



DermWorld

meeting news



See exhibit hall floor plan and exhibitor listing.
PAGES 14-17

Friday • March 17, 2023

A Publication of the American Academy of Dermatology | Association

Late-Breaking in New Orleans

Late-Breaking Research sessions showcase clinical trial results in recent, unpublished abstracts.

Attendees will get a first-hand account of the latest ground-breaking scientific developments in dermatologic research and be able to evaluate and apply information from recent investigations to their own clinical practices.

Late-Breaking Research lineup includes:

S025 – Late-Breaking Research: Session 1
Saturday, March 18
9 a.m.–12 p.m.

Location: New Orleans Theater B

S042 – Late-Breaking Research: Session 2
Saturday, March 18
1–4 p.m.

Location: New Orleans Theater B

Hands-On in New Orleans

W001 – Hands-On: Innovative Suture Techniques Update
Saturday, March 18
9 a.m.–12 p.m.

Location: Room 398

TICKETED EVENT

See the online program for ticket information and for more Hands-On sessions happening Monday, March 20.



Welcome to New Orleans

Old favorites and new programming provide robust experience

Welcome to the AAD's Annual Meeting 2023. This is the first time AAD has been in the Big Easy since 2011.

Each day of the meeting, attendees can access new lectures and presentations and revisit some perennial favorites. Explore more than 50 new titles, including:

- U054 – Pearls from Complex Mohs
- U013 – Advances in Microneedling Techniques Around the World
- S058 – Alopecia Areata: New Therapies
- F120 – Great Debates in Medical Dermatology
- U088 – When to Put Down the Scalpel: Non-surgical Therapies for Skin Cancer
- U090 – Technology in Dermatology: Tailoring Solutions to Your Practice and Optimizing Joy & Impact

Today, highlights include two new live demonstration courses, and two new Conquer the Boards sessions have been included, as part of the many offerings for residents.

Don't forget to stop by the AAD Career Networking Event today as well, from 4:30-6:30 p.m. at the Hilton New Orleans Riverside – Grand Ballroom C. There's also a DataDerm™ Registry and Refreshments event today from 5:30 – 6:30 p.m. in the Convention Center Foyer Room 338.

On Saturday, March 18, there are two hands-on courses offered. Saturday is also the day to catch the two Late-Breaking Research sessions. A new S030 – Boards Blitz session is scheduled for Saturday as well.

Sunday, March 19 features the return of the P151 – Plenary with several exciting speakers and guest lecturer Safi Bahcall. On Sunday afternoon, attendees can look

forward to the latest S048 – Hot Topics session, a new S044 – Skin of Color session, and a new round of S043 – Resident Jeopardy.

On Monday, March 20, there are four more hands-on courses, and several new and returning sessions. The meeting closes on Tuesday, but not without two favorites, S059 – What's New in Dermatology, and S060 – Therapeutic and Diagnostic Pearls.

That's just the very tip of the iceberg. With more than 300 educational sessions, each day the AAD offers scores of symposiums, focus sessions, courses, and workshops, covering all aspects of your practice from treatment pearls to practice management. Use the AAD mobile app to explore the program and track your favorites.

And when you're not in sessions or exploring New Orleans, be sure to visit the always-vibrant Exhibit Hall and AAD Resource Center in Booth 4039. ●

Follow us!

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Share your experience and engage with colleagues. #AAD2023

Live Demos in New Orleans

C002 – Live Demonstration: The State of the Art of Aesthetic Dermatology
Friday, March 17
9 a.m.–12 p.m.

Location: Room 393

C004 – Live Demonstration: Soft Tissue Augmentation And Neuromodulators – Simultaneous Cadaver Prosection And Live Patient Injections
Friday, March 17
1–4 p.m.

Location: Room 393

TICKETED EVENT
The live demonstration sessions are restricted, ticketed events that sell out quickly. Check the online program for more information.

Inside

Pediatric Dermatology Through Adult Eyes **3** Board Exam Study Tips **4** Treating Skin Diseases of the Breast **8** Emotional Check-in for Hair, Scalp, and Nail Disorders **19**

See More DermWorld Meeting News!
aadmeetingnews.org

Interact with the AAD's Preferred Providers

We've aligned with companies who can provide solutions for your life in and out of the office. Stop by their booths in the Exhibit Hall to learn more!



An AAD Preferred Provider

- AAD Member Buying Program, Booth 4543
- Bank of America Practice Solutions, Booth 930
- CareCredit, Booth 3613
- Medjet, Booth 1065
- Medline Industries, LP, Booth 4629
- VisualDx, Booth 2838

For a full list of our providers, visit aad.org/preferredproviders

Don't Miss the AAD Career Networking Event – Hosted by AAD Career Compass
Friday, March 17 • 4:30 – 6:30 p.m.
Hilton New Orleans Riverside Hotel, Grand Ballroom C

Combat staffing shortages

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For Dawn Ricker of Dermatologic Surgery Center of Northeast Ohio, Inc., her WOW Moment was watching system-generated recalls decrease staffing demands:

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The kids are alright, if you know how to treat them

Pediatric dermatology through adult eyes



Valerie Margaret Carlberg, MD, FAAD, assistant professor of dermatology at the Medical College of Wisconsin in Milwaukee and medical director of its Vascular Anomalies Program.

F020 – Pediatric Dermatology for the Adult Dermatologist
Friday, March 17 | 1–3 p.m.
Location: New Orleans Theater A

Kids will be kids. Yet treating their dermatologic conditions can be challenging when the model is designed for adults.

Although many skin disorders are diagnosed in patients of all ages, some are more common or present differently in children than adults. For example, atopic dermatitis is one of the most common diseases of childhood. In addition to more typical flexural involvement, it can present with follicular prominence, in association with pityriasis alba, or with periorbital distribution in children, according to Valerie Margaret Carlberg, MD, FAAD, assistant professor of dermatology at the Medical College of Wisconsin in Milwaukee and medical director of its Vascular Anomalies Program. Dr. Carlberg is moderating this afternoon's session, "Pediatric Dermatology for the Adult Dermatologist."

Little creatures in a big world

"There is an expression that children are just little adults; however, we know this isn't true," Dr. Carlberg said. "For example, the most common triggers of allergic contact dermatitis in children differ from those in adults due to differences in environmental exposures between these unique patient populations."

Contact dermatitis is one of several dermatologic conditions that speakers will explore during the session. Other concerns include atopic dermatitis, acne fulminans, hidradenitis suppurativa, as well as unique diagnostic and treatment considerations for pediatric patients.

Child-centric approach

To help dermatologists identify and treat skin conditions in children, speakers will guide attendees through a child-centric approach for several of the disorders. The key, Dr. Carlberg said, is understanding the unique differential diagnosis for skin conditions and the challenges of treatment in this age group. Appropriately managing pediatric patients with skin disease requires a special emphasis on knowledge of natural history/outcomes and optimal treatment strategies for this population.

"There are many nuances between treatment selections in children and adults. Many of the treatments that are FDA-approved for dermatologic conditions in adults are not yet approved for use in pediatric patients," Dr. Carlberg said. "This is primarily due to the lack of inclusion of younger patients in the initial clinical trials evaluating the safety and efficacy of a medication. Thus, treatments are often used off-label until clinical trials in children are completed. Lack of FDA approval can create challenges getting medications approved by insurance. As such, there are fewer treatment options for children."

Dosing and medication considerations

Another challenge dermatologists must consider, according to Dr. Carlberg, is the optimal dosing and route of administration for systemic medications. Pediatric patients require weight-based dosing, necessitating medication adjustments as they grow.

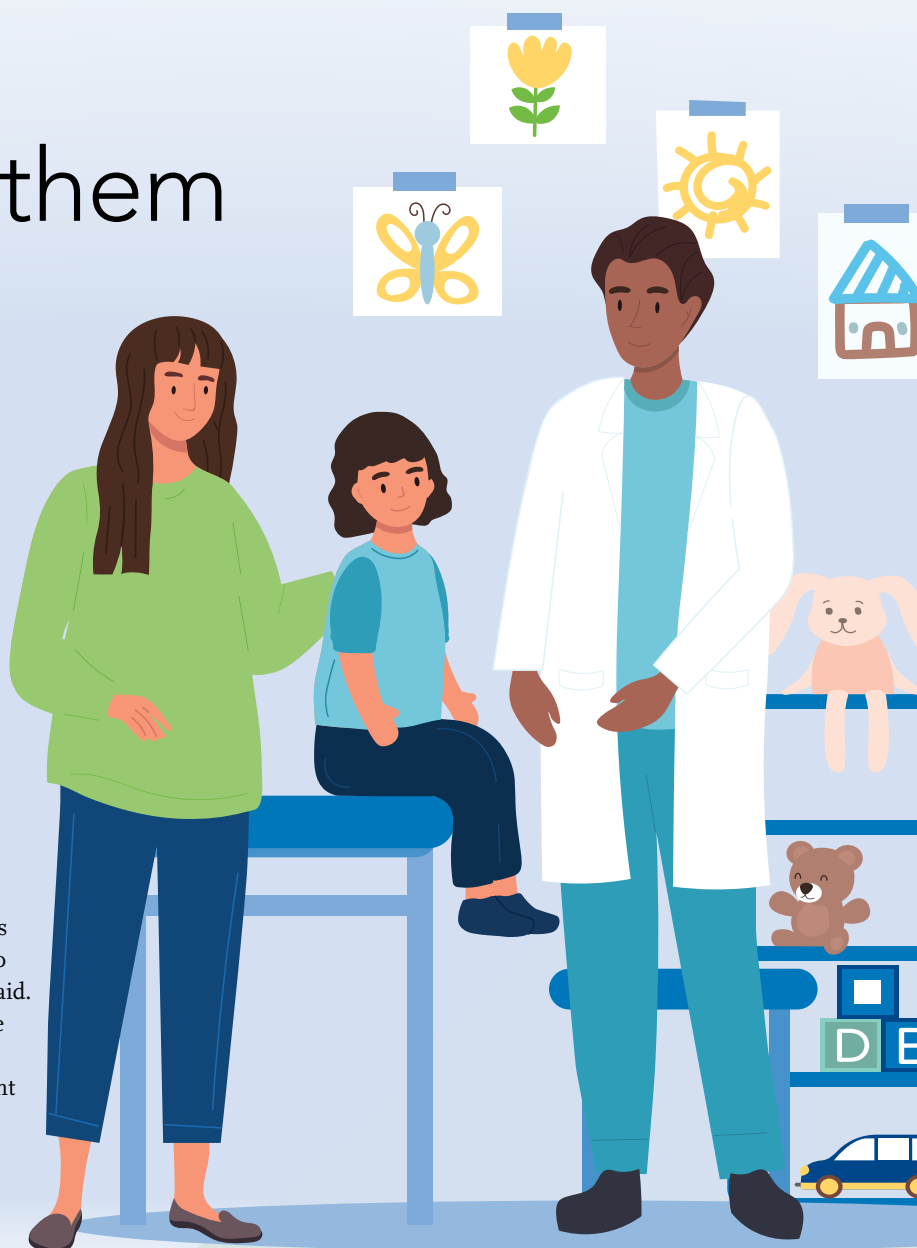
"For example, dupilumab is a systemic medication used to treat atopic dermatitis," she said. "Although there is one dosage regimen in adults, the dosing varies based on age and weight in children."

Taking one's medicine

Finally, another factor in managing pediatric patients with skin diseases is the fact that many children are unable to take oral pills, tolerate injected medications, or withstand diagnostic tests such as patch testing or skin biopsies, Dr. Carlberg said.

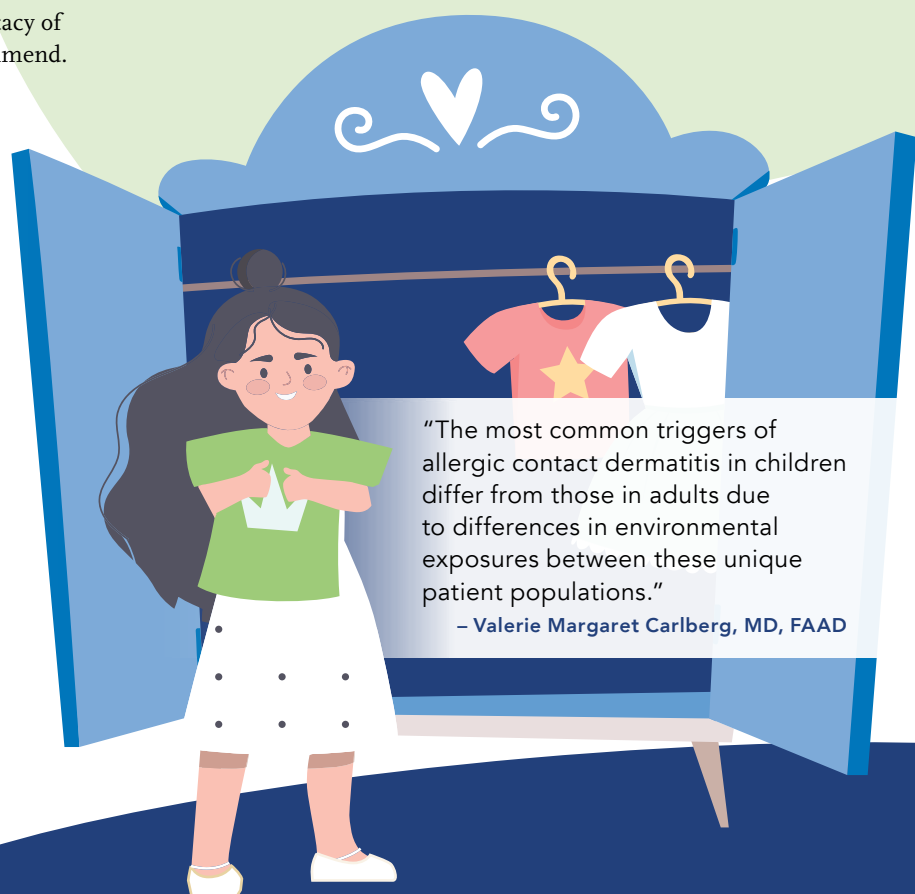
This afternoon's session will prepare for these challenges as well as the importance of partnering with parents.

"Parents are wonderful advocates for their children and are appropriately concerned about the safety and efficacy of the treatments we recommend. Whether discussing topical steroids for atopic dermatitis or FDA-approved oral propranolol for infantile hemangiomas in young infants, both can cause unease," Dr. Carlberg said. "Additionally, many parents consume information from non-dermatologists via social media and other platforms and this can lead to confusion. As the skin experts, dermatologists have an opportunity to partner with parents to become aligned in the same goal of improving the child's skin." ●



Challenges to managing pediatric skin disease:

- 1 Pediatric population often excluded from clinical trials
- 2 Lack of approval by FDA and insurance
- 3 Weight-based dosing
- 4 A child's inability to tolerate oral pills, injected medicines, and diagnostic tests



"The most common triggers of allergic contact dermatitis in children differ from those in adults due to differences in environmental exposures between these unique patient populations."

– Valerie Margaret Carlberg, MD, FAAD



WATER COOLER

What are you looking forward to at the 2023 AAD Annual Meeting?

"I am excited to attend the pre-AAD Society for Pediatric Dermatology (SPD) meeting. While I've attended the SPD for years, this is the first time I will be giving a lecture at the meeting, which is a great honor. I'll be giving a session there and at the main meeting on Pediatric Dermatology Emergencies, which is a favorite topic of mine. In terms of the meeting in general, I am most excited about reuniting with dermatology friends from residency, fellowship, and beyond at reunions and social events. The meeting is a wonderful way to reconnect with our friends and our specialty in general while enjoying beautiful New Orleans!"



A. Yasmine Kirkorian, MD, FAAD, chief of dermatology, Children's National Hospital, Washington, D.C.

"I am looking very forward to learning about the changing landscape in dermatology practice and what the future holds. Also, I am particularly interested in upcoming therapeutics for immunologic mediated diseases (new JAK/TYK2 inhibitors; other agents for psoriasis, atopic dermatitis, alopecia areata, and vitiligo)."



Jonathan S. Weiss, MD, FAAD, Georgia Dermatology Partners, Snellville, Loganville, Braselton, and Brookhaven, Georgia

"I look forward to networking and to meeting colleagues from around the world, to building new connections and catching up with old friends. I also look forward to hearing about the cutting-edge advances, emerging therapies in dermatology, and new ideas for research."



Afsaneh Alavi, MD, FAAD, consultant, Mayo Clinic, Rochester, Minnesota

PHOTO GALLERY

Scan the QR code to view the AAD Annual Meeting Photo Gallery



Easy does it

A more effective way to study for your board exam



Sima Jain, MD, FAAD, author of *Dermatology: Illustrated Study Guide and Comprehensive Board Review*

U023 – Board Review:

Work Smarter, Not Harder

Friday, March 17 | 4:30–5:30 p.m.
Location: New Orleans Theater B

The dermatology board certification exam by the American Board of Dermatology is the testing pinnacle that challenges every dermatology resident. One of the most daunting challenges may not be the exam itself, however, but rather the stress and fear that accompanies the method by which many dermatology residents study for the exam.

"You don't need to study harder to pass your boards with flying colors, you need to study smarter," said Sima Jain, MD, FAAD, author of *Dermatology: Illustrated Study Guide and Comprehensive Board Review*, one of the most-read board review study guides. "There is a way to study for the board exam that doesn't have to be stressful. Studying smarter helps you pass your board exam more easily but more importantly, also makes you a better dermatologist in the long run."

In this afternoon's session, "Board Review: Work Smarter, Not Harder," Dr. Jain will discuss effective ways to prepare for the dermatology board exam. The key to acing your boards, she said, is not about memorizing details about skin conditions.

Deeper understanding required

The specialists who write board exam questions aren't looking for rote memorization, Dr. Jain explained. They are looking for understanding — the ability to synthesize patient history, visual clues, and clinical elements to guide clinical decisions.

"Learning the buzzwords does not mean you understand

the disease," Dr. Jain said.

"Dermatology residents are bright. They are used to being the top of the top students and often do very well on exams. However, this exam is different. Passing the board exam is about understanding information, not memorizing more information. Focusing on effectively understanding the different aspects of skin disease from the start is less stressful than trying to cram more facts into your head. And you will be much more successful when you finally sit for your exam."

The smarter, more effective way to study is to go through multiple question and answer banks and boards study charts to determine your own strengths and weaknesses to guide and focus your study. It is an important way to gauge if you truly understand the material and make sure you are truly translating everything you have learned to help your real-life clinical acumen. Spending more time with skin atlases can also improve understanding and illustrate diagnostic clues that can be difficult to understand in text form.

Picture this

It helps to review as many photographs of skin conditions in as many different skin tones as possible. Some dermatology

"There is a way to study for the board exam that doesn't have to be stressful. Studying smarter helps you pass your board exam more easily but more importantly, also makes you a better dermatologist in the long run."

— Sima Jain, MD, FAAD

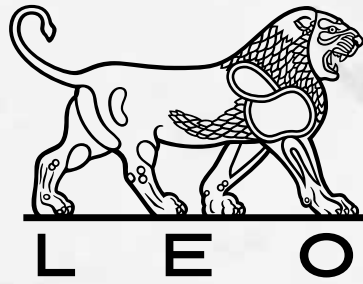
training programs have the benefit of an ethnically diverse patient population. Other programs may not be home to a population that is as diverse, which can leave residents unsure when examining skin of color, as skin conditions look different in different skin tones.

"I trained in Chicago, and our patients were ethnically diverse, but if you haven't had that kind of background during training, you could miss a diagnosis because a rash might not look the same in a patient with skin of color. This is where photos can help supplement your clinical training. It all comes back to being a good dermatologist," Dr. Jain said. "And this way, you're not studying harder, you're studying smarter."

"Studying smarter takes a lot of angst out of the board exam," she said. "That exam is just one day, and we want you to pass with flying colors. We also want you to pass with flying colors every single day while you're practicing. You can meet both of those goals by studying smarter."

The AAD has curated an extensive list of resources for boards study at www.aad.org/education/residents/external. The AAD also has a large archive of Boards Fodder study charts at www.aad.org/boardsfodder. ●





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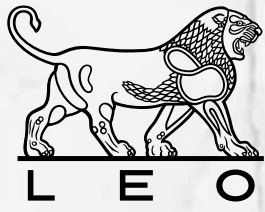
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While in New Orleans,
join LEO Pharma for the grand unveiling of

The Museum of Dermatologic ADvancement (MoDA)

A carefully curated interactive experience in
moderate-to-severe atopic dermatitis

Explore our special exhibit featured at MoDA

Looking Ahead and Giving Back

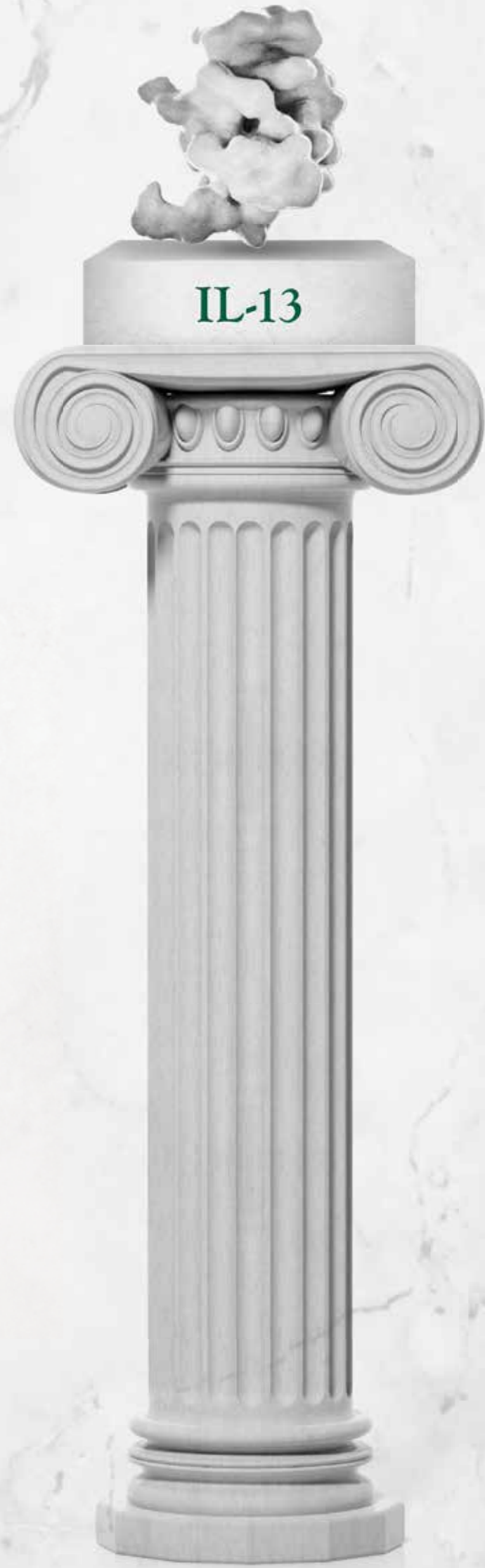
Leave your mark on the moderate-to-severe atopic dermatitis community with a unique opportunity to benefit Camp Discovery—A life-changing summer camp experience where kids with chronic skin conditions make friends, find acceptance, and are free to be themselves.



During your visit at MoDA...

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Take an in-depth look at the role of IL-13 in
atopic dermatitis



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The breast is yet to come (to your office)

Dermatologists should be ready to treat skin diseases of the breast.



Miriam K. Pomeranz, MD, FAAD, associate professor of dermatology at New York University Grossman School of Medicine and chief of dermatology at Bellevue Hospital

F022 – Behind the Bra: What Dermatologists Should Know About Diseases of the Breast NEW
 Friday, March 17 | 1–3 p.m.
 Location: Room 391

When was the last time you saw a patient with idiopathic granulomatous mastitis? For many dermatologists, the answer is “never,” even though this inflammatory disease of breast skin is treated with familiar, anti-inflammatory agents.

“There are conditions like idiopathic granulomatous mastitis that breast surgeons see more than we do,” said Miriam K. Pomeranz, MD, FAAD, associate professor of dermatology at New York University Grossman School of Medicine and chief of dermatology at Bellevue Hospital. She and a panel of other experts will present the new session, “Behind the Bra: What Dermatologists Should Know About Diseases of the Breast” today at 1 p.m.



Sensitive sites

“Breast surgeons are the most common clinicians involved, but dermatologists can step in and be very helpful,” Dr. Pomeranz said. “And there are fewer common conditions like diffuse dermal angiomatosis, but pendulous breasts are a common site. It can cause significant discomfort and can look like inflammatory breast cancer, but it’s a dermatologic condition, just one of many skin diseases of the breast that are likely under-recognized.”



Be ready to answer the call

One of the complications, Dr. Pomeranz said, is that many patients start their journey with a breast specialist who refers them to the dermatologist. Women with granulomatous mastitis typically go to a breast surgeon with what looks like an abscess or inflammatory breast cancer. Once surgeons realize it is not a malignant or infectious condition, they might refer them to dermatology.

“It’s important to know your referring specialists and have good lines of communication,” Dr. Pomeranz said. “A patient with diffuse dermal angiomatosis might come to a dermatologist directly, but it doesn’t happen often.”



Gender issues

Inflammatory diseases of the breast as well as infectious and neoplastic entities affect many dermatology patients. Procedures most often seen in patients who are transgender or gender non-binary can have dermatologic sequelae.

“Transgender men sometimes bind their breasts to appear more masculine, which can lead to dermatosis,” Dr. Pomeranz noted. “People having top surgery can become very self-conscious about the scarring, and dermatologists are the leading experts in minimizing and treating scars. That’s just one set of many areas we are becoming involved in — or should be.”



Pregnancy, lactation, and other issues

Pregnancy and lactation also increase the likelihood of dermatitis. Breast size typically increases, which can lead to skin problems, particularly irritant dermatitis. Lactation can also give rise to discomfort, irritation, and infection.

“There are other complications that we don’t often think about, like Raynaud’s syndrome,” Dr. Pomeranz said. “We tend to think about Raynaud’s and fingers or toes, but it can occur in the breast as well, leading to a lot of pain and discoloration. Clinicians aren’t always aware that it can happen outside the digits.”

Dermatologists occasionally diagnose breast cancers that present as eczema of the nipple, but they more often see the side effects of chemotherapy or radiation therapy that affect the breast.

Radiation dermatitis can be very uncomfortable, Dr. Pomeranz said, as can post-radiation morphea. Morphea often occurs on the breast but can occur elsewhere as well. Dermatologists are frequently called in to help deal with scarring after breast cancer surgery.

“Patients, particularly women, may be hesitant to discuss or show the dermatologist diseases on the breast,” Dr. Pomeranz said. “They may not initially take their bra off for an exam, so we need to get more comfortable with asking directly if they are having any pain or discomfort. This session will help you get more comfortable with asking about and treating the skin of the breast, including some of the more unusual presentations that may walk into your office.” ●



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Take note Where school left off



Keyvan Nouri, MD, MBA, FAAD, professor of dermatology, ophthalmology, otolaryngology, and surgery at the University of Miami Leonard M. Miller School of Medicine

These will all be discussed in this afternoon's symposium, "Business and Leadership in Dermatology and Medicine: What Dermatologists Should Know," led by Keyvan Nouri, MD, MBA, FAAD, professor of dermatology, ophthalmology, otolaryngology, and surgery at the University of Miami Leonard M. Miller School of Medicine.

Addressing the complexities

"Medicine is one of the largest and most complex industries in the world, and in order to optimize patient care, it is essential for physicians to learn about the business of medicine and dermatology in order to minimize error, optimize operations, and improve quality of care," Dr. Nouri said.

According to Dr. Nouri, the key business aspects in medicine also include other important factors, such as consumer satisfaction and loyalty, repeat purchase, brand, innovation, efficient operations, and legal aspects. Dermatologists must also consider various practice settings as well, including private (solo) practice, group practice, academic practice, and equity practices.

Tapping leadership resources

With all that dermatologists must know and juggle, access to leadership resources can be valuable, Dr. Nouri said, and he encourages dermatologists at every stage of their career to tap those resources. For example, AAD leadership opportunities include the councils, committees, and task forces as well as its Leadership Forum, Academic Dermatology Leadership Program (ADLP), Leadership and Mentoring Reception, as well as leadership courses at the AAD Annual Meeting and AAD Innovation Academy. The American Medical Association (AMA) also has a bank of leadership resources. During this afternoon's session, AMA President Jack Resneck Jr., MD, FAAD, will provide an overview of what the AMA has to offer.

As for today's dermatologists who are interested in curating their own leadership opportunities, Dr. Nouri suggests there are five characteristics of leadership in medicine. They include mentoring others, challenging the status quo, educating

others, creating opportunities for others, and practicing humility.

"The clinical pearls that I can offer include maximizing both intrinsic and extrinsic motivators, the importance of wellness and well-being of physicians and staff, the importance of emphasizing collaboration instead of competition, and that a system-based approach is more beneficial than an individual component," Dr. Nouri said.

Acknowledging the vast expanse of dermatology and health care issues, Dr. Nouri's session will be augmented by many other speakers on a variety of topics, including Daniel D. Bennett, MD, FAAD, Dirk Michael Elston, MD, FAAD, Tammie C. Ferringer, MD, FAAD, Roy G. Geronemus, MD, FAAD, Mark D. Kaufmann, MD, FAAD, Amy J. McMichael, MD, FAAD, Alexander Miller, MD, FAAD, and Robert Sidbury, MD, MPH, FAAD. ●

S021 – Business and Leadership in Dermatology and Medicine: What Dermatologists Should Know
 Friday, March 17 | 1–4 p.m.
 Location: Room 266

Beyond surgery, slides, and Socratic discourse, there are many aspects of dermatology that are not typically part of what is learned in school. It is important to know about the U.S. health care industry, insurance companies, pharmaceutical, physician, patient-physician relationships, as well as how the U.S. health system is funded and the legal aspects of the health care industry.

In a study of patients with acne, almost 40% of treatment non-adherence was due to side effects¹

Strategic use of OTC skincare, including gentle cleansers and moisturizers, can promote adherence by improving tolerability^{2,3}



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References: 1. Dikicier BS. Topical treatment of acne vulgaris: efficiency, side effects, and adherence rate. *J Int Med Res.* 2019;47(7):2987-2992. 2. Lain E, Andriessen AE. Choosing the right partner: complementing prescription acne medication with over-the-counter cleansers and moisturizers. *J Drugs Dermatol.* 2020;19(11):1069-1073. 3. Dreno B, Araviiskaia E, Kerob Delphine, et al. Nonprescription acne vulgaris treatments: their role in our treatment armamentarium—an international panel discussion. *J Cosmet Dermatol.* 2020;19:2201-2211.

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TODAY'S HIGHLIGHTS

DataDerm™

Using DataDerm™ to Understand Disparities in Dermatologic Care
3:30–5:30 p.m.

Location: Session F038, Room 345

DataDerm™ Registry and Refreshments
5:30–6:30 p.m.

Location: Convention Center Foyer, Room 338

U010 – Managing Unique Conditions in Asian Skin
7:30–8:30 a.m.

F001 – Leading by Negotiation
9–11 a.m.

U021 – Practical Practice Enhancements: Applying Evidence-Based Strategies
4:30–5:30 p.m.

Don't miss the AAD Career Networking Event!

The search is on for your future in dermatology.



AAD Career Networking Event

Friday, March 17 | 4:30–6:30 p.m.


Location: Hilton New Orleans Riverside Hotel, Grand Ballroom C

If you're hunting for a dermatology job or are about to graduate, we recommend you do not miss the AAD Career Networking Event! The AAD Career Networking Event is a great, high-energy opportunity to meet over 50 employers, face-to-face in a dedicated two-hour setting. Drinks will be provided as you meet and mingle with potential employers from all over the country and network with other dermatologists.

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Exhibit Hall map



Poster Presentation Center Hours
Friday – Saturday | 8:30 a.m.–5 p.m.
Sunday | 1-3 pm.

Exhibitor Listing

Data current as of February 21, 2023. Please use the AAD Meeting App aad.org/mobile for the most up-to-date exhibitor list.

3Gen, Inc./DermLite	1928	Alphyn Biologics, Inc.	669	BTL	842	Cytrellis Biosystems	565
5CC (5-Continent-Congress)	1248	American Board of Dermatology	3648	Burt's Bees	2313	Daavlin	714
AAD - Poster Presentations	1113	American Society for Dermatologic Surgery	1736	Caliber Imaging & Diagnostics	3531	Dartmouth Health	942
AAD Food Court	1477	Amgen, Inc	1942	Candela	1042	DefenAge	814
AAD Industry Product Theater 1	1374	AMLo Biosciences	4541	Canfield Scientific	3539	DEKA M.E.L.A. srl	3449
AAD Industry Product Theater 2	2274	Anne Arundel Dermatology, P.A.	1959	Cara Therapeutics	1953	Delasco	921
AAD Lounge	2280	APDerm	624	CareCredit	3613	Derm Care Billing Consultants	667
AAD Member Buying Program	4543	Aqua Dermatology	1364	Casio America, Inc	2363	Derma Faith, LLC	1343
AAD Preferred Provider	4549, 4551	Aquavit	1558	Castle Biosciences	4051	Dermadry Laboratories Inc	4633
AAD Registration	2757	Arcutis Biotherapeutics, Inc.	2460	Chemistry Rx	2568	Dermaesthetics Beverly Hills	926
AAD Resource Center	4039	argenx	314	Chemotechnique Diagnostics/ Dormer Laboratories	1842	DERMAGNOSTIX	3852
AAD_Freeman Servicerter	166	Avante Health Solutions.	1041	Clarius Mobile Health.	3557	DermapenWorld.	668
AbbVie.	1642, 1866	Avantik Biogroup	1921	CLASSYS	2320	DermaSensor Inc.	2221
ABISA	1043	Baitella AG	522	Clinical Skin LLC	3850	Dermatology Digest, The	2170
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Accurate Manufacturing, Inc.	2832	Beiersdorf, Inc.	3139	Coalition of Skin Diseases	4213	Dermatology Specialists, The	2162
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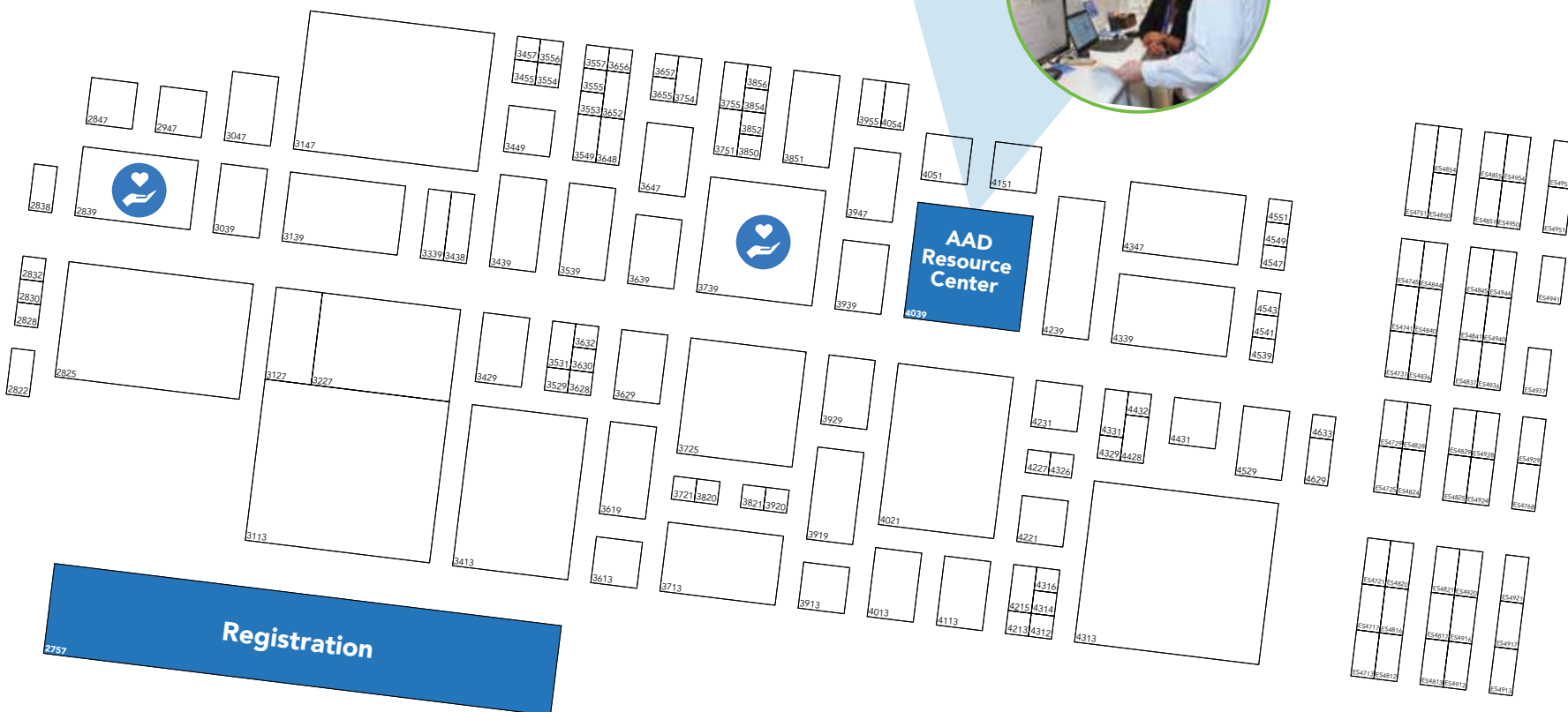
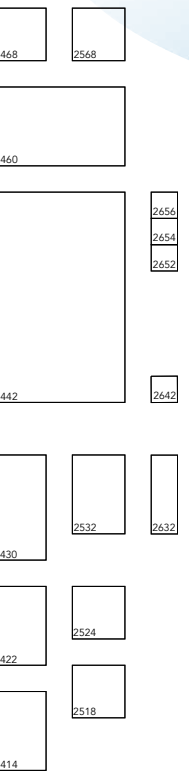
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AAD Industry Product Theater 2



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Attend today's QI symposium

S019 - The Quality Improvement and Innovation Symposium
Friday, March 17 | 1-4 p.m.
Location: Room 391



Brent James, MD, MStat, FACPE, clinical professor at the Clinical Excellence Research Center at Stanford University School of Medicine

We encourage attendance at today's **S019 - The Quality Improvement and Innovation Symposium** from 1-4 p.m. in Room 288.

The symposium showcases real-life examples of QI and provides a framework for how quality improvements can be incorporated into dermatologists' daily practice.

The symposium will feature guest speaker, Brent James, MD, MStat, FACPE, clinical professor at the Clinical Excellence Research Center at Stanford University School of Medicine, and renowned for his work in clinical quality improvement, patient safety, and structures underlying successful improvement efforts. He will present "Profession-Based Medicine: The Best Clinical Result at the Lowest Necessary Cost."

The AAD's Resident Quality Improvement Award recipients and the AAD's Innovations in Quality Improvement Award recipients will also present during the symposium. ●



Remember to use the American Academy of Dermatology's (AAD) online Continuing Professional Development Transcript (CPD) Program to document your CME and MOC activities to send to a licensing body. This service is a member benefit at no additional fee.*

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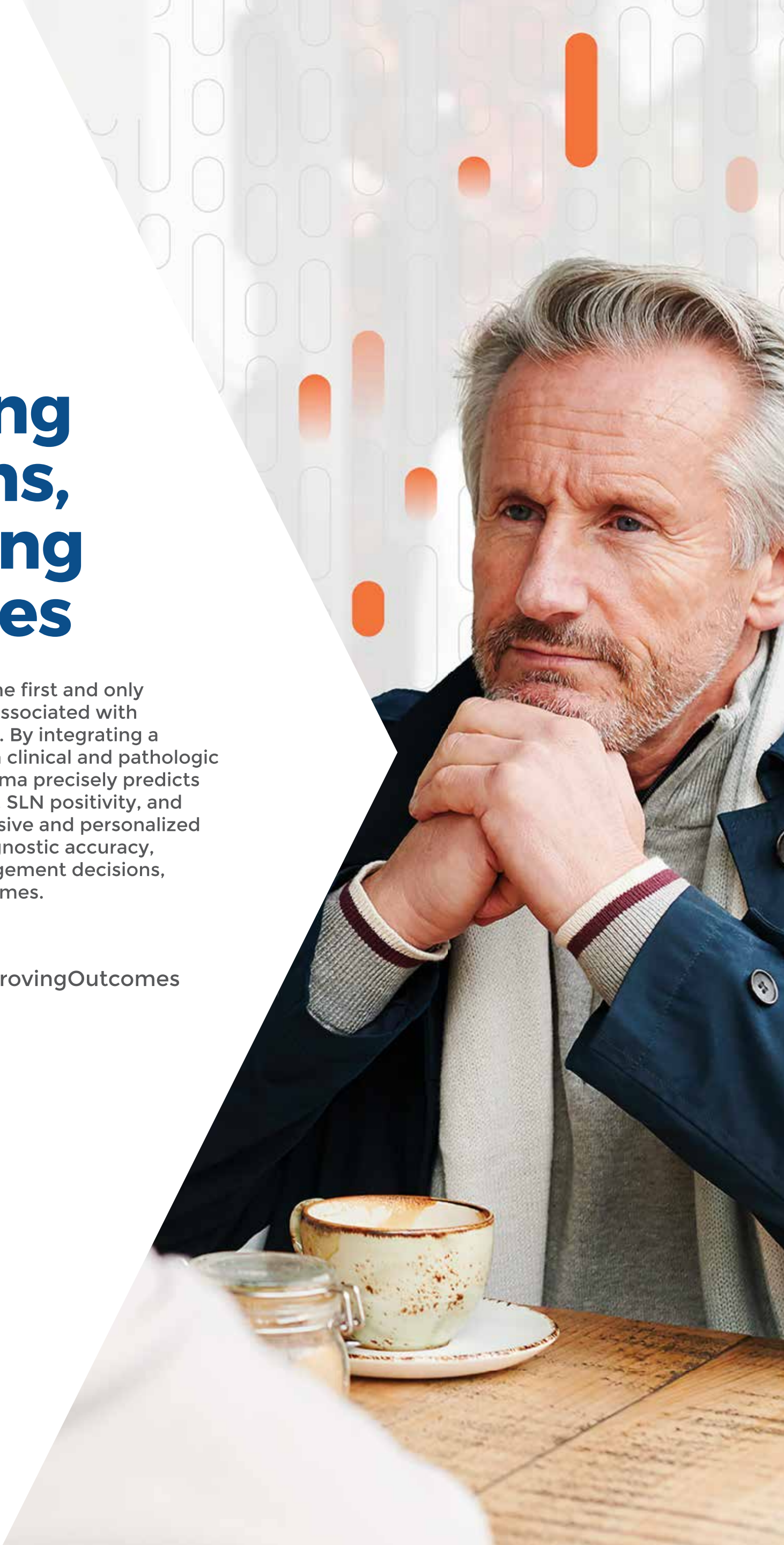
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How are you feeling today?

New session urges emotional check-in treating patients with hair, scalp, and nail disorders.



Antonella Tosti, MD, professor of dermatology at the University of Miami Miller School of Medicine



Brian William Morrison, MD, MSc, FAAD, professor of dermatology at the University of Miami Miller School of Medicine

S041 – Up-to-Date Treatment of Hair, Scalp, and Nail Disorders NEW
 Saturday, March 18 | 1–4 p.m.
 Location: Room 271

Putting a microscope on the diagnoses and treatment of hair, scalp, and nail disorders is a dermatologist’s natural inclination. However, a close-up examination of a patient’s emotional view of the disorder and the impact it may have on their quality of life should also be one of the first steps in managing patient care.



That’s among the issues to be discussed during Saturday’s new session, “**S041-Up-to-Date Treatment of Hair, Scalp, and Nail Disorders.**”

Although the primary focus of the session offers a practical guide for the treatment of hair, scalp, and nail disorders, session co-director Antonella Tosti, MD, said dermatologists must have a thorough understanding of how the disease affects the patient’s everyday life. Dr. Tosti is a professor of dermatology at the University of Miami Miller School of Medicine. She is joined by co-director Brian William Morrison, MD, MSc, FAAD, also a professor of dermatology at the University of Miami Miller School of Medicine.



A more comprehensive understanding of patients and their disorders

“Disorders of hair and nails create a big impact on the quality of life of patients as they are very visible and create anxiety and depression,” Dr. Tosti said. “Although these diseases are part of dermatology training during residency, it is often not extensive, and many dermatologists are not very familiar with diagnostic procedures and new treatments.”

Progressing to the next step and applying new as well as tried-and-true treatments can likely change the course of the disease as well as the patient’s emotional well-being, she said.

New drugs provide new promise

The latest treatments, including JAK inhibitors, are effective and represent a new option for alopecia areata, Dr. Tosti said, but also show potential for other hair disorders. JAK inhibitors can also be successfully used for some inflammatory nail disorders. Additionally, there are new ways of delivering existing drugs such as minoxidil that can be used as an oral medication or as intralesional administration. Oral minoxidil has recently shown promise in accelerating nail growth rate and can be useful in treating nail disease, she said.



Covering everything from head to toe

Saturday’s session will also explore the use of platelet-rich plasma, microneedling, and intra-lesional injections.

“These are complements to medical treatment and not an alternative,” Dr. Tosti said. “This is important to be clarified to patients who often prefer procedures to treatments they have to do themselves at home. All these procedures improve treatment outcomes and are recommended in association with medical therapy.”

Finally, Dr. Tosti said Saturday’s panel will address how gender and ethnicity effect treatment of hair, scalp, and nail

disorders. Some hair and nail diseases have a different frequency depending on ethnicity because of genetic factors or exposure to different triggering factors, she said. Recognizing hair type is essential for haircare recommendations. Instance evaluation of nail pigmentation requires greater attention in patients with dark phototypes. For example, melanoma of the nail is more common in this population.

Although designed to educate young physicians, the Saturday session will provide an up-to-date review of hair, scalp, and nails that all dermatologists will find of value. ●

“Utilize dermoscopy in all patients with hair and nail disorders, not only to evaluate the disease better, but also to take the biopsy in the most active area. Use your dermatoscope in the case of scalp injections to see which areas need to be treated. Always discuss in depth possible side effects of any treatment to make a decision together with your patient.”

– Antonella Tosti, MD



Central centrifugal cicatricial alopecia at dermoscopy



Regardless of the treatment, Dr. Tosti said **tele dermatology** can be a good tool to discuss how the patient is compliant with treatment and possible side effects before an in-person follow-up evaluation.

Z ZORYVE[®]

(roflumilast) cream 0.3%



In DERMIS-1 and DERMIS-2, ~40% of patients achieved IGA Success and ~70% of patients achieved I-IGA Success at Week 8.¹

DERMIS-1 and DERMIS-2 were identical Phase 3 randomized, parallel, double-blind, vehicle-controlled, multicenter studies that evaluated ZORYVE over 8 weeks as a once-daily, topical treatment for plaque psoriasis. Subjects (N=881) were randomized 2:1 to receive ZORYVE cream 0.3% (n=576) or vehicle (n=305) applied once daily for 8 weeks. Eligibility criteria included a diagnosis of mild, moderate, or severe plaque psoriasis and an affected BSA of 2% to 20%. Primary endpoint was IGA Success at Week 8 and key secondary endpoint was I-IGA Success at Week 8.¹

IGA Success was defined as a score of Clear (0) or Almost Clear (1) and a ≥ 2 -grade improvement from baseline. I-IGA Success was defined as a score of Clear (0) or Almost Clear (1) and ≥ 2 -grade improvement from baseline.

ZORYVE is not for ophthalmic, oral, or intravaginal use.

BSA = Body Surface Area, IGA = Investigator's Global Assessment, I-IGA = Intertriginous-IGA

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Actor portrayal

INDICATION

ZORYVE is indicated for topical treatment of plaque psoriasis, including intertriginous areas, in patients 12 years of age and older.

IMPORTANT SAFETY INFORMATION

The use of ZORYVE is contraindicated in patients with moderate to severe liver impairment (Child-Pugh B or C). The most common adverse reactions ($\geq 1\%$) include diarrhea (3%), headache (2%), insomnia (1%), nausea (1%), application site pain (1%), upper respiratory tract infection (1%), and urinary tract infection (1%).

Please see brief summary of full Prescribing Information for ZORYVE on the following page.

References: 1. ZORYVE®. Prescribing information. Arcutis Biotherapeutics, Inc; 2022. 2. Data on File. Arcutis Biotherapeutics, Inc.



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COM-ARQ-151-2100003 v4.0 02/2023

Brief Summary of Prescribing Information for ZORYVE™ (roflumilast) cream, for topical use. See package insert for full Prescribing Information.

INDICATIONS AND USAGE

ZORYVE is indicated for topical treatment of plaque psoriasis, including intertriginous areas, in patients 12 years of age and older.

DOSAGE AND ADMINISTRATION

Apply ZORYVE to affected areas once daily and rub in completely. Wash hands after application, unless ZORYVE is for treatment of the hands.

ZORYVE is for topical use only and not for ophthalmic, oral, or intravaginal use.

CONTRAINDICATIONS

The use of ZORYVE is contraindicated in the following condition:

- Moderate to severe liver impairment (Child-Pugh B or C)

ADVERSE REACTIONS

Clinical Trials Experience

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

In two multicenter, randomized, double-blind, vehicle-controlled trials (DERMIS-1 and DERMIS-2), 881 subjects 2 years of age or older with plaque psoriasis were treated with ZORYVE or vehicle once daily for 8 weeks.

The median age was 47 years (range 6 to 88). The majority of the subjects were male (64%) and White (82%). The median body surface area (BSA) affected was 5.5% (range 2% to 20%).

The proportion of subjects who discontinued treatment due to adverse reaction was 1.0% for subjects treated with ZORYVE and 1.3% for subjects treated with vehicle. The most common adverse reactions that led to discontinuation of ZORYVE was application site urticaria (0.3%).

Table 1 presents adverse reactions that occurred in at least 1% of subjects treated with ZORYVE, and for which the rate exceeded the rate for vehicle.

Table 1. Adverse Reactions Reported in ≥1% of Subjects Treated with ZORYVE for 8 Weeks

Adverse Reaction	ZORYVE (N=576) n (%)	Vehicle (N=305) n (%)
Diarrhea	18 (3.1)	0 (0.0)
Headache	14 (2.4)	3 (1.0)
Insomnia	8 (1.4)	2 (0.7)
Nausea	7 (1.2)	1 (0.3)
Application site pain	6 (1.0)	1 (0.3)
Upper respiratory tract infection	6 (1.0)	1 (0.3)
Urinary tract infection	6 (1.0)	2 (0.7)

In 594 subjects who continued treatment with ZORYVE for up to 64 weeks in open-label extension trials, the adverse reaction profile was similar to that observed in vehicle-controlled trials.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no randomized clinical trials of oral or topical roflumilast in pregnant women. In animal reproduction studies, roflumilast administered orally to pregnant rats and rabbits during the period of organogenesis produced no fetal structural abnormalities at doses up to 9 and 8 times the maximum recommended human dose (MRHD), respectively. Roflumilast induced post-implantation loss in rats at oral doses greater than or equal to 3 times the MRHD. Roflumilast induced stillbirth and decreased pup viability in mice at oral doses 5 and 15 times the MRHD, respectively. Roflumilast has been shown to adversely affect pup post-natal development when dams were treated with an oral dose 15 times the MRHD during pregnancy and lactation periods in mice.

The background risk of major birth defects and miscarriage for the indicated population is unknown. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Clinical Considerations

Labor and delivery

ZORYVE should not be used during labor and delivery. There are no human studies that have investigated effects of ZORYVE on preterm labor or labor at term; however, animal studies showed that oral roflumilast disrupted the labor and delivery process in mice.

Data

Animal data

In an embryo-fetal development study, pregnant rats were dosed orally during the period of organogenesis with up to 1.8 mg/kg/day roflumilast (9 times the MRHD on a mg/m² basis). No evidence of structural abnormalities or effects on survival rates were observed. Roflumilast did not affect embryo-fetal development at a maternal oral dose of 0.2 mg/kg/day (equivalent to the MRHD on a mg/m² basis).

In a fertility and embryo-fetal development study, male rats were dosed orally with up to 1.8 mg/kg/day roflumilast for 10 weeks and females for 2 weeks prior to pairing and throughout the organogenesis period. Roflumilast induced pre- and post-implantation loss at maternal oral doses greater than or equal to 0.6 mg/kg/day (3 times the MRHD on a mg/m² basis). Roflumilast did not cause fetal structural abnormalities at maternal oral doses up to 1.8 mg/kg/day (9 times the MRHD on a mg/m² basis).

In an embryo-fetal development study in rabbits, pregnant does were dosed orally with 0.8 mg/kg/day roflumilast during the period of organogenesis. Roflumilast did not cause fetal structural abnormalities at the maternal oral doses of 0.8 mg/kg/day (8 times the MRHD on a mg/m² basis).

In pre- and post-natal developmental studies in mice, dams were dosed orally with up to 12 mg/kg/day roflumilast during the period of organogenesis and lactation. Roflumilast induced stillbirth and decreased pup viability at maternal oral doses greater than 2 mg/kg/day and 6 mg/kg/day, respectively (5 and 15 times the MRHD on a mg/m² basis, respectively). Roflumilast induced delivery retardation in pregnant mice at maternal oral doses greater than 2 mg/kg/day (5 times the MRHD on a mg/m² basis). Roflumilast decreased pup rearing frequencies at a maternal oral dose of 6 mg/kg/day during pregnancy and lactation (15 times the MRHD on a mg/m² basis). Roflumilast also decreased survival and forelimb grip reflex and delayed pinna detachment in mouse pups at a maternal oral dose of 12 mg/kg/day (29 times the MRHD on a mg/m² basis).

Lactation

Risk Summary

There is no information regarding the presence of ZORYVE in human milk, the effects on the breastfed infant, or the effects on milk production.

Roflumilast and/or its metabolites are excreted into the milk of lactating rats. When a drug is present in animal milk, it is likely that the drug will present in human milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for ZORYVE and any potential adverse effects on the breastfed infant from ZORYVE or from the underlying maternal condition.

Clinical Considerations

To minimize potential exposure to the breastfed infant via breast milk, use ZORYVE on the smallest area of skin and for the shortest duration possible while breastfeeding. Advise breastfeeding women not to apply ZORYVE directly to the nipple and areola to avoid direct infant exposure.

Data

Animal data

Roflumilast and/or its metabolite concentrations measured 8 hours after an oral dose of 1 mg/kg given to lactating rats were 0.32 and 0.02 mcg/g in the milk and pup liver, respectively.

Pediatric Use

The safety and effectiveness of ZORYVE have been established in pediatric patients ages 12 years and older for the treatment of plaque psoriasis. Use of ZORYVE in this age group is supported by data from two 8-week vehicle-controlled safety and efficacy trials which included 14 adolescent patients aged 12 to 17 years, of whom 8 received ZORYVE. Eighteen adolescent patients were treated with ZORYVE in open-label trials of 2- and 24-weeks duration. The adverse reaction profile was similar to that observed in adults.

The safety and effectiveness of ZORYVE in pediatric patients below the age of 12 years have not been established.

Geriatric Use

Of the 881 subjects with psoriasis exposed to ZORYVE or vehicle for up to 8 weeks in 2 controlled clinical trials, 106 were 65 years of age or older. No overall differences in safety or effectiveness were observed between these subjects and younger subjects. Other reported clinical experience has not identified differences in responses between the geriatric and younger patients, but greater sensitivity of some older individuals cannot be ruled out. Based on available data for roflumilast, no adjustment of dosage in geriatric patients is warranted.

Hepatic Impairment

Oral roflumilast 250 mcg once daily for 14 days was studied in subjects with hepatic impairment. The AUC and C_{max} values of roflumilast and roflumilast N-oxide were increased in subjects with moderate (Child-Pugh B) hepatic impairment. ZORYVE is contraindicated in patients with moderate to severe liver impairment (Child-Pugh B or C).

PATIENT COUNSELING INFORMATION

Advise the patient or caregiver to read the FDA-approved patient labeling (Patient Information).

Mirroring society in dermatology practice

Building a workforce that reflects those we serve

F024 – DEI in GME: NEW
Thoughts and Considerations
 Friday, March 17 | 1–3 p.m.
 Location: Room 287

Diversity, equity, and inclusion (DEI) is not an academic concept, according to two speakers this afternoon. It is a phrase that describes the reality of dermatology practice, which includes patients, physicians, and staff of all backgrounds, and workplaces of all settings.

“DEI within medical education has, thankfully, become front and center over the past five years,” said Jennifer Huang, MD, FAAD, chief of dermatology and director of pediatric oncodermatology at Boston Children’s Hospital and associate professor of dermatology at Harvard Medical School. She will co-direct this afternoon’s session, “DEI in GME: Thoughts and Considerations,” which will focus on DEI in dermatology education.

“DEI issues are important topics for all dermatologists because our trainees graduate and become part of our workforce,” Dr. Huang said. “All of us should be welcoming of a more diverse workforce, ensuring an inclusive environment and addressing health disparities in our practices.”

One bar for all

“One important strategy in selecting and recruiting residents and faculty from diverse backgrounds is to make it very clear that we are setting the same bar of excellence for everyone,” said session co-director Mayra Lorenzo, MD, PhD, FAAD, chair of the Harvard Dermatology Diversity Committee and assistant professor of dermatology at Harvard Medical School. “Nobody should feel like they are receiving an interview or being offered a position solely because of their demographic characteristics. We celebrate diversity and honor excellence.”



Jennifer Huang, MD, FAAD, chief of dermatology and director of pediatric oncodermatology at Boston Children’s Hospital and associate professor of dermatology at Harvard Medical School



Mayra Lorenzo, MD, PhD, FAAD, chair of the Harvard Dermatology Diversity Committee and assistant professor of dermatology at Harvard Medical School

The reality, she continued, is that the dermatology community does not mirror the diversity of the dermatology patient population. Not yet. A key strategy in the recruitment process is to offer resources and mentorship opportunities that are relevant to both the applicant’s identity and their career interests.

Applicants expect more than a simple “yes, you’re in,” Dr. Lorenzo explained. They want to know how they will be supported both professionally and personally.

Only the beginning

Providing that support begins with changing the way dermatology is taught. Formal training sessions on inclusivity and health care equity are just the beginning.

“It is essential to role model these behaviors and provide hands-on opportunities to practice,” Dr. Huang said. “For example, we offer a health policy and advocacy curriculum that includes a didactic portion followed by a group trip to discuss relevant issues with state legislators. An equity committee of faculty and residents discusses issues going on within and outside our community and brainstorms ways to expand our efforts for our patients and our local community.”

Residents leading the charge in Boston

Dermatology is also working upstream to expand opportunities for both residents and Boston-area communities. Residents lead multiple service-learning programs, including a high school STEM (science, technology, engineering, and mathematics) pathway program to encourage early interest in science and medicine and a student-run pediatric dermatology clinic.

“We incorporate experiences in caring for underserved populations into our standard clinical curriculum, including skin of color clinics and clinics that serve patients experiencing homelessness, Spanish- and Portuguese-speaking communities, and LGBTQ patients,” Dr. Lorenzo said. “Global integration of DEI initiatives within all areas of the program is best, in the classroom and in the clinics at every level,” she continued.

“Everyone — faculty, residents, fellows, and support staff — needs to learn more about how to create a diverse and inclusive community. It can be demoralizing for residents to receive this education and feel that nobody else is learning about or respecting the principles of DEI,” Dr. Huang said.

“Our work is definitely not done,” she said. “We have a lot to learn and hope we can form a closer community of educators who can work together on these important topics.” ●



See the future of dermatology recognized

The **Residents and Fellows Symposium** is an opportunity to hear about groundbreaking research performed by dermatology residents and fellows. The top 18 projects are selected from a pool of over 100 applicants to give succinct summaries of their research. Faculty judges selected individuals who presented the most outstanding papers in laboratory and clinical research. The Everett C. Fox Award (formerly the Stelwagon Award) is given to the presenters of the most outstanding clinical and laboratory research.

Don’t miss this exciting, inspiring, and instructive event! Winners of the Fox Award will be published in *DermWorld Meeting News*.

Resident and Fellows Symposium
 Saturday, March 18
 9 a.m.–12 p.m.
 Location: Room 291
 Led by Cory A. Dunnick, MD, FAAD

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Transcending burnout

Find the path to joy and a fuller life



F063 – Self Care in Healthcare: Beyond Burnout to Finding Fulfillment
 Saturday, March 18 | 1–3 p.m.
 Location: Room 276

Kelly M. Cordoro, MD, FAAD, professor of dermatology and pediatrics at the University of California, San Francisco

It's 2023 and physicians are becoming burned out on the topic of professional burnout. The truth is: the structure of the health care system and its impact on physician well-being is unlikely to change. But physicians can change the course of their own, personal journey, according to Kelly M. Cordoro, MD, FAAD, professor of dermatology and pediatrics at the University of California, San Francisco.



Dr. Cordoro is moving the discussion away from the structural and institutional causes of burnout to the individual journey in achieving joy. She leads a robust dialogue on the topic during Saturday's session, "F063 – Self Care in Healthcare: Beyond Burnout to Finding Fulfillment." Even with an array of wellness initiatives in place, physicians remain exhausted and disengaged.

"When our values and beliefs are aligned with our work, there is deep meaning and career/work satisfaction despite structural obstacles and frustrations. In contrast to the many medical professionals who are deeply satisfied and enriched by their work, there are some who are not. We have the power to change that, and it largely comes from within," Dr. Cordoro said.



Treating yourself so you can treat others better

Dermatologists and other health care workers are at an inflection point, and their health and well-being are on the line, according to Dr. Cordoro. Physicians are incredibly resilient and selfless and will rise to the occasion no matter what is asked of them, she said. "This is great for your patients and teams but can be destructive to you as an individual. There's no better time to afford ourselves time for self-reflection, personal awareness, and professional enrichment that goes beyond medical topics."

"We level up and work harder, do more, and continue to give. But there is a breaking point. If you feel you are near it, or want to avoid it, attend this session. If you want to connect and reconnect with your core values, attend this session," she said.



Self-reflection can be empowering

Dr. Cordoro believes that the same forces that shape us as people shape us as doctors. "Our circle of influence includes our core beliefs, experiences, perspectives, and environment." In medicine, physicians face tremendous pressure to "conform and fall in line as we march along the training and career path largely under the influence of others." Everyone in our professional circle, from colleagues and supervisors to role models and mentors, will influence our decisions and activities.

There is always an opportunity to reshape your career and life by figuring out who you are and what brings you meaning, she said. Of course, it requires a willingness and the time to take a deep personal dive into what brought you to medicine in the first place, the areas that feel energizing, and those that feel stifling.

"Honest self-appraisal is the first step to developing a true understanding of our personal values and beliefs and aligning our choices and actions accordingly. This work is empowering, and can be life- and career-altering, in a good way!" Dr. Cordoro said.



Burnout versus wellness

This afternoon's session is not a session on burnout, Dr. Cordoro warned. Rather, the session focuses on the "deeply personal and dynamic nature of individual perspectives, values, and the road to joy in work and life."

"Our personal impressions of well-being, our perspectives on work and life satisfaction, and our needs and wants change over time. Our view of well-being is shaped by our perceptions and the lens through which we view the world," she said. "It is important to recognize that, and recognize that even though happiness is related to, and even used in some definitions of wellness, wellness as a concept is so much broader than happiness alone."

Growth is a universal human value, and this afternoon's session embraces a growth mindset.

"We cannot wait for the 'big fix' to the frustrating systemic issues we face in medicine, we must connect to core values," Dr. Cordoro said. "Although access to outstanding occupational wellness programs to ameliorate 'burnout' abound, and can be helpful, true wellbeing starts from within."

Today's session will also discuss mental health, an important dialogue, given the prevalence of depression and suicide in medicine, including dermatology, she said.

"I truly think the session will be a change-maker for those who come prepared to take a reflective, deep dive into their own core values and start to align their choices with their self-identified drivers of joy and meaning," she said. ●



Keep pace with your personal journey

There are big and small ways to create change. It starts with "rethinking your focus and re-arranging your plate toward a more favorable balance," Dr. Cordoro said. Session speaker and Batavia, Illinois clinical psychologist Amy MacDonald, PsyD, will present attendees with a self-reflection exercise designed to identify core values and gain perspectives and skills to increase fulfillment and meaning in work and life. The session goals are to:

Determine which of your beliefs and actions are productive and bring joy/satisfaction and which may sustain a destructive or unhealthy pattern.

Develop skills and perspectives that restore meaning in your work by realigning your work with your core values.

Distinguish between environmental and host factors that contribute to joy or dissatisfaction. Environmental factors are the systems, structures, organizations, people, and culture around us that influence us, while host factors are intrinsic to the person.



Are you up for a challenge?

Good news! The ever-popular social media challenges will be returning to the AAD Annual Meeting in New Orleans. This year, there will be two different challenges that attendees can participate in — one on Twitter and one on Instagram. Both will offer the jealousy-inducing grand prize of **free registration to the 2024 Annual Meeting in San Diego!** Attendees are encouraged to participate in both challenges, and there is no limit to the number of entries submitted on either platform.



Instagram Reel Challenge

Gone are the days of posting selfies and photo carousels — video is the new way of sharing your best content on social media. We are asking attendees to share their Annual Meeting experience by creating an Instagram Reel of their time in The Big Easy with the hashtag #AAD2023challenge. Reels can be posted any time between Friday, March 17, and Tuesday, March 21, until 11:59 PM CDT. One grand prize winner will be randomly selected from the total submissions the following week and the reel will be shared from the @AADmember Instagram account.

Twitter Pearl Challenge

Twitter is still one of the most popular platforms for dermatologists to share research and discuss specialty topics. Since there is so much to learn about at the Annual Meeting, we are asking attendees to tweet their top pearls or key learnings from their favorite AAD sessions with the hashtag #AAD2023challenge to enter. One randomly chosen winner will be selected the week after the meeting ends.

For more information, see the official rules and regulations online at aadmeetingnews.org/22724379 or direct message @AADmember on Twitter or Instagram.

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Headed in the right direction

Novel therapies for alopecia areata are on the rise.



Natasha Atanaskova Mesinkovska, MD, PhD, FAAD, professor of dermatology and vice chair for clinical research at the University of California Irvine School of Medicine

S058 – Alopecia Areata: New Therapies

Monday, March 20 | 1–4 p.m.
Location: Room 344

The FDA transformed the landscape for alopecia areata treatments last June with the approval of baricitinib — the first systemic treatment for the condition. The approval helped spur patients' already high interest in new and effective ways to treat hair loss.

Natasha Atanaskova Mesinkovska, MD, PhD, FAAD, professor of dermatology and vice chair for clinical research at the University of California Irvine School of Medicine, will direct this afternoon's new symposium, "S058 - Alopecia Areata: New Therapies," which will explore the latest approaches using baricitinib as well as other Janus kinase (JAK) inhibitors in the pipeline, and the latest in procedural and device-based approaches.

Medication for a specific disease

"Alopecia areata is the most common cause of immune-mediated alopecia," said Dr. Mesinkovska. "Alopecia areata affects 2% of the U.S. population and is not a cosmetic issue. It is a specific autoimmune

disease, and we finally have an approved medication with more on the way."

Alopecia areata does not discriminate by sex or age, Dr. Mesinkovska said, and individuals of African American descent are somewhat more likely to present with this particular form of hair loss compared to those of Caucasian or Asian ethnicities. Women are somewhat more likely to seek treatment than men, maybe because men have the socially acceptable option of shaving their heads to avoid notice.

And unlike many forms of hair loss, alopecia areata can affect children and adolescents as well as adults. The average patient age is in the early 30s.

Finding alternatives

"Healthy hair is important for everyone, so it is vital to be able to identify alopecia areata quickly and correctly because we can treat it effectively with JAK inhibitors," Dr. Mesinkovska said. "We don't typically biopsy children, or even adults, if there is a good alternative, so we will have sessions on how to distinguish alopecia areata from other types of hair loss clinically and using dermoscopy. There are important tips to using dermoscopy as a tool to identify areata in all races and skin types because it can be tricky to differentiate."

In addition to baricitinib, two other JAK inhibitors, ritlecitinib and deuruxolitinib, are in development. Patients who do not tolerate baricitinib or

have adverse reactions may benefit from off-label use of an alternative agent. JAK inhibitors are relatively expensive and off-label reimbursement remains problematic.

Non-medical choices

There is also continuing interest in non-medication approaches to alopecia areata. Positive results have been reported for platelet rich plasma, microneedling, light treatments, and laser, although any subsequent hair growth varies by operator and patient factors. There is also the practical consideration of using relatively expensive, time-consuming, and sometimes painful temporary treatments for a chronic autoimmune disease.

Others slated to give presentations on a broad range of alopecia areata topics will be Brittany Gareth Craiglow, MD, FAAD, Chesahna Kindred, MD, MBA, FAAD, Brett Andrew King, MD, PhD, FAAD, Maryanne Makredes Senna, MD, FAAD, Jerry Shapiro, MD, FAAD, Bruna Duque-Estrada, MD, and Ronda S. Farah, MD, FAAD.

"Attendees will leave this session better able to recognize tricky cases of alopecia areata, choose patients suitable for systemic therapy, and feel very comfortable using medications in both adults and children," Dr. Mesinkovska said. "We have the best of the most-experienced alopecia areata speakers at this session to bring us up to date and to help us better treat and understand our patients." ●



Your Dermatologist Knows: Meet the correspondents!

Your Dermatologist Knows, the AAD's new consumer-positioning strategy, launched in October and is already seeing significant success in educating the public about the expertise of board-certified dermatologists. You can meet the social media correspondents who are part of the strategy Friday and Saturday; we'll also have an opportunity for you to take videos and photos to share on your own channels, plus refreshments and a gift for attendees. Join us!

AAD Resource Center, Booth 4039

Friday and Saturday, 1–2 p.m.

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American Academy of Dermatology | Association
9500 W. Bryn Mawr Ave.
Rosemont, IL 60018-5216
Phone (847) 330-0230;
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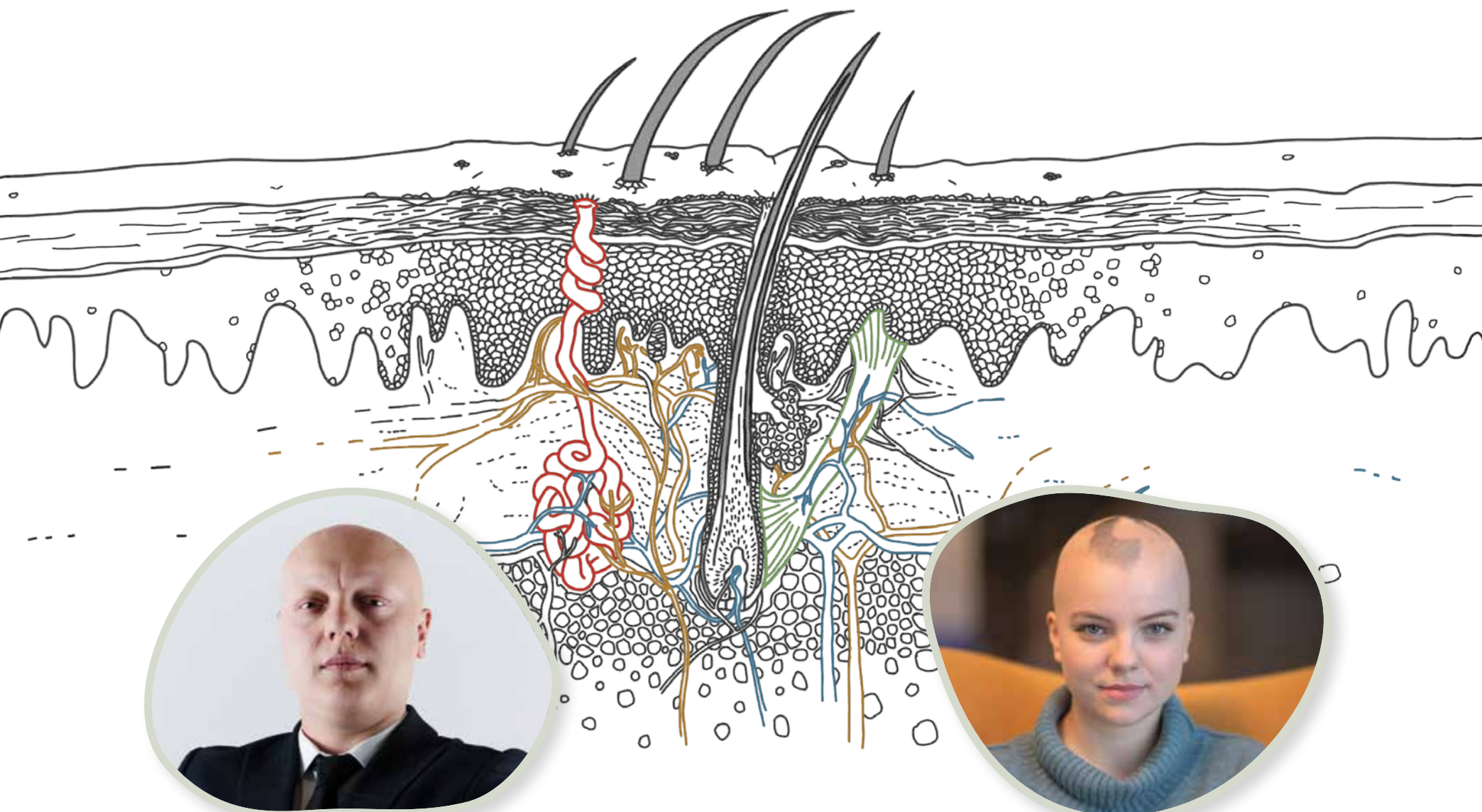
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Hair loss isn't the whole story.

- Alopecia areata (AA) is an autoimmune disease that can also have effects beyond the scalp.¹
- AA has a complex etiology and is rooted in immune system dysregulation, with many patients having a genetic predisposition.^{2,3}
- Patients often experience autoimmune and psychiatric comorbidities, lifestyle disruptions, and psychosocial distress.^{1,2,4}
- The unpredictable course of AA can make disease management difficult for HCPs and their patients.^{5,6}

To re-examine what you know about alopecia areata, visit education.lillymedical.com/advancesinaa



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