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Volume 16, Number 5
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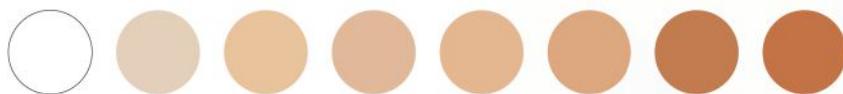
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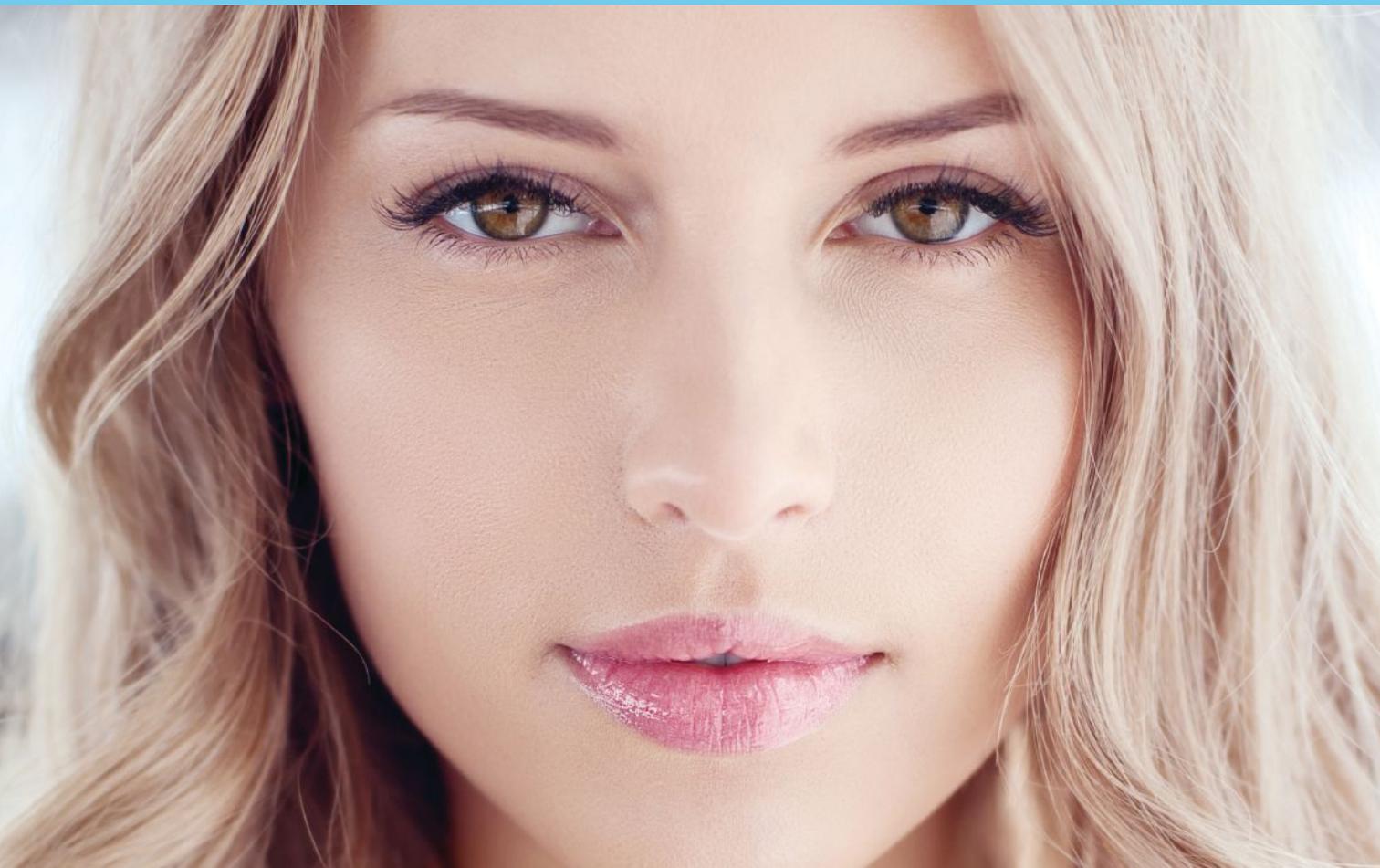


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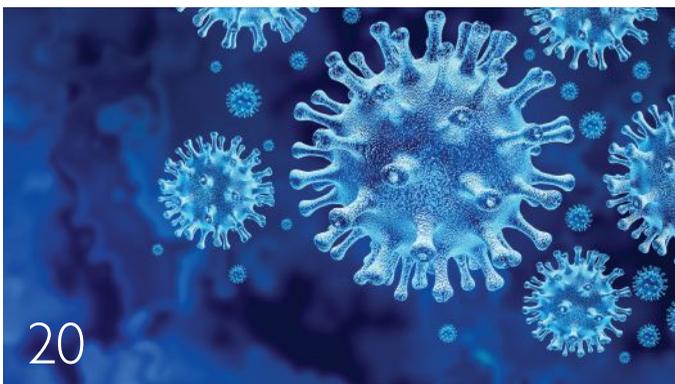


COVER: Carl Thornfeldt, MD; PHOTOGRAPHY: Todd Meier

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

In a world that demands your best, and for the individual who will give nothing less; patience shouldn't be required when it comes to looking and feeling your best. Time is of the essence and with the new line "HYPER" from Phyto-C Skin Care, you're sure to see improvements in your skin fast.

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Inga Hansen
Executive Editor/
Associate Publisher

EMERGING ANEW

By now, the warm weather has finally reached every corner of the U.S., and I have a sense that we could all use a little sunshine. At the start of 2020, we could not have foreseen the changes about to come our way. But with gradual reopenings happening across the country, we have seen how anxious the public is to get back into their usual routines, including their beauty and skincare routines. The first appointments many are

making are with their hairstylists and cosmetic physicians.

Still, there is much to overcome financially for private practices and medspas that temporarily had to close their doors. In our “Legal Issues” column (page 20), attorney Andrew S. Littleman identifies the key insurance and contract clauses that practice owners need to review as they work to mitigate the revenue losses of the past several months.

For this issue, we also spoke with practice owners about what they have learned from this pandemic and how the events in the first half of 2020 may shape their practice operations going forward. You can read what they had to say in “Lessons Learned” on page 28.

We also had the opportunity to speak with dermatologist Carl Thornfeldt, MD, whose research three decades ago helped shape the current understanding of the skin barrier and its role in inflammatory cutaneous concerns (“Ascendant” page 38). The topic of skin barrier repair and protection has become a focal point in dermatology. Now, thanks to increased use of acne-fighting and antiaging skincare lines—and the more recent focus on frequent handwashing and the use of alcohol-based hand sanitizers—the general public is also taking an interest in products that help heal inflamed, irritated and sensitive skin. On page 32 (“Building a Barrier”), formulators and physicians discuss some of the most commonly used barrier-repair and barrier-protecting topical active ingredients.

One of the positive things that has come out of this pandemic is the focus on community service, as we all look for ways to help our communities and each other through this crisis. Jorge Garcia-Zuazaga, MD, was inspired by another tragedy, the Boston Marathon bombing, to launch the Purple Heart Project, a nonprofit that provides free scar treatments for service members. On page 48, he shares why he developed the program and discusses his desire to share his model with other physicians interested in launching their own ongoing community service initiatives.

We remain inspired by the innovation, empathy and enthusiasm of the professionals in the medical aesthetics industry, and we look forward to working with all members of the industry as reopening plans advance.

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Twice Yearly Dysport Injections

A clinical study designed to evaluate patient satisfaction and safety with semi-annual Dysport (abobotulinumtoxinA) for Injection treatments showed a high level of patient satisfaction and low rate of adverse events. The open-label, multicenter, interventional Phase 4 DREAM (Dysport Real-world Evaluation and Measured Satisfaction) study enrolled 120 patients (ages 18 to 65) with moderate-to-severe glabellar lines at maximum frown. After receiving Dysport injections at the start of the study and then six months later, patients were assessed six months after the last treatment. They were asked to rate their experience as “highly satisfied,” “satisfied,” “dissatisfied” or “highly dissatisfied.” Secondary objectives included patient satisfaction assessed using the 5-point Likert questionnaire and the FACE-Q scales. Patients were followed for 13 months to evaluate safety.

Ninety-five percent of patients were either satisfied (35 percent) or highly satisfied (60 percent) with the treatment, and 97 percent of patients agreed that the treatment results looked natural at 12 months. Eighty-five percent of patients were satisfied or very satisfied with their appearance at 12 months vs. 51 percent at baseline. Only one patient (0.8 percent) experienced a treatment-related adverse event (mild injection site bruising).

Addressing the Erythema of Rosacea

A National Rosacea Society (NRS) survey of 1,675 rosacea patients revealed that 82 percent of those who suffered from erythema reported the condition had a negative impact on their general outlook on life, with the figure rising to 90 percent for those with moderate-to-severe redness. These findings echoed those of a 2019 burden of illness study on facial erythema in rosacea (Baldwin, *Dermatologic Therapy*). “While the patients reported flushing as the most common sign, they named redness as the most bothersome,” said Hilary Baldwin, MD, associate professor of dermatology at Rutgers Robert Wood Johnson Medical School and study co-author. “And the more severe their facial erythema, the more bothersome it was, even more so than bumps and pimples.”

There are currently two FDA-approved medications—brimonidine and oxymetazoline—for rosacea-related erythema. Though both are alpha agonists, they act on different receptors and have different actions, said Linda Stein Gold, MD, director of dermatology clinical research at the Henry Ford Health System. “Brimonidine kicks in within 30 minutes and many patients see a dramatic reduction of their erythema. However, exacerbations of redness have also been reported,” she said, noting that the exacerbation of erythema seen with brimonidine was not seen in the oxymetazoline clinical trials.

Light devices, including intense pulsed light (IPL) and pulsed dye and KTP lasers also have been shown to be highly effective in removing telangiectasia and diminishing erythema.



FRACTIONAL CO₂ + RF FOR STRIAE DISTENSÆ

Combination treatment with fractional CO₂ laser (FCO₂) and radiofrequency microneedling (RFM) offers greater reduction in striae distensae with the same level of downtime as CO₂ laser treatment alone. This was the finding of a recent study by GH Seong, et al, published in *Lasers in Surgery and Medicine* (online May 22, 2020).

The researchers treated 19 adult women (Fitzpatrick skin types III–IV) with striae distensae on their abdomens or calves. Global photographic assessments showed significant improvement in the combined treatment area (6.1) compared to FCO₂ (5.1) and FRM (4.3) alone. Patients also reported greater improvement in the combined treatment area. Ultrasound revealed significantly increased skin thickness and dermal density (204.9µm and 8.8 percent) in the combined treatment group, while melanin and redness indices were higher in both the combined and FCO₂ treatment areas than FRM.

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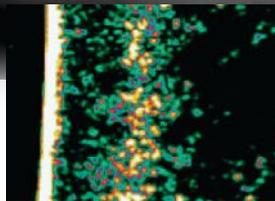
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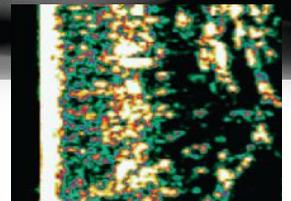
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Day 0



Day 90

Ultrasounds showing a 57% increase in collagen density through the noticeable change in white and yellow patches in a 42 year old female subject



Day 0



Day 90

Photomicroscopy images show the visible results on the skin from the increase in collagen, skin hydration and elasticity in the same 42 year old female subject.

1



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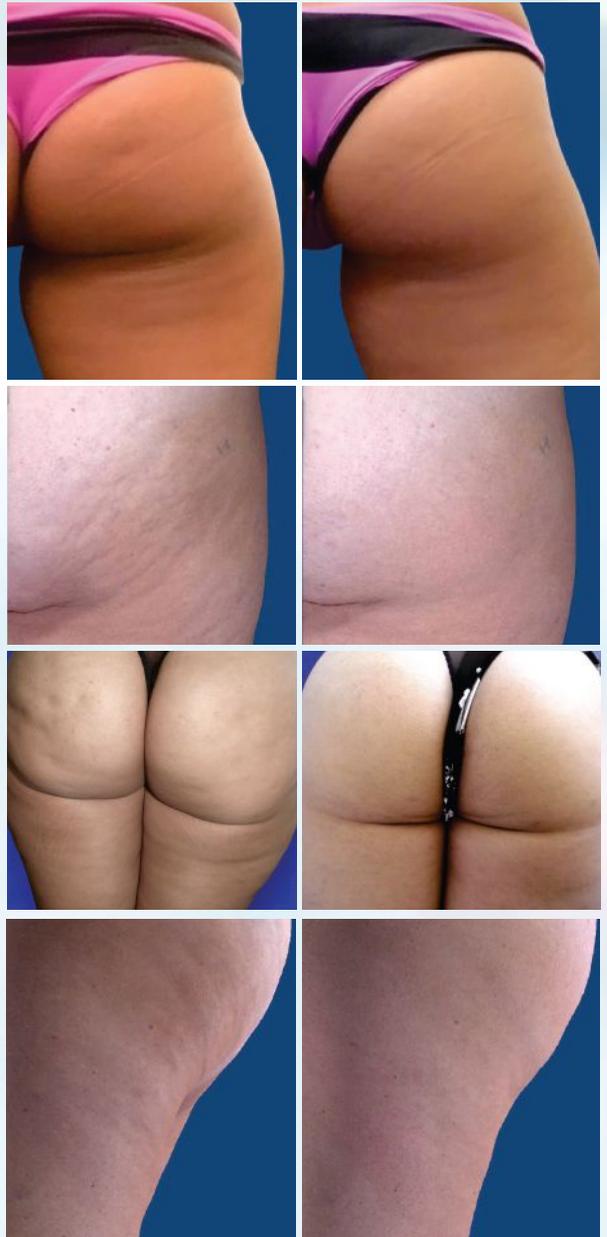
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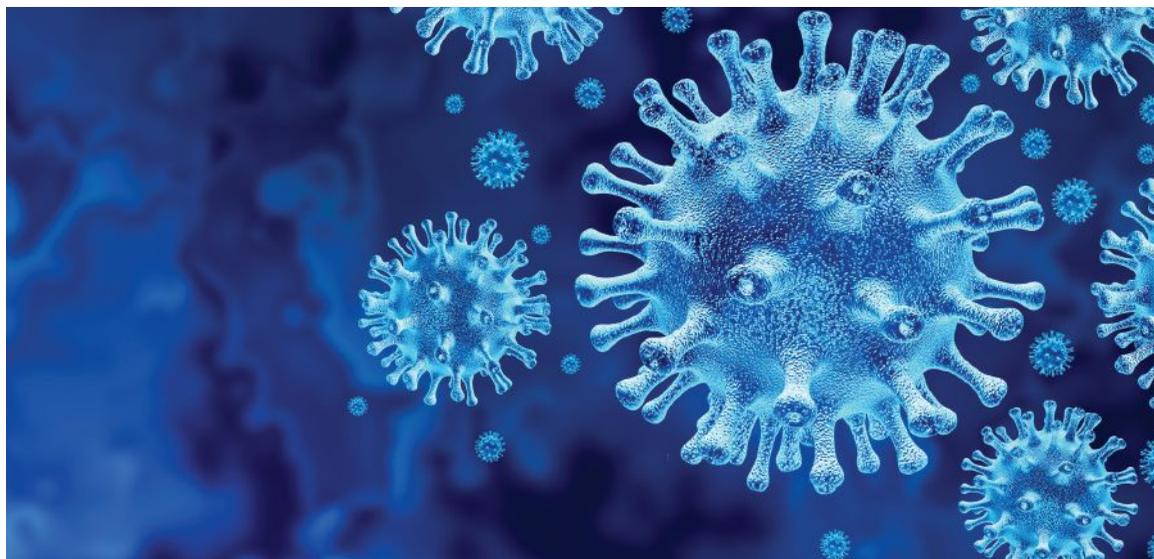


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Mitigating Losses

Legal guidance to help practices mitigate coronavirus-related losses and return safely to work.

The coronavirus pandemic has disrupted virtually every American industry. In many instances, state and local shutdown orders have required businesses to close, and even "essential" businesses face challenges regarding workplace safety concerns, failures in supply chains, and reductions in demand resulting from changed customer behaviors and spending habits.

The coronavirus pandemic has hit the medical aesthetics industry with laserlike precision. Even in the absence of shutdown orders in local jurisdictions, many states have prohibited elective medical procedures altogether, and social distancing requirements have made the unique, in-person interactions between practitioners and their clients difficult, if not outright unlawful. Moreover, unlike other areas of the healthcare space where physicians could recoup some of their lost revenue through telemedicine consultations, cosmetic surgeons and medspas have not been as fortunate. There is simply no replacement for the one-on-one meeting between practitioner and patient in this particular industry.

Ultimately, business owners have been left struggling with questions about how to mitigate past losses and return to work. This article provides an overview of some of the legal issues the medical aesthetics industry may encounter as it enters an unknown future.

INSURANCE CLAUSES

Without question, insurance will be the focal point of the legal world for the foreseeable future, keeping in mind the decades of litigation that followed 9/11 (was it one event or two?) and Hurricane Katrina (was it wind damage or flood?). In fact, numerous lawsuits have already been filed against insurers in the U.S. following denials of claims for pandemic-related losses, and this litigation will last for years.

To understand the extent to which your business may be covered for losses related to the coronavirus, the obvious starting point is your policy. As you review it, you will encounter clauses *potentially* applicable to the coronavirus, but in most instances they will be vague, subject to further interpretation and provide different coverage based on particular circumstances. For instance, your policy might provide business interruption coverage if your building falls down, but only a deep cleaning if one of your employees is tested positive for COVID-19, unless an exclusion applies. As you review your policy, be on the lookout for the following types of coverage:

Pandemic coverage. Explicit pandemic coverage is rare, and in most instances is something that the insured entity specifically bargained for when purchasing insurance. For instance, Wimbledon, the British Open and many live events in the U.S. purchased and paid for

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pandemic insurance for years. As a result much of their losses for cancellations in 2020 will be covered. For the rest of us, we will need to look elsewhere in our policies for protection, as “bacteria, mold and viral” exclusions will likely preclude coverage.

Business interruption coverage. Business interruption insurance coverage is intended to protect companies against the loss of income from unexpected events that cause direct physical loss or damage. However, policies often do not define what constitutes a “direct physical loss” necessary to trigger coverage, leaving the judicial system to figure it out. Indeed, there are numerous published court cases studying these clauses based on E. coli, asbestos or other contaminations and odors, but rulings typically turn on state laws and the specific language of the policy. In other instances, pandemics may be explicitly excluded based on changes in the insurance industry dating back to the SARS pandemic, in which case policyholders will face severe difficulties in pursuing their claims in the absence of other technical details in their policies.

Civil authority coverage. Many policies include “civil authority” coverage as a matter of course, which is designed to apply to the actual loss of business income sustained by the insured when access to the insured’s premises is prohibited by order of a civil authority, such as a local or state government. However, in most instances, the civil authority must completely block access to the business premises for the coverage to apply, creating a question regarding how, exactly, the civil authority impacted the policyholder’s business. For instance, whether the civil authority limited business operations or completely closed business premises will be an important question of fact. Likewise—and critical for the medical aesthetics industry—whether the civil authority prohibited elective medical procedures will be another important consideration. Moreover, you will need to determine whether there are exclusions in the policy that preclude coverage if the civil authority loss arises from a noncovered pandemic clause. It should be noted that insurers are already denying claims submitted by healthcare practitioners arising from prohibitions of elective procedures, with several already the subject of federal class action lawsuits.

CONTRACT CLAUSES

In addition to insurance, practitioners must also be mindful of their contracts with third parties, including suppliers, banks, landlords, key personnel and other

vendors and contractors. These agreements likely assume that business will always be “business as usual,” without an intervening pandemic, shutdown orders and the collapse of the global economy. Whether the parties to these agreements are nevertheless required to perform will again require an interpretation of the agreements themselves and applicable state law. When reviewing your agreements, be mindful of the following clauses and legal concepts:

Force majeure. *Force majeure* clauses relieve parties from their obligations to perform under a contract when an unforeseen event beyond the parties’ control prevents or delays performance. However, not all *force majeure* clauses are drafted alike. Some may include an exclusive list of events triggering the application of the clause, some may include a nonexclusive list with broad catchall language and still others may simply define the term without supplying examples. Thus, whether your or your counterparty’s obligations to perform under an agreement will be excused will likely be based on the terms of the *force majeure* clause, keeping in mind that courts typically construe them narrowly.

Impossibility of performance and frustration of purpose. Even in the absence of a *force majeure* clause, a party’s performance under a contract may be excused if it was impossible or its purpose was frustrated by overriding events. Generally, the legal doctrine of “impossibility of performance” will apply if the party’s performance has been rendered impossible, and not merely more difficult or inconvenient. Alternatively, the doctrine of “frustration of purpose” applies when the purpose of the agreement, i.e., the reason why the parties entered the agreement in the first place, was substantially frustrated by factors beyond the parties’ control, the nonoccurrence of which was assumed by the parties when they entered the agreement. For instance, if a medspa has a contract to purchase a certain amount of product on a monthly basis from a supplier or an agreement to pay a contractor a monthly fee for services rendered, and both agreements assume that the medspa would be a going concern throughout the duration of the agreements, the medspa’s performance under the agreement may ultimately be excused.

FUTURE LIABILITY

After weeks of government-enforced shutdowns, businesses are reopening and medical practitioners are once again providing elective procedures. However, without COVID-19 vaccines, there are widespread

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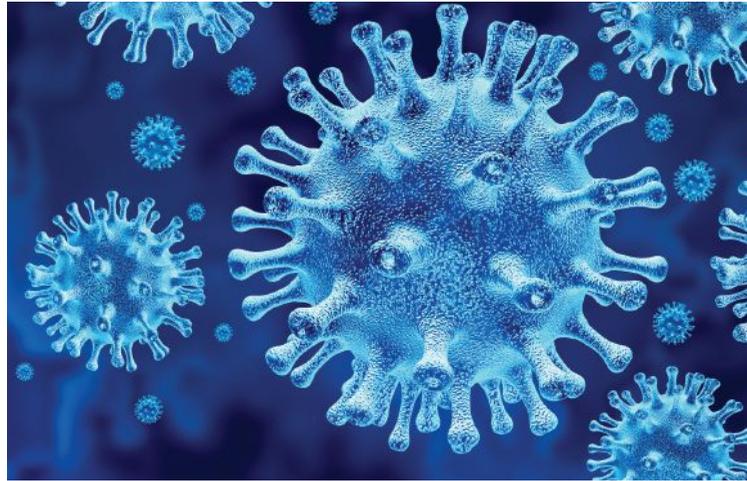
concerns about additional future outbreaks, meaning that it is assumed that people will continue to contract the disease when going about their daily routines. Thus, the question remains, how can your practice or medspa avoid future liability if your patients or employees fall ill with the coronavirus? There is no one-size-fits-all answer, but there are important best practices you can employ to avoid liability down the road.

First things first: can your clinic be held liable if a patient contracts the coronavirus as a result of an elective medical procedure? Setting aside the very real hurdle the patient will face in proving that the elective procedure was the cause of the patient's illness, it is critical to remember that malpractice and negligence are typically defined by state law as the failure to use "reasonable" care, with the definition of reasonableness driven by what is acceptable and appropriate by similar and reasonably careful professionals. Thus, while you may never be able to completely insulate your clinic from the coronavirus, you can take reasoned, measured and concrete steps to protect yourself and your business from allegations of wrongdoing should that worst-case scenario arise.

Perhaps the most effective step you can take is the implementation of a workplace surveillance program. As your business reopens, understand that you and all of your employees and patients present a risk of infection and disease spread. In response, many companies are working with occupational health professionals to develop policies and procedures designed to keep workplaces clean and safe. These programs often include weekly testing for employees, routine temperature checks, cleaning controls, required informational submissions and written policies dictating how employees should conduct themselves if they feel ill or have spent time with someone who recently became sick.

Medical practitioners are also asking additional questions of their patients, including whether they or the people they live with are experiencing symptoms, and whether they work in or have recently visited a high-risk environment, such as a hospital. OSHA, the Centers for Disease Control and Prevention (CDC) and many local authorities have also published recommendations for companies returning to work amid the pandemic, all of which should be reviewed before providing elective procedures.

Civil authorities are important, as their edicts will relate to definitions of "reasonable care" in your local community. As an initial matter, pay attention to them, and review the orders and other bulletins routinely posted



on their websites, as they often detail whether and how particular businesses can operate during local health emergencies.

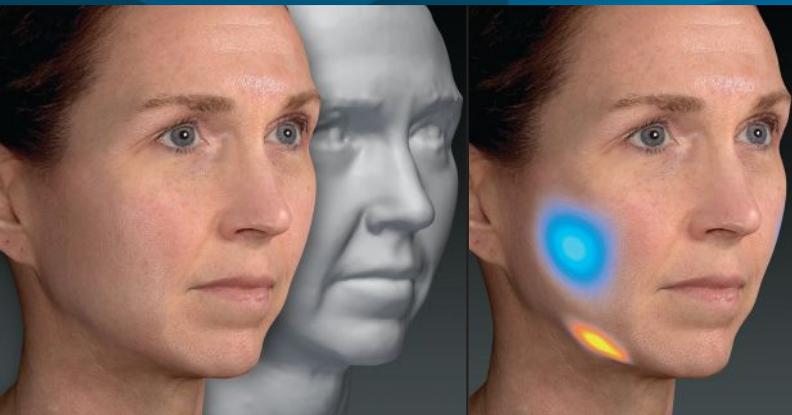
If you provide an elective procedure in a jurisdiction still prohibiting them, you could face fines and penalties, future negligence liability and reputational damage. You may also be consuming medical resources (such as personal protective equipment) sorely needed by local triage units. Moreover, if the elective treatment you provide could require the need for emergency care, the patient's risk of contracting the coronavirus could be heightened, warranting additional disclosures in informed consents. Finally, whether your insurance policies will protect you if a patient is injured by an elective procedure received during the coronavirus pandemic may also depend on the mandates of civil authorities.

In sum, there are many questions, but perhaps only two certainties. First, there are reasonable steps your practice or medspa can take now to protect your employees and patients from the coronavirus and your business from downstream liability. Second, there is no sign that things will be back to normal for the foreseeable future. Hopefully, you can get back to work without relying on the judicial system, as the courts themselves are not yet fully operational, and in many places were overwhelmed with caseloads even before this pandemic began. Should you have a business dispute resulting from the pandemic, courteous negotiations are always the best measure, as most companies have little appetite for fighting right now. But if litigation is unavoidable, understand that neither the law nor the process is perfect. It may take years for your case to reach a conclusion, and pursuing it could divert resources away from your reopening efforts. However you proceed, trust that making prudent decisions now will help you carve the best path ahead. [ME](#)

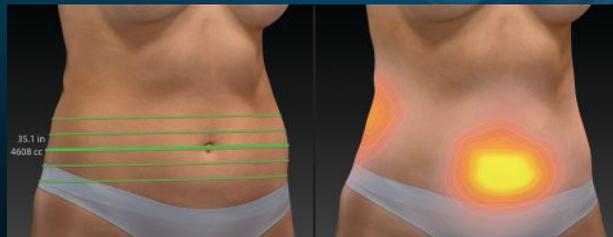
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LESSONS LEARNED

How practice owners are coping and what they've learned from the coronavirus pandemic.

By Stephanie Kramer

The past four months have ushered in unprecedented changes for aesthetic practices. We spoke with physicians about the lessons they've learned following coronavirus-related shutdowns and social distancing guidelines, and what they wish they'd known—or had in place—sooner.



OUR PANEL OF PHYSICIANS



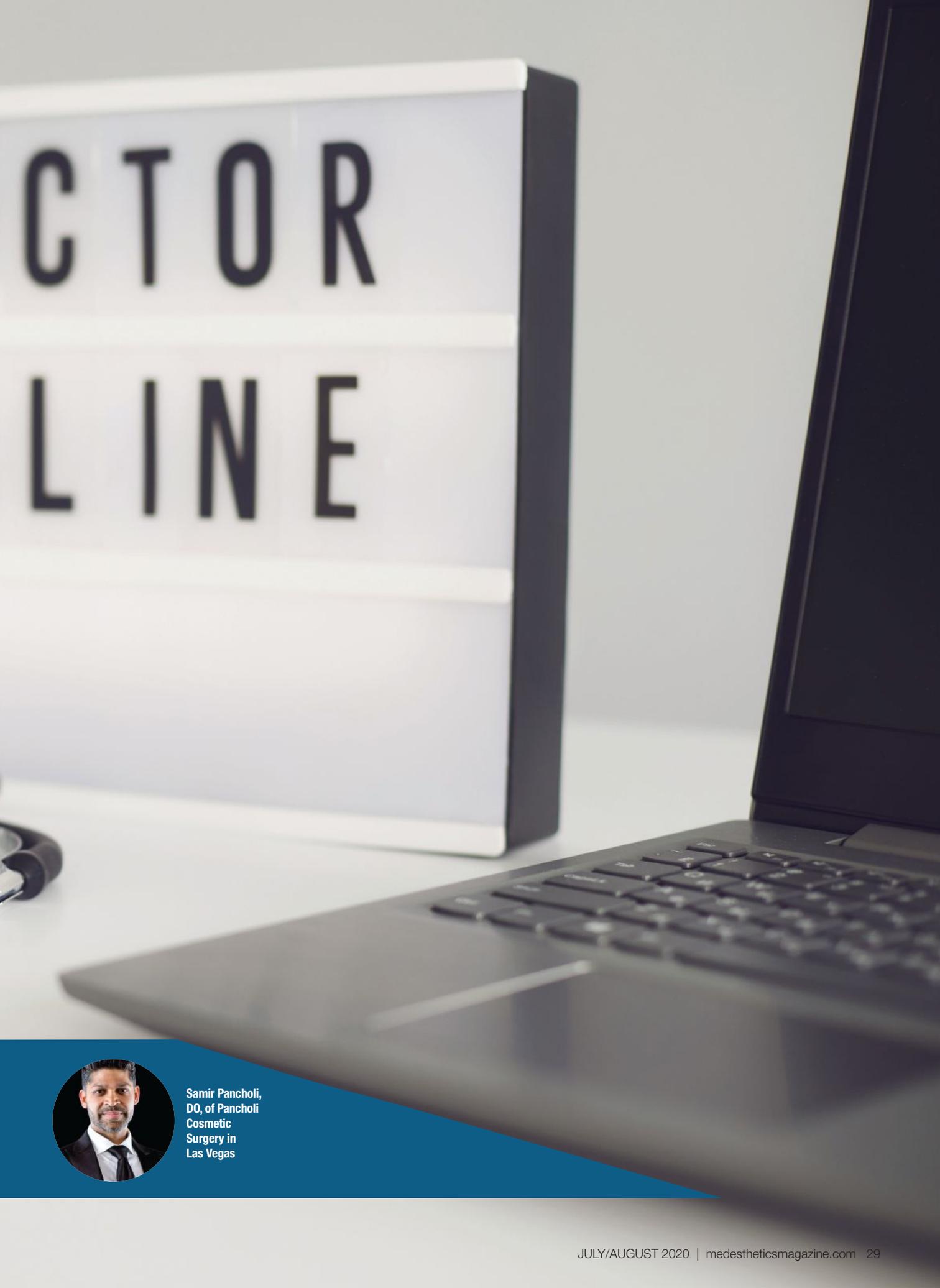
Seemal R. Desai, MD, FAAD, founder and medical director of Innovative Dermatology in Plano, Texas, and member of the American Academy of Dermatology COVID-19 ad hoc task force



Matthew Elias, DO, FAAD, of Elias Dermatology in Fort Lauderdale, Florida



Omar Ibrahim, MD, PhD, founder of the Connecticut Skin Institute in Stamford, Connecticut



CTOR
LINE



**Samir Pancholi,
DO, of Pancholi
Cosmetic
Surgery in
Las Vegas**

LESSONS LEARNED

The speed at which the closure of nonessential businesses occurred presented the most significant challenge for many practice owners. “In just a matter of a few short weeks we went from busting at the seams, and having to book patients with cosmetic requests out more than two weeks, to quickly having to cancel all elective procedures and change our whole practice flow,” says Omar Ibrahim, MD, PhD, founder of the Connecticut Skin Institute in Stamford, Connecticut. “It was chaos.”

Dr. Ibrahim made a quick pivot to telemedicine, as did many in the field. But while the pandemic helped usher in broader use of telehealth, it also revealed the limitations of remote care. “Some aspects of what we do during our in-office visits can’t be replaced by telemedicine, for example, patients who need to have full-body skin exams,” says Seemal R. Desai, MD, FAAD, founder and medical director of Innovative Dermatology in Plano, Texas. “We’re trying to do some of those over telemedicine, but it’s been a challenge.”

Another problem is that many patients are reluctant to engage in telehealth. “A lot of patients don’t want to do telemedicine because they’re not comfortable,” says Dr. Desai. “Even though we’re offering telemedicine we don’t have a lot of takers, so our volume is down about 80 percent.”

“Medicine is all about that personal interaction,” says Matthew Elias, DO, FAAD, of Elias Dermatology in Fort Lauderdale, Florida. “Dermatology and aesthetics are very visual, so you can have patients send pictures ahead of time. But it’s not the same as actually seeing a live person and examining them.”

Before the virus outbreak, Dr. Elias was seeing about 60 patients a day at his office. Now he treats only a handful of virtual patients a week using telemedicine. “Seeing five to 10 virtual patients does not keep our practice afloat,” he says.

REINING IN COSTS

The closure of nonessential businesses was particularly devastating for aesthetic providers, who had to defer revenue-producing elective procedures and surgeries. Even with gradual reopenings, patients are putting off appointments to avoid exposure to the virus. Most state guidelines require practices to limit the number of patients within the practice at one time and follow new safety precautions, such as ensuring that their staff wears masks, goggles and gloves; propping access doors open; wiping all surfaces between each visit; and converting medical paperwork electronically to avoid patients and employees handling physical documents. All of which means practices are seeing fewer patients even with extended office hours.

“The pandemic has been a great challenge for even the most well-performing practices of 2019,” says Dr. Ibrahim.

Many practices lack the cash reserves to stay in



business more than several weeks, much less several months. So owners have been looking for ways to reduce costs and bring in revenue even with office visits down. The first step was incorporating telemedicine. “It’s actually been quite helpful for us,” says Dr. Ibrahim. “There are many things we can address remotely to save a patient from having to come into the office.” Although he hesitated to use it before the outbreak, he plans to continue to continue doing so once things begin to normalize.

As does Dr. Elias: “A lot of our appointments will become virtual telemedicine appointments going forward,” he says. “That’s something that we’ve really learned, because we never would have done it before.”

Practices have recovered some of their lost income by reviewing and billing for outstanding balances, and some physicians have been able to defer student loan debt. But everyone has also had to take steps to reduce expenses. In terms of business expenses, the biggest expenditure for most practices is payroll, and many practice owners have had to lay off staff or reduce their hours.

“Financially, it is a strain,” says Samir Pancholi, DO, of Pancholi Cosmetic Surgery in Las Vegas, who has kept all of his employees on payroll, but with reduced hours. “It’s a gamble, but it’s also important to retain good staff.”

Dr. Ibrahim has tried to keep as many staff members on as possible, but he notes that as the closures and reduced patient visits continue, difficult decisions need to be made. “During this difficult time, I want to retain as much of my loyal and hard-working staff as possible so we have not laid anyone off,” he says. “However, we will all need to make sacrifices because we need to contain costs as much as possible.”

In making decisions about staff, Dr. Pancholi points out that there are costs in laying off employees, too. “We invest in a lot of training, and you need to have the right people in the right positions to make your practice work,” he says.

“Later on, it would likely cause greater financial hardship to the practice than if we just keep them to begin with.”

REVIEWING PRACTICE STRUCTURE

The pandemic is also prompting owners to review their recurring inventory costs and ordering methods. “Typically, we just reorder supplies as we run low on them, but when COVID-19 hit, even basic items like gloves were hard to secure. If you don’t have these supplies, you aren’t able to open, even when it is safe to do so,” says Dr. Ibrahim. “I wish we would have implemented a better system for making sure we stocked up on necessary supplies.”

Dr. Pancholi also wishes he’d known how quickly personal protective supplies would become scarce. There’s a balance between hoarding supplies and not being able to protect your staff, he adds.

Practitioners also say they hadn’t realized the importance of having pandemic insurance, controlling marketing costs and eliminating unnecessary expenditures. “I’ve learned a lot about keeping inventory tighter—whether it’s injectables, numbing medications, surgery products or medications that are expiring,” says Dr. Pancholi.



These past four months have some considering how to restructure their practices. “We were always thinking bigger is better prior to COVID-19, but in many ways this has taught me that running a small, efficient practice that focuses on the things I feel are most important is the way to go,” says Dr. Ibrahim.

No one knows when the pandemic will end, but the world of aesthetic medicine has the opportunity to emerge in a strong position, if the industry can help support one another. “It’s been something I never expected,” says Dr. Desai. “I’m trying to remain optimistic and positive for the benefit of our patients and our staff. Hopefully we can all come together as a community to try our best to normalize society as quickly as possible. I think everyone wants that—and we all need that—but it’s a matter of how do we all come together and get that done.” **ME**

Stephanie Kramer is a freelance writer who specializes in healthcare and dermatologic topics.

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Building a **BARRIER**

Topical ingredients that can help protect and strengthen the skin barrier

By Dana Robinson

The skin can reveal a lot about a person—dark under-eye circles can suggest a sleepless night, while dull, dehydrated skin may point a finger toward a poor diet...or a bachelorette party weekend. The reason the skin has the power to tell someone's life story is mainly attributed to the top layer of skin cells, also known as the skin barrier. It keeps the skin from losing too much water and keeps unhealthy external substances from penetrating the deeper layers of skin and causing inflammation and irritation. In basic terms, it keeps the good stuff in and the bad stuff out. Given the importance of the skin barrier in skin health and aging, it's no wonder we're hearing more and more about topical skincare ingredients that promise to protect and maintain barrier function.

Understanding the Skin Barrier

The skin barrier is the body's first line of defense against impurities. It's comprised of keratinocyte cells with a lipid mixture of cholesterol, fatty acids and ceramides that surround the cells. This forms a kind of brick-wall barrier. "Fifty years ago, scientists thought the skin barrier was just a protective layer of 'dead' skin cells," says Menas Kizoulis, scientific engagement director of Johnson & Johnson Consumer. "Today, we know the skin barrier is a complex, dynamic structure that is very much alive and works in integrated ways to maintain skin health."

When we're young, the skin barrier is in peak condition (just like almost every other part of the body), but over time that barrier begins to break down. And when parts of a machine start to wear out, their job performance has a tendency to suffer. "As we age, the skin's ability to maintain adequate hydration, normal activities and epidermal barrier function slows," says Diane Nelson, vice president of medical, clinical and scientific affairs at Skinbetter Science. "Skin barrier quality weakens and water loss increases with

higher levels of collagen degradation and loss of elasticity." This results in the appearance of dehydrated skin, skin laxity and lines and wrinkles.

In addition to age, most people will experience skin disease—whether poison ivy, nickel allergy, acne or psoriasis—at some point in their lives. These problems can reduce the skin barrier's ability to do its job. "Anything that causes inflammation and redness, in essence, breaks down your skin barrier," says Tina S. Alster, MD, director of the Washington Institute of Dermatologic Laser Surgery. "That leads to loss of water [which] causes the skin to become dry."

Atopic dermatitis/eczema can also reduce barrier function due in part to an elevated skin pH, which affects the skin's ability to form a strong barrier, says Barbara Green, head of research and development at Neostrate.

Research has also shown that some individuals with atopic dermatitis have a mutation in the gene responsible for creating filaggrin—an important protein that helps maintain a strong skin barrier. "Without it the skin becomes

BUILDING A BARRIER

‘leaky’ —moisture escapes and skin becomes more susceptible to external insults,” says Nelson.

Ingredients That Protect

Patients who are experiencing aging-related changes to their skin as well as those battling skin diseases, such as acne or psoriasis, can benefit from topical ingredients that help maintain the integrity of the skin barrier.

Ceramides, natural moisturizing factors, essential fatty acids, hyaluronic acid and colloidal oatmeal are some of the top skin barrier-protecting ingredients that can be found on product labels. And each one has an integral role to play when it comes to keeping the barrier intact. Ceramides help reduce water loss, while essential fatty acids help hydrate and moisturize skin. Hyaluronic acid binds water, helping to hydrate skin, and colloidal oatmeal helps buffer skin’s pH level.

Other active ingredients, such as gluconolactone, go a step further and help strengthen the barrier against external aggressors by helping to build a stronger skin surface matrix. This type of polyhydroxy acid has been shown to help increase the skin’s resilience against external chemical insults with normal use, says Green. It also hydrates and conditions while smoothing the skin’s surface and brightening skin tone.

The Science Behind the Actives

Protecting and strengthening the skin barrier has become a key concern of skincare chemists and formulators, and they look to a growing body of research to identify effective and safe topical ingredients.

Nelson points to a May 2020 study by David H. McDaniel, MD, published in the *Journal of Cosmetic Dermatology* that evaluated the expression of key biomarkers related to skin hydration and barrier support. The researchers compared key biomarkers of skin pretreated with a cream containing lipids, natural moisturizing factors and hyaluronic acid to untreated skin. The pretreated skin demonstrated increased expression of claudin-1, aquaporin and hyaluronic acid—all of which play an important role in skin hydration.

A 2020 clinical study published in the *Journal of Drugs in Dermatology* revealed that the use of a 1 percent colloidal oat eczema cream significantly repairs skin barrier defects. In addition, a 2016 study published in the same journal revealed that colloidal oatmeal boosts the expression of multiple target genes related to the skin barrier. The



researchers also noted recovery of barrier damage in an in vitro model of atopic dermatitis. The investigator-blinded study was performed with subjects who exhibited moderate to severe dry skin. The skin was treated with a colloidal oatmeal skin protectant lotion, which moisturized the skin and barrier. The study concluded that, “Taken together, these results demonstrate that colloidal oatmeal can provide clinically effective benefits for dry and compromised skin by strengthening [the] skin barrier.”

How Did We Get Here?

While there is a lot of recent data on the benefits of skin barrier-supporting ingredients, the idea of treating the barrier isn’t new. Industry professionals have known the importance of the skin barrier for decades, but consumers have only recently gotten hip to the idea of skin barrier protection. “It’s become front and center...because people tend to overprocess their skin,” says Dr. Alster. “It starts in the teenage years because people want to degrease their skin. They want to clean it, but they end up overprocessing it [by] using harsh toners, cleansers or scrubs that break down the skin barrier. They’re removing the oil, but they’re overdrying the skin and causing more inflammation.”

This overuse of products has been made possible by the breadth of available skincare options on the market, both online and on brick-and-mortar shelves, says Dr. Alster. Many of these over-the-counter products include harsh ingredients, such as alcohol, and high alkaline levels that disrupt the natural pH of the skin. To keep the skin barrier in good shape, Dr. Alster recommends that patients stay away from toners, which remove too much oil, and any product that contains fragrance. She’s not fond of pre-moistened facial wipes either, as they can cause irritation.

In addition to overuse of harsh skincare products by those who have oily or acne-prone skin, Dr. Alster points to social media and Internet culture as reasons why clients have a newfound interest in skin barrier care. Putting yourself on a public platform (with an easily accessible comment section) makes people naturally more concerned about the health and look of their skin. “People see their faces on the screen and they want to correct everything, even things that are imaginary or just blown up because of bad lighting,” she says. This has caused people who have normal skin to overuse harsh products, which leads to skin barrier problems.

Off-the-Face Barrier Repair

Given that the skin barrier plays such a fundamental role in keeping the skin healthy and beautiful, industry experts anticipate a rise in both usage and availability of skin barrier repair products in the years to come. “Products that support a healthy skin barrier are a foundational component to skin care—much like the use of retinoids, antioxidants and sunscreens,” says Nelson. “Savvy consumers will continue to seek products that ‘do more’ while eliminating potentially irritating ingredients.”

The current COVID-19 pandemic may also play a role in the usage of skin barrier products—but the emphasis will move from protecting the face to protecting the hands. The CDC has recommended frequent hand washing as a method to reduce the chances of spreading the virus, and frequent hand washing means incredibly dry hands.

“I hear complaints all the time now about people’s hands being too dry,” says Dr. Alster. She notes that the combination of frequent hand washing with the use of hand sanitizers with high alcohol content will create a need



for products that can soothe the hands—especially since people seem to have an aversion to using moisturizers on a regular basis. “Most people, when they wash their hands, do not automatically put on a moisturizer afterwards...but they will need these products more and more.” **ME**

Dana Robinson is a freelance writer based in Los Angeles.

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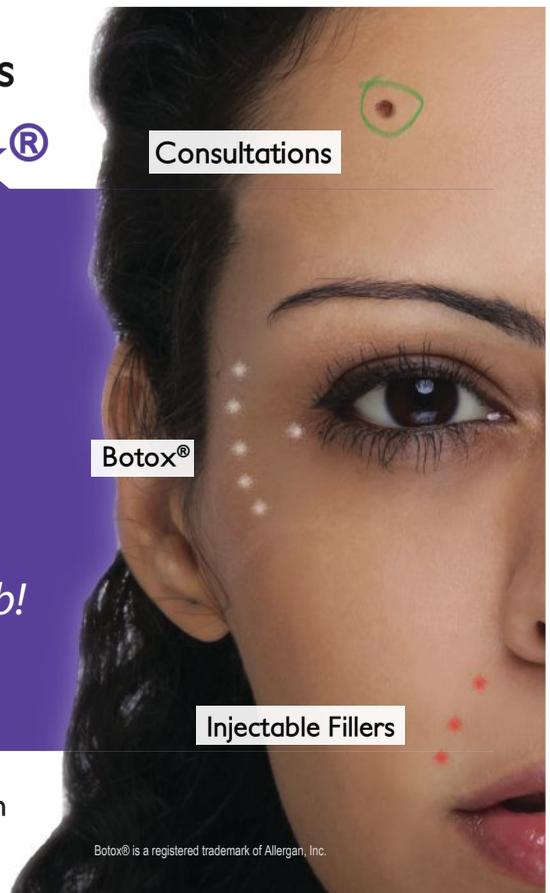


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Ascendant

Carl Thornfeldt, MD, has reached peaks in both his career and recreational life.

By Keith Loria

Photography by Todd Meier

“I GET A BIG THRILL OUT OF SEEING THE TOPS OF MOUNTAINS,”

says Carl Thornfeldt, MD, dermatologist, founder of CT Derm, a private dermatology practice in Fruitland, Idaho, and CEO of Episciences, maker of the Epionce skincare line. To date, he has scaled 34 mountain peaks over 10,000 feet. He has similarly reached impressive heights in his professional life.

For four decades, Dr. Thornfeldt has been treating patients and researching the skin barrier and its role in cutaneous inflammatory conditions. He holds 15 U.S. patents and has authored more than 50 scientific journal publications as well as the book *Ideal Skin Health*. His ascent to the top of the dermatology field arose from his own struggle with skin disease as a child.

“I had a lot of skin and allergy troubles as a child, going on into my teens,” he explains. Even his father, a pediatrician and board-certified allergist, had a difficult time keeping his son’s problems under control.

As the younger Dr. Thornfeldt grew, he imagined becoming a professional who could keep people from having to go through what he lived through, focusing on making people well and keeping their skin clear. “I wanted to really understand skin disease,” he says.

IT BEGAN ON A FARM

Dr. Thornfeldt grew up on a farm on the Oregon side of the Columbia River Gorge. As a side business, his father developed a breeding program to increase the size and value of black-faced Suffolk sheep. It was the 1950s, and pediatric vitamins were coming to forefront of pediatric medicine. His father would mix the vitamins with molasses and put it on the hay to feed the animals. The Thornfeldt Suffolks grew to more than 400 pounds and were sold throughout the nation.

“They were so expensive, that if something happened—like a broken leg—instead of putting them to sleep, he would get the top orthopedic surgeon in the region to come out to repair the break. We would set up our basketball court as an operating room. I would administer the ether to anesthetize the animal while the surgeon set the bones and put pins in them,” says Dr. Thornfeldt. “I began doing this in fifth grade.”





This early exposure to surgery and the use of vitamin supplementation fostered an interest in both science and nutrition. “Also, since dad grew up in Montana during the Depression, he had an interest in the value of herb therapy for a lot of diseases that would afflict the farmers, ranchers and their animals,” says Dr. Thornfeldt. “Nutrition, herbal medicine and doing surgical procedures were instilled in my mind, so by the time I was in sixth grade, I decided I wanted to be a doctor.”

Coming from a small town of 300 people, he also understood the difficulty people in rural areas faced in accessing quality medical care. “By the time I went into college, I had decided I wanted to be a doctor in rural America. The people in these towns deserve high-quality health care just as much as those in the cities and suburbs,” he says.

With an eye on practicing in rural America, “I knew I needed to be in a broad specialty that allowed me to care for people of all ages. I also enjoyed performing a variety of medical procedures,” says Dr. Thornfeldt. That led to a greater passion for dermatology.

CLOSE TO HOME

As the oldest of six children, he decided to go to Oregon State University rather than an Ivy League school so there would be sufficient money for completion of a medical degree, internship and residencies. After double majoring in biochemistry and nutrition, Dr. Thornfeldt went to medical school at the Oregon Health Sciences University, which he chose in part because of his mountaineering. “The medical school is up on a hill on the west side of Portland, and I could see Mount Hood from the campus,” he says. “It was very cathartic to be able to look at the mountain on tough days.”

He spent three years in family practice with the U.S. Navy then completed a dermatology residency at University Hospital in San Diego before going into private practice in Ontario, Oregon, in 1983. “For 32 years, I was the only full-time dermatologist for that area, so in addition to my practice, I provided ER coverage for hospitals and would visit nursing homes,” he says.

“The challenge was letting people know there was a specialist here to serve them and getting referrals,” he adds. “I needed to develop relationships with the primary care doctors, the few specialists in the area and the county hospitals. The key was developing relationships with the pharmacists. I received a lot of referrals from them.”

The practice grew and grew, and because he was the only dermatologist on staff, he didn’t take a vacation his first nine years on the job. “For a number of years, we had



Ensuring patients in rural areas have access to high-quality health care has been a driving force of Dr. Thornfeldt's career.

some of the poorest counties in the whole nation, so it was difficult to bring in a locum tenens. I was on call 24/7,” says Dr. Thornfeldt. “Another challenge early on was building an office staff. I don’t like turnover, so I provide people who work with me a career, not just a job.”

That means offering 75th percentile pay for the area as well as full benefits and retirement plans. Currently, he has 22 people on staff. Approximately one-third of his staff has been with him for more than a decade and two for more than 30 years.

“I give them a lot of responsibility and a variety of different projects, which they really relish,” he says. “As a leader, I also need to be able to listen to their points of view. Together, we solve problems and end up with the best solutions for the patients. At the end of the day, I have to make the final call, but it’s always important to have input from experienced, dedicated personnel. No one knows everything.”

A NEW LOCATION

In 2003, he and his wife, Marlene, decided that the practice needed more space to accommodate its growing patient base. They moved CT Derm to Fruitland, Idaho. The practice overlooks six acres of landscaped grounds and an alfalfa field and has a 270-degree view of snowcapped mountains.

The office itself has a Thomas Kinkadee theme, with calming colors and a home-style décor. All rooms have a window to the outside, and each room has a different theme, such as a lighthouse or cabin. There are also rooms with lasers and narrowband UVB light units and two surgery suites. People enter on one side of the building and leave on the other side.

“When someone comes in, the front office staff greets them and one of the medical assistants takes them back and does the EHR processing, then I will come in and evaluate them,” says Dr. Thornfeldt.

Scaly patches are scraped for KOH or cultured for fungus. Dr. Thornfeldt will also do bacteria cultures for crusts, pustules and blisters; viral cultures for blisters; and

scrapes for parasites. “In this agriculture-based community, we do often see different animal-borne infections and plant-induced reactions as well,” he notes. “I learned early on that visual examination is not as accurate in finding the correct diagnosis.”

Part of his patient care philosophy is making sure patients are comfortable and not intimidated upon entering the practice or meeting him. In the mid-1980s, he read an article that said patient comfort is affected by how the doctor is dressed; most don't like to see a doctor in scrubs or a white lab coat. “That's why on days I don't do surgery, I wear a polo shirt or Hawaiian shirt in the summer, or just a shirt and tie with slacks,” he says.



At 68, Dr. Thornfeldt wears a four-times magnification to give him a “little edge.” Following diagnosis, all patients are given a written copy of their treatment regimen, something he has been doing since he first went into practice. “In the beginning, one of the family practitioners called me and said, ‘Look, you're raising the bar here giving these written instructions out,’ and I told him that dermatology is complex, there are multiple medications, the drugs have to be applied in a specific manner and I needed to do it because it's what's best for the patient,” he says.

LAUNCHING A LINE

In 2000, Dr. Thornfeldt founded Episciences to manufacture and distribute nonprescription topicals based on his research of the skin barrier and inflammatory cutaneous skin disorders. His vision for what would become the Epionce skincare line came early in his career.

During his residency in San Diego, Dr. Thornfeldt trained under Dr. Richard Stoughton, a pioneer in topical corticosteroids, antiacne and antiviral therapies. By the time Dr. Thornfeldt finished residency, he was involved in conducting four Phase III clinical trials for major pharmaceutical companies.

“I had a great appreciation for clinical trials,” he says. “Yet about 18 months into private practice, I had all these patients who weren't getting well with their prescription topicals. As I investigated it further, I found that the pharmaceutical products were yucky to use so compliance was a huge issue. People also were not experiencing excellent clinical results, which added to the compliance challenges.”

It struck him that, if he could develop cosmetically elegant topical products that acted as adjuncts to improve prescription product efficacy, he could improve patient compliance and deliver better results and, in turn, better quality of life for his patients. In addition, if the products targeted the foundational pathophysiology of the skin disease, they could offer longer-term remissions if they were applied on a regular basis.

“I climbed a 9,000-foot peak. I was sitting up there trying to figure out what was going on and I realized how different the sun and wind felt compared to 2,400-foot base elevation,” he explains. “I realized that through corticosteroids, hydroxy acids and retinoid use, we were blowing open the skin barrier, damaging its protective value. Could the epidermal barrier damage be the issue that prevented effective therapies for skin disorders?”

In February 1985, he started researching his theory and, after nine years of basic research with a team including Dr. Peter Elias and consulting with Dr. Howard Maibach, he discovered that the skin barrier was a regulatory tissue and its damage—resulting in attendant chronic inflammation—was a major driver for more than a dozen mucocutaneous diseases and disorders.

He teamed up with a formulation chemist to develop products that contained his unique barrier repair and anti-inflammatory technologies. In 2002, Episciences launched the first Epionce Renewal products.

Now a father and grandfather with close to four decades in dermatology, Dr. Thornfeldt continues to stay abreast of advances in dermatology and alternative, complementary and herbal medicine. He remains driven by his desire to improve patients' quality of life by seeking the foundational mechanisms behind the skin problems he sees in practice.

“That drove me to invent new drugs, drove me to nine years of basic research and drove me to put every dime I had into building a new company to provide avenues to distribute these discoveries to the public,” he says. “I've always wanted to understand what the underlying driving forces are that cause what we see on the skin, and how to reverse them.” **ME**

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



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HairMetrix from Canfield Scientific is an artificial intelligence (AI)-driven, noninvasive consultation tool that measures and analyzes metrics, such as hair thickness, total hair count and vellus-to-terminal hair ratios. Providers use the VISIOMED D200 dermatoscope to take images of the scalp, and the Hair Metrix software then analyzes the images and saves the data for follow-up comparison. **Contact: 973.434.1200, canfieldscientific.com.**



The **Theradome Laser Hair Helmet** features 80 678nm laser diodes to increase hair thickness, volume and density. The hands-free, home use helmet is worn for 20 minutes twice a week and offers maximum scalp coverage to treat all areas affected by androgenic alopecia. **Contact: 855.549.6757, theradome.com.**



The Lumenis **Stellar M22** is based upon Lumenis' original M22, and offers the same treatment capabilities (treatment of vascular lesions, skin texture and tone and hair removal) but with upgrades that provide faster, more effective treatments. The system includes an improved user interface with a larger screen, a new ergonomic IPL handpiece design and longer Sapphire Cool Light guides for better visibility of the treatment area. **Contact: 877.586.3647, lumenis.com.**



The **Halo 2.0** hybrid fractional laser from Sciton targets both the upper and deeper layers of the skin to treat visible issues, including enlarged pores, fine lines, uneven tone, wrinkles and acne scars in one to two treatment sessions. The laser features 1,470nm and 2,940nm wavelengths, and each wavelength can be tuned independently for precise coverage and depth of treatment. **Contact: 650.493.9155, halobysciton.com.**



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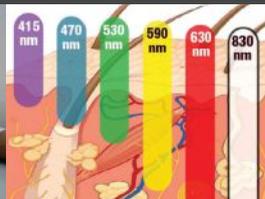
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LUND TAKES HELM OF THE AESTHETIC SOCIETY

Herluf G. Lund, Jr., MD, FACS, a plastic surgeon practicing in St. Louis, Missouri, is the new president of The Aesthetic Society, a 2,600-member organization dedicated to aesthetic plastic surgery. Dr. Lund and his leadership team will focus on guiding membership through the COVID-19 crisis and completing a number of

critical projects in development including:

- The Aesthetic Society's Recommendations for Reopening Offices and Resuming Elective Procedures
- Aesthetic One - The Patient App for two-way doctor-patient communication and the acquisition of breast implant patient-related data
- The Aesthetic Neural Network practice management system
- The Aesthetic Society website redesign

"It is a tremendous honor to assume the role of president of The Aesthetic Society. I look forward to finalizing the many pivotal projects with my peers and fellow Aesthetic Society members," said Dr. Lund. "As a country and among the aesthetic industry, we find ourselves in unprecedented circumstances with COVID-19, but we stay committed to our mission, particularly as we safely guide our membership to reopening offices and resuming elective surgeries."

Other new executive committee members include:
President-Elect: William P. Adams, Jr., MD, Dallas
Vice President: Jennifer Walden, MD, Austin, Texas
Treasurer: Melinda J. Haws, MD, Nashville
Secretary: Kiya Movassaghi, MD, DMD, FACS, Eugene, Oregon



THIERS ASSUMES PRESIDENCY OF AAD

Board-certified dermatologist Bruce H. Thiers, MD, FAAD, is the new president of the American Academy of Dermatology (AAD) and will serve a one-year term. He will hold the same position for the American Academy of Dermatology Association, a sister organization to the AAD that focuses

on government affairs, health policy and practice information.

Dr. Thiers is a distinguished university professor in the Medical University of South Carolina department of dermatology and dermatologic surgery in Charleston, South Carolina. He served as editor of the *Journal of the American Academy of Dermatology* for 10 years and has authored 110 peer-reviewed journal articles and 41 book chapters and edited 25 books.

"When dermatologists work with other specialists, I believe we can create positive change that will benefit our patients and our specialty," said Dr. Thiers. "While I look forward to leading the charge as AAD president, it is all of us together that can co-create the future of the specialty. I am inspired by the notion of working and collaborating with AAD members to evolve dermatology."

Susan C. Taylor, MD, FAAD, is the new vice president of the AAD. Dr. Taylor is an associate professor of dermatology at the University of Pennsylvania's Perelman School of Medicine in Philadelphia. She previously served on the AAD's board of directors and as chair of the SKINovations Committee.

Murad Alam, MD, MSCI, MBA, FAAD; Cheryl M. Burgess, MD, FAAD; Naomi Lawrence, MD, FAAD; Amy McMichael, MD, FAAD; and Andrew H. Weinstein, MD, MPH, FAAD, will each serve four-year terms as members of the AAD Board of Directors.

REVANCE TO ACQUIRE HINTMD

Revance Therapeutics, a biotechnology company focused on aesthetic and therapeutic offerings including a next-generation neuromodulator product, DaxibotulinumtoxinA for Injection, has signed a definitive agreement to acquire Hint, a privately held company doing business under the name HintMD, which has created an integrated financial technology (fintech) platform for the aesthetics industry. The transaction is expected to close in the third quarter of 2020.

In addition to credit card processing, the HintMD fintech platform has the ability to support patient subscriptions, loyalty programs and third-party services, each of which can potentially contribute additional service revenue. "The strategic acquisition of HintMD would augment Revance's strong aesthetics product portfolio with an innovative fintech platform to transform both the practice and patient experience and deliver real value," said Mark Foley, president and CEO of Revance. "Marketing the HintMD platform, in combination with the RHA Collection of dermal fillers and our investigational neuromodulator product, DaxibotulinumtoxinA for Injection, upon approval, would position us as a true industry innovator."

ABBVIE ACQUIRES ALLERGAN

Global biopharmaceutical company AbbVie has completed its acquisition of Allergan. The acquisition significantly expands and diversifies AbbVie's product portfolio, which currently includes Humira, Skyrizi and Rinvoq under its Immunology umbrella, and Hematologic Oncology brands Imbruvica and Venclexta.

Carrie Strom will serve as senior vice president of AbbVie and president of Allergan Aesthetics. Additionally, the AbbVie board of directors has elected Thomas C. Freyman, retired executive vice president and CFO of Abbott and former member of the Allergan board of directors, to join the AbbVie board.

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NEWS & EVENTS

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REALSELF LAUNCHES VIRTUAL CONSULTATIONS FEATURE

In April, RealSelf launched a new virtual consultation feature that allows consumers to find and schedule appointments with doctors offering online consultations. Consumers seeking cosmetic procedures can search RealSelf for the type of medical professional they're interested in and filter for those currently offering virtual consultations. If a doctor is active on RealSelf and currently offering virtual consultations, their profile will say "Virtual Consultations Accepted." After choosing a doctor, the RealSelf user can request a virtual consultation by clicking the "Get a Consultation" button on the doctor's profile and answering a few short questions about the procedure they are considering. The user then will be connected with the doctor to arrange their one-on-one video consultation and confirm details, including the day and time, which video platform will be used and whether there will be costs associated with the consultation.

"RealSelf virtual consultations make it easy for our community members to find, contact and meet with a doctor—all from the privacy of their homes," said RealSelf founder and CEO Tom Seery. "While we originally planned to release this feature later in the year, we expedited the launch to support our community as they adjust to a new normal. We're looking at virtual solutions through a different lens now, and have started testing new tools and features that will improve experiences for consumers and doctors far into the future."

For more information, visit realself.com.

EVENTS

July 24-26 Music City Scale: Symposium for Cosmetic Advances & Laser Education, Virtual Event. Contact: 781.793.0088, scalemusiccity.com

August 6-9 Aesthetic Extender Symposium, Virtual Event. Contact: info@aestheticextendersymposium.com

August 28-30 Masters of Aesthetics,

Virtual Event. Contact: 858.926.0697, moasandiego.org

September 8-11 Vegas Cosmetic Surgery, Mandalay Bay, Las Vegas. Contact: 949.830.5409, vegascosmeticsurgery.info

September 10-12 Annual Meeting of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), John B. Hynes Veterans Memorial Convention Center, Boston. Contact: 703.299.9291, aafprs.org

October 8-11 Annual Meeting of the American Academy of Dermatologic Surgeons (ASDS), Gaylord National Harbor Resort & Convention Center, National Harbor, MD. Contact: 847.956.0900, asds.net

October 9-11 Advanced Cosmetic Education Symposium, Hilton San Diego Bayfront, San Diego, CA. Contact: 858.876.6339, calcosmeticsurgery.org

October 14-18 International Society of Plastic and Aesthetic Nurses Annual Meeting, Marriott San Mateo Hotel, San Mateo, CA. Contact: 877.337.9315, ispan.org

October 16-19 Plastic Surgery The Meeting, Moscone Center, San Francisco, CA. Contact: 847.228.9900, plasticsurgery.org

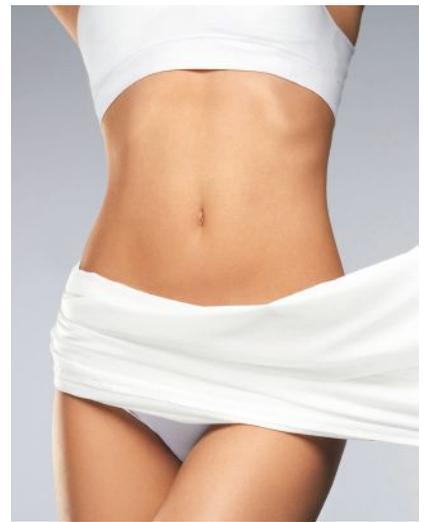
October 17-18 Facial Aesthetic Conference and Exhibition (FACE), QEII Centre, London. Contact: faceconference.com

October 17-25 Virtual 2020: 28th World Congress of the International Society of Hair Restoration, Virtual Event. Contact: 800.444.2737, ishrs.org

November 13-15 Dermatologic & Aesthetic Surgery International League (DASIL) World Congress, Virtual Event. Contact: 847.577.6543, the.dasil.org

December 2-5 Cosmetic Surgery Forum, JW Marriott, Nashville. Contact: 402.697.6564.

December 13-14 Face and Body Northern California Spa Expo & Conference, McEnery Convention Center, San Jose, CA. Contact: 630.653.2155, faceandbody.com **ME**



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The Purple Heart Project

Jorge Garcia-Zuazaga, MD, combines his passion for dermatology and the military to help service members.

Armed with a desire to utilize his skills and expertise for community service, Jorge Garcia-Zuazaga, MBA, MD, founder of Apex Dermatology and Skin Surgery Center in Ohio, created the Purple Heart Project. A nonprofit through which his practice offers free laser treatments to service members wounded in duty.

“Before I became a dermatologist, I was a flight surgeon for the Marines,” says Dr. Garcia-Zuazaga. “As I launched my practice and career in dermatology, I was looking for community service opportunities that could blend my passion for dermatology with my prior military service, which is also a passion of mine.”

When the Boston Marathon bombing happened in 2013, he was inspired by news stories about physicians offering free treatments to those who were wounded in the attack. “That got me thinking that maybe I can do something like this for service members,” he says. “Scars are more than skin deep, and we really can transform a person’s life by taking away their scars.”



He began offering free scar treatments to service members wounded in duty, promoting the program through word of mouth and physician referrals. On Valentine’s Day in 2019, he officially launched the Purple Heart Project and began promoting it through local media, blog posts and physician outreach.

Prospective patients apply through a HIPAA-compliant website and provide photos. Each quarter, the team at Apex gets together to review the applicants and invite candidates in for a consultation. They currently



receive 15 to 20 applicants each quarter and typically select two candidates for treatment. “There is a vetting process because we want to make sure that a) you’re a vet and b) you’ve been wounded in combat or in service. We also need to see the scars in person at the clinic to make sure we can offer an effective treatment,” says Dr. Garcia-Zuazaga, who has more than 15 years’ experience in laser medicine. “We want to pick the right people—those we know we can help.”

The project has been gratifying both because they have been able to help so many service members and also because it has inspired other physicians to launch their own community service programs. “A few months after the launch, a doctor with a dermatology group in Indiana contacted me and said, ‘I love what you’re doing with the Purple Heart Project. Can we do the same thing?’ And we were happy to share our process, so they could start treating service members in their area,” he says.

He encourages other physicians to consider similar programs that combine their skills with their personal passions and is happy to share his experiences in developing the website, vetting process and promotional efforts to help these efforts succeed. “There is no reason for all of us to reinvent the wheel,” he says. “There are a lot of people out there who want to do community service, and if they can replicate what we do, they are welcome to copy our process and do it.”

In addition to fulfilling his desire to give back, the program is also helping to educate his patients and the public about scar treatment options. “So many people have a scar, whether it’s a surgical scar, acne scar or traumatic scar, and their feeling is that they just have to live with it. But that’s not true. Having this program has opened up conversations with patients about what we can do for scars.” [ME](#)

Inga Hansen is the executive editor of *MedEsthetics*.



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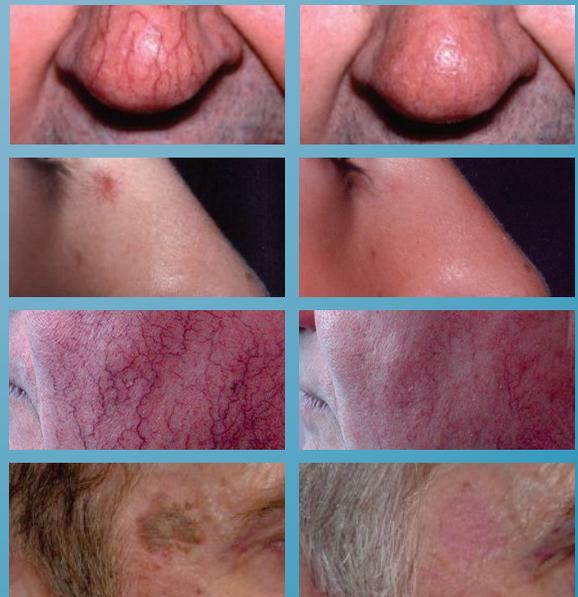
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