lunchtime peel where you just want to refresh the skin. It's really inexpensive and it's tried and true," says Inscoc. "You can use it in varying strengths, and you can step up the level of aggressiveness. It targets pigment. It targets collagen. It targets clogged pores and it brightens the skin."

Induction Therapies offers a 3 percent retinol peel called the Ready Refine, specifically formulated for photodamage and skin rejuvenation. "It's all trans retinol and it has 18 amino acids in there, and it's really gentle," says Inscoc. "There's no stinging or burning because it has the amino acids, which are calming to the skin. It's a great peel for rosacea and for patients with sensitive skin."



PREPPING THE SKIN

Preparing the skin for a superficial peel can help improve the efficacy of the peel and reduce the risk of PIH in skin of color. Dr. Lee starts all superficial peel patients on a retinoid and a sunscreen. "Putting them on a

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PEELING BACK THE LAYERS

retinoid helps the peel be applied more evenly. There's also evidence that using a retinoid beforehand helps speed the rate of healing," she says. "I tell everyone to use sunscreen as well. I want them in the habit of using sunscreen, because their skin is going to be more sensitive after the peel."

When performing superficial peels, Dr. Lee has her patients use their retinoid right up to the day of the peel. "If I'm doing a medium or a deeper peel on a darker skin patient, I will have them stop it beforehand because we don't want the medium peel to penetrate too deeply," she says.

Conversely, Dr. Grimes has her patients stop their retinoid use at least 10 days prior to peeling. "A retinoid can make any peel go deeper, so you have to be extremely careful about that in your priming. If you're treating pigment in skin of color, less is more," she says. "I don't want excessive peeling, because I can give them PIH and make them worse. If it's photodamage, you have a much broader window of safety because it's a lighter-skinned individual."

Dr. Grimes puts all patients with pigmentation concerns on a daily skin lightener. "The peels work much better if you put the patient on a lightener first. This decreases the likelihood of PIH as well," she says.

For acne, she starts the patient on benzoyl peroxide, a retinoid and a topical antibiotic prior to peeling. "I may use azelaic acid in combination with the retinoid or topical dapson," says Dr. Grimes. "If that patient has a lot of PIH as well as the acne, then I'm going to get them on a topical lightener as well."

HEALING SUPPORT

Following a superficial peel, Dr. Lee has patients return to their normal homecare regimen and apply daily sunscreen. "There are some companies that offer restorative masks or phyto-corrective gels designed to restore moisture to the skin and calm the redness or inflammation, so they can

use something like that if they want. But it's not absolutely necessary," she says.

Dr. Grimes counsels patients to use a bland cleanser and bland moisturizer, such as like Cetaphil/CeraVe, for two to four days following the peel as well as sunscreen. "If the patient is having any undue irritation, you can use some hydrocortisone lotion," she says.

PEELING SAFELY

Superficial peels, by their very nature, are quite safe but not without risk. "Superficial peels can only penetrate through the epidermis, so there is a very low risk of scarring or permanent hypopigmentation," says Dr. Lee. "Where I do err on the side of caution is in people with skin of color because if you start penetrating a little deeper, even if it's just in the epidermis, there is a higher risk of PIH. I'm also cautious when peeling people with very sensitive skin. I tend to start slow and work my way up to make sure their skin can tolerate it."

The peeling agents that warrant the most caution are TCA and glycolic acids. "With glycolic acid and lower-strength TCA peels, if you don't neutralize them or you apply too much of them, you can get permanent scarring and hypopigmentation," says Dr. Lee.

You also need to know the pH of your glycolic peel. "The pH affects the aggressiveness and effectiveness of the glycolic acid peel," says Dr. Lee.

The concentration of glycolic acid relative to pH is calculated using the Henderson-Hasselbalch equation. "If a peel is 30 percent glycolic acid and has a pH of 1, that's a true 30 percent glycolic acid peel," explains Inscoc. "If the pH is 3, you're only getting about 18 percent and if it's a pH of 2, you're getting about 22 percent of that glycolic acid. You have to know the pH to ensure that you're getting that full percentage of acid."

To ensure safety, Dr. Lee peels to clinical endpoints. "With the salicylic acid peels you're supposed to get a pseudo-frosting type of color and glycolic acid is supposed to be a little pink," she says. "Before you offer these peels, you should be trained to understand what the clinical endpoints are and how to recognize them so you know when to stop the peel."

Those new to peeling can seek out training through professional associations, manufacturers or more experienced practitioners.

"I like superficial peels. I can manipulate the depth to control the level of injury, and you have a high level of safety," says Dr. Grimes. "There's certainly a place for medium-depth peels but, more often than not, for pigment, repetitive superficial peels will work just as well." **ME**

Inga Hansen is the executive editor of *MedEsthetics*.



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DO YOUR THING

Brooke Jackson, MD, combines her love of dermatology and patient care with a family-first life focus.

By Keith Loria • Photography by David Williams

For dermatologist Brooke Jackson, MD, a love of learning and science began at an early age. Her father, Marvin Jackson, MD, was the chair of the pathology department at Howard University, and her mother was a public school teacher in Washington, DC. “I grew up in the halls of Howard University Medical School and fondly remember looking at preserved human body parts in the cases that lined the walls of the hallway,” says Dr. Jackson, who is the owner and medical director of Skin Wellness Dermatology Associates in Durham, North Carolina. “My father was always present and supportive. A pathologist rarely has an emergency, so he was often home for dinner. He helped me with homework and was there for my school performances.”

Her interest in dermatology was piqued both by her childhood and medical school experiences. One of her family’s neighbors was John Kenney, MD, the founding chair of the department of dermatology at Howard University, who treated her pityriasis alba and keratosis pilaris when she was young.

“I was initially drawn to obstetrics and gynecology,” says Dr. Jackson. But while doing her OB/GYN rotation at Georgetown University medical school, she was disheartened when one of the older attendees said if he had to do it again, he would have chosen a different

specialty. “He said that he had four children and had missed every single one of their graduations,” she recalls.

When she entered her dermatology rotation, she quickly realized this was the right specialty for her. “I enjoy working with men, women and children, performing procedures and developing long-term relationships with patients, and the field of dermatology encompasses all of these things,” says Dr. Jackson, who lectures nationally on cosmetic procedures in skin of color and is the author of two books, *Child of Mine: Caring for the Skin and Hair of Your Adopted Child* and *Skin Care for Runners*.

After receiving her medical degree at Georgetown University, Dr. Jackson completed her dermatology residency at Henry Ford Hospital and a laser surgery fellowship with Kenneth Arndt, MD, at Harvard University. This is where she developed both a love of lasers and a concern that so little information existed on laser-tissue interaction in patients with darker skin types.

During her fellowship, she invited a few patients with skin of color in after hours to see how their tissue would react to the lasers and quickly realized that the pigment in their skin was absorbing too much of the laser energy, causing damage. “This piqued my interest. I was fortunate to be involved in some of the early laser hair removal studies involving darker skin,” she says. “Laser hair removal is so impactful on women with skin

DO YOUR THING



Skin Wellness Dermatology Associates features a clean, minimalist design with a clear view of nature.

of color, because so many of them have unwanted facial hair, which affects their self-esteem. I had patients who literally broke down into happy tears after their treatments knowing they didn't have to wake up and shave anymore. It was so satisfying that we could now help these patients."

Becoming a Leader

Dr. Jackson completed a second fellowship in Mohs micrographic surgery with Leonard H. Goldberg, MD, in Houston, and stayed in the area to develop and launch the Mohs Dermasurgery unit at MD Anderson Cancer Center. She next moved to Chicago, where she held a clinical faculty position in the department of dermatology at Northwestern University for 10 years.

During this time she also opened her first practice, the Skin Wellness Center of Chicago, and became more actively involved in a passion she developed in Houston: running. "I did not grow up running but I joined a running group in Houston during my fellowship year and ran my first marathon," says Dr. Jackson, who has completed 10 marathons. "When I moved to Chicago, I started looking at the running community and realized that the groups that were available were for people who were super-fast, competitive runners. There was nothing for people like me who were not that fast, but wanted to do it. So I started



my own group on the South Side of Chicago. It grew to more than 400 members."

Today, she speaks with running clubs about the importance of sun protection and skin care and has served on the board of "Girls Who Run." Her experience in organizing the running group coincided with her move into private practice. She took all of her personal experiences and put them to work in finding and developing a staff that would help her grow the practice of her dreams.

"Dr. Goldberg was transitioning to private practice during my fellowship with him, so I was able to observe the nitty-gritty of setting up a new practice," she says. "Having been part of many clinical and academic environments, I also have seen what works and what doesn't with staff. I decided to build my own environment and incorporate the best of what I had experienced in other positions and avoid the worst."

Her goal was to be a hands-on, approachable leader. "We incorporated morning huddles," says Dr. Jackson. "I had—and still have—a small staff, which means it is always all hands on deck. So I look for people who are accountable. Once you find the right employees and they gel as a group, everything works beautifully."



Developing safe and effective treatments for patients with skin of color is a core focus and concern for Dr. Jackson.

Family Matters

In 2013, she and her family relocated to North Carolina's Triangle area where she briefly worked as an associate professor at the University of North Carolina (UNC), Chapel Hill, before opening her current practice, Skin Wellness Dermatology Associates.

"When I opened my practice in Chicago, I was single with no kids and I had a 10-year lease on my office space," she says. "At the end of those 10 years, I was married with three children (twin girls Avery and Reese, who are now 12, and son Myles, who is now 10). There came a point where it was less about my career and more about family."

Dr. Jackson's father had passed away shortly before she opened her practice in Chicago and, 10 years later, her mother was getting older. "I am the child who is primarily responsible for her care, so my husband, James, and I looked for a place that was suitable for three generations and offered the opportunity for a better work/life balance," she says.

The couple took out a piece of paper and wrote down all that they wanted from the next stage of life in terms of weather, overall quality of life, schools and proximity to family. They settled on North Carolina.

"We have campouts in the living room every Friday night—we make popcorn and watch a movie," says Dr. Jackson. "I am a hands-on mom but not a helicopter

mom. I vowed that I am never going to let my children look out in the audience for their performance and not see me there. I will alter my schedule and explain to patients that my kids come first."

Office Aesthetics

Those who visited her Chicago practice may be surprised by the very different look of Skin Wellness Dermatology Associates. The Chicago office had an Asian-influenced Zen feel, while the new one is very minimalist. "I actually brought my architect from Chicago in to design it because I wasn't finding anything here that portrayed my vision—clean, simple, warm and welcoming," says Dr. Jackson.

Some of the design choices also related to the region. With both Duke University and the UNC close by, everything in the area seemed to be a shade of blue. But being affiliated with neither institution, Dr. Jackson decided to avoid that palette. "The color blue is a religion in this area, and I didn't want to spend my days talking about whether I'm a Duke or UNC fan, so my office is green," she says.

When people walk in, the first thing they see is a huge window highlighting the lush trees behind the practice. Dr. Jackson chose that tree-side of the building so her patients would feel as if they were walking into nature. "The office is bright and clean. The feedback I get from patients is that that they've never been in an office



“If you are a good doctor and take pride in your work, there’s no reason why you won’t be successful. You should do your thing and not someone else’s thing.”



Dr. Jackson's love of lasers began during her fellowship with Kenneth Arndt, MD. Her practice offers a wide range of lasers and energy-based devices.

like this—it’s beautiful and it’s peaceful,” she says. “I wanted it to be professional but not excessively medicinal like a hospital. I want people to feel comfortable and relaxed and embrace the self-care path they are embarking on.”

Dr. Jackson also changed how she staffed the new practice, hiring pre-med students as medical assistants. They stay with her for two years. “I want staff who are eager to learn, have the capacity to learn quickly and are sincerely interested in becoming doctors,” she says. “The pre-med students pick things up very quickly and have a different level of commitment. I teach them, mentor them and let them fly as medical students, which is really rewarding. This arrangement also brings academics into my practice, which I very much enjoy.”

Dr. Jackson is also active on Instagram (@dr.brooke.jackson). She uses the page as a marketing, educational and inspirational tool for patients. “We have a lot of fun with it,” she says. “We create mini-dramedies highlighting the importance of skin care and protection and create office characters such as ‘The Derminator.’”

Relationship Building

One of Dr. Jackson's favorite aspects of dermatology is establishing ongoing relationships with patients and getting to know them well. “With dermatology, you are looking at the skin, but there are so many things that play a role in skin health, including stress. If someone is going through a transition or difficult time in life, it might explain why their acne is getting worse,” she says. “My staff always comments that I’m part dermatologist/part therapist, and that is part of the job.”

From a practice standpoint, her future goal is to transition to a fully elective practice. “Medicine is changing rapidly and patients’ primary dissatisfaction is financial,” she says. “Patients don’t understand their insurance, and doctors are expected to explain it. That can be really frustrating. I spend a lot of time that could be spent caring for patients explaining co-pays and coverage, doing prior authorizations and trying to find a medication that is suitable and covered by their insurance plan. It sucks the joy out of practicing medicine.”

For those who want to follow in her footsteps, her advice is simple: Build it and they will come. “If you are a good doctor and take pride in your work, there’s no reason why you won’t be successful. You should do your thing and not someone else’s thing,” says Dr. Jackson. “Develop a niche, and you will find your tribe.” **ME**

Keith Loria is a freelance writer based in Oakton, VA.



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ASDS ELECTS NEW OFFICERS

Voting members of the American Society for Dermatologic Surgery (ASDS) elected new leaders during the ASDS Annual Meeting in Chicago in October.

President: Marc Brown, MD, is the director of the Division of Mohs Surgery and Cutaneous Oncology and professor of dermatology and oncology at the University of Rochester's School of Medicine in Rochester, New York. An active ASDS member since residency, he previously served on the Board of Directors and has participated in numerous work groups, chairing both the Audit Committee and Educational Exchange Work Group.

President-Elect: Mathew M. Avram, MD, JD, is the director at MGH Dermatology Laser, Cosmetic and Dermatologic Surgery, as well as an associate professor of dermatology at Harvard Medical School Department of Dermatology.

Vice President: Sue Ellen Cox, MD, is the medical director at Aesthetic Solutions PA in Chapel Hill, North Carolina, and serves as affiliate staff at the University of North Carolina School of Medicine's Department of Dermatology and consulting associate at Duke University Medical Center's Department of Dermatology.

Secretary: Kavita Mariwalla, MD, served on the ASDS/ASDSA Board of Directors from 2015-2018 and as the Resident Representative from 2007-2008.

ASDS members also appointed three physicians to the society's Board of Directors:

- M. Laurin Council, MD
- Ian A. Maher, MD
- Anthony M. Rossi, MD

Katherine Ligtenberg, MD, PhD, MBA, will serve as resident representative to the ASDS and ASDSA Boards of Directors.

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Elizabeth Grady, a Boston-based esthetics, massage therapy, makeup artistry and retail product company, is now offering Cynosure's WarmSculpting with SculpSure and Icon treatments at each of its 24 locations throughout New England and at its accredited School of Esthetics and Massage Therapy. Founded in 1974, Elizabeth Grady services more than 100,000 customers and graduates more than 200 professional estheticians, massage therapists and makeup artists annually.

WarmSculpting with SculpSure is a nonsurgical body contouring treatment designed to permanently eliminate fat cells in problem areas, including the abdomen, love handles (flanks), back, thighs and under the chin.

The Icon Aesthetic System with the proprietary Skintel Melanin Reader is indicated for vessel and pigment clearance, surgical and acne scar treatment, stretch mark treatment, wrinkle reduction and permanent hair reduction.

"Elizabeth Grady is honored to partner with Cynosure, a global leader in energy-based medical aesthetics, and we're pleased to offer their WarmSculpting and Icon treatments, which expand the services available to our clients, providing them with the most in-demand treatments they're looking for. The scientific and educational approach that Cynosure provides will strengthen and confirm that Elizabeth Grady professionals are the most sought-after in the field," said John P. Walsh, president and CEO of The Elizabeth Grady Companies.



Saskia Magner

MAGNER JOINS SENTIENT LASERS

Saskia Magner has joined Sentient Lasers, a company that specializes in service, sales, procurement, leasing and warranty of aesthetic laser and light-based technologies, as outside sales executive. She will be responsible for creating and driving new business opportunities and building a larger sales force.

Magner has more than 20 years of experience in the medical aesthetics industry, working with companies

including Palomar, Cutera, Allergan, Johnson & Johnson and Merz North America. She is currently COO and business development specialist at Pacific Northwest Aesthetics Academy, where she leads customized injector training and consulting for aesthetic medical practices.

ASDS AWARDS RESEARCH GRANTS

The American Society for Dermatologic Surgery (ASDS) awarded eight research grants during its annual meeting in Chicago in October.

The Jumpstart Research Seed Grant Program provides research investigators a chance to define objectives, test hypotheses and provide a better idea of feasibility and directionality of research before applying for additional funds. The 2019 recipients are:

Spencer Bezalel, MD, of the Mayo Clinic for "Evaluation of noninvasive nonthermal irreversible electroporation on cutaneous tissue"

Jigar Patel, MD, of Duke University for "Evaluation of the accuracy of computer-guided laser delivery versus a human-operator for cutaneous applications"

Wesley Yu, MD, of the University of California, San Francisco, for "Mechanisms of Immune Tolerance: HPV, the

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Kseniya Kobets, MD, board-certified dermatologist with Skin Laser & Surgery Specialists of NY and NJ.

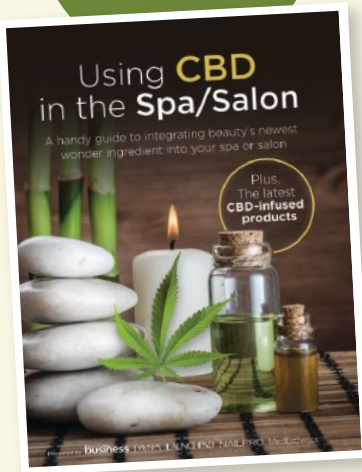
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PD-1/PD-L1 Pathway, and Squamous Cell Carcinoma”

The Cutting Edge Research Grant Program encourages clinical research and the transfer of new technologies into the surgical practice setting. The 2019 recipients are:

Monica Boen, MD, of Cosmetic Laser Dermatology, for “A randomized clinical trial comparing the efficacy and safety of radiofrequency microneedling versus nonablative fractional 1,550nm erbium:glass laser for the rejuvenation of the neck”

Maggie Chow, MD, of the University of California, San Diego, for “Genetic markers for metastatic cutaneous squamous cell carcinomas of the head and neck among patients with solid organ transplants”

Michael Renzi, MD, of Cooper Dermatology for “The Effect of Compression Therapy on Post-Operative Healing and Complication Rate in Dermatologic Surgery”

Joseph Sobanko, MD, of the Hospital of the University of Pennsylvania, for “Cost-analysis and shifting trends of melanoma surgery in different operative settings from 2008 to 2018”

The Fredric S. Brandt, MD, Innovations in Aesthetics Fellowship Fund promotes and supports the career development of junior cosmetic dermatologic surgeons. Hyemin Pomerantz, MD, of the Laser & Skin Surgery Center of New York, is the sole recipient in 2019 for her research project, “Comparison of energy-based devices in the treatment of atrophic acne scars utilizing objective measurement with a new 3D imaging system.”

EVENTS

January 17-20 Orlando Dermatology Aesthetic & Clinical Conference, JW Marriott, Orlando, FL. Contact: orlandoderm.org

January 24-26 36th Annual Breast Surgery Symposium, InterContinental-Buckhead, Atlanta. Contact: 435.901.2544, sesprs.org

January 25-29 Maui Derm for Dermatologists, Grand Wailea, Maui, HI. Contact: 831.595.0710, mauiderm.com

January 30-February 1 The Aesthetic Society's Facial & Rhinoplasty Symposium, The Cosmopolitan, Las Vegas. Contact: 562.799.2346, surgery.org

January 30-February 1 IMCAS World Congress, Palais des Congrès, Paris. Contact: imcas.com

January 31-February 2 The Medical Spa Show 2020, Aria Resort & Casino, Las Vegas. Contact: 312.981.0993, medicalsplashow.com

February 6-9 South Beach Symposium, Loews Hotel, Miami Beach, FL. Contact: 561.893.8625, southbeachsymposium.com

February 6-9 Women Plastic Surgeons (WPS) Enrichment Retreat, Union Station Hotel, Nashville. Contact: 847.228.9900, plasticsurgery.org

February 8-10 Face and Body Southeast Spa Expo & Conference, Georgia World Congress Center, Atlanta. Contact: 630.653.2155, faceandbody.com

February 27-29 American Academy of Cosmetic Surgery Annual Scientific Meeting, Mandalay Bay Convention Center, Las Vegas. Contact:

312.981.6760, cosmeticsurgery.org

February 27-March 1 12th American-Brazilian Aesthetic Meeting, Grand Summit Hotel, Park City, Utah. Contact: 435.602.1329, americanbrazilianaestheticmeeting.com

March 8-10 International Esthetics, Cosmetics and Spa Conference, Javits Convention Center, New York City.

Contact: 203.736.1699, iecsc.com

March 12-14 ASPS/ASAPS Spring Meeting, Hyatt Regency New Orleans, New Orleans. Contact: 847.228.9900, plasticsurgery.org

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CLASCOTERONE

The U.S. Food and Drug Administration is currently reviewing the first topical androgen receptor inhibitor for the treatment of acne.

A first-of-its-kind topical androgen receptor inhibitor for the treatment of acne vulgaris may be coming to market this year. The U.S. Food and Drug Administration (FDA) has accepted a new drug application for clascoterone 1% cream from Cassiopea with a Prescription Drug User Fee Agreement (PDUFA) date of August 27, 2020. Cosmos Pharmaceuticals discovered the potential of clascoterone as a topical agent when researching anti-androgens for cancer.

“The goal for clascoterone was to develop a topical anti-androgen or, more specifically, an androgen receptor inhibitor that could work locally in the sebaceous gland or the hair follicle without having systemic side effects. And the goal has proven out now,” says Diana Harbort, CEO of Cassiopea.

In two phase 3 studies that included 1,440 subjects, 16.1 percent and 18.7 percent of subjects in the treatment arm had a two-point reduction in the investigator’s global assessment (IGA) and a score of clear or almost clear compared to 7 percent and 4.7 percent in the control (vehicle only) group. “Subjects used the product twice a day, and this was a statistically significant improvement,” says Martina Cartwright, senior director of medical affairs at Cassiopea. “The most common side effect, which was mostly mild in severity, was erythema.”

The number of adverse events was similar in the treatment and control groups (11.4 percent with clascoterone versus 12.7 percent with vehicle) and no systemic side effects were noted. “We tested cortisol values in a subset of patients, and they were similar among all groups, which shows that there is no systemic effect,” says Harbort.

In addition to avoiding the systemic effects of oral anti-androgens, such as birth control pills or spironolactone, clascoterone also can be used in both male and female acne patients. Its mechanism of action—as seen in in vitro studies—is that clascoterone competes with dihydrotestosterone (DHT) by binding to the same androgen receptors, thereby mitigating the negative effects of DHT on the follicle. “This ultimately has the effect of inhibiting sebum production and the inflammatory pathways that cause acne,” says Harbort.

Clascoterone competes with dihydrotestosterone (DHT) by binding to the same androgen receptors, thereby mitigating the negative effects of DHT on the follicle.

A phase 3 open label extension study that followed subjects for 12 months of treatment revealed continued improvement in acne lesions with long-term use. “It’s important to note that there was a significant reduction in noninflammatory lesion count as well as inflammatory lesion count,” says Cartwright.

If approved, the company plans to market the topical under the brand name Winlevi. Cassiopea is also researching additional indications. The company recently completed phase 2 studies in men of clascoterone solution 7.5% for androgenic alopecia.

“Both acne and androgenic alopecia have hormones as part of their pathogenesis,” says Harbort. “DHT has a negative impact on the hair follicle. Therefore, an androgen receptor inhibitor, such as clascoterone, would mitigate the negative effect of the DHT on the follicle, just as it mitigates the effects of DHT in acne.” A phase 2 study in women is currently underway, and the company is in discussions with the FDA to move into phase 3 studies in men. **ME**

Inga Hansen is the executive editor of *MedEsthetics*.



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