How to Address Identity Theft in Your Practice
see pages 20-21

Genesys Medical Center Residency
see pages 16-17

Learning About Tropical Dermatology Diseases in the Tropics
see pages 14-15

2009 Annual Meeting In New Orleans
see page 8-11
American Osteopathic College of Dermatology

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Contribute to DermLine
If you have a topic you would like to read about or an article you would like to write for the next issue of DermLine, contact Ruth Carol, the editor, by phone at 847-251-5620, fax at 847-251-5625 or e-mail at RuthCarol1@aol.com.

Update Contact Information
Is your contact information current? If not, you may be missing need-to-know news from the AOCD.
Visit www.aocd.org/membership. Enter your username and password then click the “Login Now” button.
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Upcoming Events
AOCD ANNUAL MEETING 2009
November 1-4, 2009
New Orleans, LA

AOCD MIDYEAR MEETING 2010
April 14-17, 2010
Sedona, AZ
Message from the President

Well summer is over and fall is rapidly approaching. It has been a very busy last several months. The healthcare reform issue is far from over. Although the immediacy of the August deadline has come and gone, there are still those in Congress screaming for healthcare reform.

I applaud many of you who have contacted your members of Congress. Sending letters and e-mails is beneficial; encourage your patients to do the same. Members of Congress categorize these according to zip code, which translates to electoral votes. None of us would deny the need for some healthcare reform. However, we must remain active and diligent to see that the issues of physician reimbursement, access to specialty care, maintenance of private insurance, and tort reform will all be a part of any reform bill proposed by Congress.

The second major issue was that of the proposed subcertification in Procedural Dermatology, which would have been very detrimental to dermatology care. Severe shortages of Mohs surgeons would have resulted across the country, including western Kansas where I practice. I applaud the efforts of the Board members of the AAD, ASDS, and ASMS, and their resolve to bring this issue to the forefront. Current AAD President David Pariser, M.D., FAAD, commented that this issue did more to invoke grassroots participation and was the most divisive issue that he has been involved with during his service to the AAD. Again, I applaud all of you who wrote letters to the AAD Board members to express your concerns about the Procedural Dermatology subcertification.

With healthcare reform comes another issue; maintenance of certification. Dr. Lloyd Cleaver and I attended a lengthy meeting of leaders of specialty colleges and certifying Boards hosted by the AOA Bureau of Osteopathic Specialists. The Bureau outlined its recommendations on steps for each college to ensure that maintenance of certification is documented, enforced, and regularly monitored. Many of the ideas regarding monitoring physician practices would require an enormous financial outlay for individual colleges. Questions about funding for this monitoring are still unanswered. Considerably more discussion needs to be entertained regarding this implementation. I encourage everyone to stay both politically and professionally involved with the current changes that are being proposed in the delivery of healthcare.

Finally, I want to congratulate our many residency directors. This is the first year that our new resident numbers have reached 100. It is becoming exceedingly more difficult for residency directors and program chairs to maintain residencies, as increasing standards, requirements, and funding issues continue to plague the training of our new residents. I want to personally thank ALL those who are responsible for making this milestone attainable.

Sincerely,

Donald K. Tillman Jr., D.O., FAOCD
AOCD President, 2008-2009
Executive Director’s Report
by Becky Mansfield, Executive Director

Greetings from Chicago and the AOA.

The summer meeting of the AOA Board of Trustees (BOT) and the AOA House of Delegates (HOD) was held July 13-19 in Chicago. These two meetings establish policy for the AOA organization, specialty affiliates, and state affiliates. Prior to the opening of the BOT meeting, several committees met to develop recommendations for the Board members and House delegates to consider.

The Society of Osteopathic Specialty Executives (SOSE) met on July 13. All specialties are represented in the SOSE and have a vote. In addition to reviewing the proposed resolutions and making recommendations to the BOT and HOD, the SOSE members can propose new policy. SOSE members also discussed issues relating to CME credits and suggestions to encourage members to attend osteopathic CME programs.

Dr. Lloyd Cleaver represents the AOCD at both the BOT and HOD. As a voting specialty delegate, he attends all sessions of the House and the reference committee meetings. Dr. Tillman participated in a meeting with other association presidents during the week.

I encourage our membership to discuss any issues with our delegates throughout the year that are of interest to our organization and our members.

Annual Meeting
Dr. Marc Epstein has developed a diverse educational program including a morning workshop that will be of interest to our members.

I encourage members to attend the lectures at the “Great Cases from Osteopathic Teaching Programs” on Wednesday in order to meet our residents and future AOCD presenters.

Midyear Meeting
It’s time to make plans for the 2010 Midyear Meeting in Sedona, Ariz. Dr. Jim Towry, program chair, is developing the program for the April 14-17 conference at the Hilton Sedona Resort & Spa. Reservation information will be distributed later this fall.

The AOCD staff welcomes your comments and suggestions that will improve our organization.

AOCD Members Attend AOA Meeting

The AOCD was well represented at this year’s AOA Board of Trustees (BOT) and House of Delegates (HOD) meeting held this July in Chicago.

Lloyd Cleaver, D.O., FAOCD, represented the AOCD at both the BOT and HOD. As AOCD President, Donald Tillman, D.O., FAOCD, participated in a meeting with other association presidents during the week. Cindy Hoffman, D.O., FAOCD, is an AOA delegate from New York.
The House of Delegates (HOD) of the AOA held its annual meeting July 17–19 in Chicago.

The HOD is composed of representatives of state osteopathic associations and one representative from each specialty college. The AOCD was well represented with the Society’s President Dr. Don Tillman; Dr. Schield Wikas, who is incoming President of the Ohio State Osteopathic Association (see related article on p. 6); and me, the AOCD’s HOD Representative, in attendance. The meeting’s primary focus is on policy development and business affairs.

During this year’s HOD meeting, the main topic was the healthcare reform legislation. Then AOA President Dr. Carlo DiMarco indicated his support of healthcare reform through a letter. Although most don’t support the current congressional proposals, the AOA gave its support with limitations so that we have “places at the table” with regard to negotiations. The entire letter is available on line at http://tiny.cc/nUVNc. For more information, you can review your e-mail blast dated July 21 from Dr. Tillman.

A two-hour “Town Hall” meeting regarding healthcare reform was held in the evening of July 17. Another “Town Hall” meeting was scheduled for September 8.

I strongly recommend that you stay updated on this topic. As we see healthcare reform continue to be in the forefront of the news and national scene, it is important to follow it as well as to talk to your congressional representatives and senators. I call daily to express my concerns. They do not take my name, only my zip code and my opposition. I urge you to get involved with your state osteopathic organizations. Become a delegate to the HOD for your state. Support the political action committee for the AOA and the American Academy of Dermatology. Support candidates friendly to our causes. This is as important as it gets.

Our new AOA president also was installed at the HOD meeting (see related story on p. 6). He is Dr. Larry Wickless, a gastroenterologist from Michigan and father of one of our members, Dr. Scott Wickless. I have known Dr. Larry Wickless for many years. He was my fraternity brother in undergraduate college and his sister taught my geometry class in high school. I am very pleased and excited with his election to the AOA’s highest office and know he will lead us well. Dr. Wickless has served on the Board of Trustees at KCOM for nine years as well as served on the Board of Trustees for the AOA and different various committees. He has demonstrated himself as a leader especially in the area of education. Check out his goals for this year under the topics of “Governing with Greatness,” “Affordable Health Coverage” and other themes at www.do-online.org/index.cfm?PageID=aoa_execWicklessinaug. You may even have an opportunity to meet Dr. Wickless in person as Dr. Tillman has invited him to speak during the president’s banquet at this year’s AOCD Annual Meeting.

We are dedicated to helping patients attain a healthy and youthful appearance and self-image.
AOA Names New President

Larry A. Wickless, D.O., an AOA board-certified internist and gastroenterologist, was installed as the AOA’s 113th president at its annual business meeting held in Chicago in July.

A native of Kirksville, Mo., Dr. Wickless has practiced gastroenterology in Farmington Hills, Mich., for more than 35 years where he is currently with the South Oakland Gastroenterology Associates.

Also an educator and mentor, Dr. Wickless is a clinical professor of medicine at the Michigan State University College of Osteopathic Medicine (MSUCOM) in East Lansing and has served continuously as either director or associate director of the gastroenterology training program at Botsford Hospital in Farmington Hills, which has trained 50 fellows since Dr. Wickless co-founded the program in 1977. In addition, he served for nine years on the Board of Trustees for the A.T. Still University-Kirksville (Mo.) College of Osteopathic Medicine (ATSU-KCOM).

Dr. Wickless joined the AOA Board of Trustees in 2000. While serving on the Board, he has chaired the AOA Department of Educational Affairs, the Bureau of Membership, and the Bureau of AOA Constitution and Bylaws in addition to serving as vice chairman of many task forces related to training and certification. He also began serving in the AOA House of Delegates in 1989.

Devoted to the unification and advancement of osteopathic medicine throughout the world, Dr. Wickless was instrumental in establishing the Osteopathic International Alliance, which he chaired since its incorporation in 2005 until 2008.

At the state and local levels, Dr. Wickless is a past president of the Michigan Osteopathic Association and the Oakland County Osteopathic Association. He is also a past president of the American College of Osteopathic Internists (ACOI).

Dr. Wickless is the recipient of many honors and awards, including MSUCOM’s highest honor, the Walter F. Patenge Medal of Public Service in 2005, and the Botsford Hospital Distinguished Service Award in 2000. He is also a fellow of the ACOI and was an inaugural AOA health policy fellow in 1994-95.

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Dr. Wikas to be President of Ohio Osteopathic Association

Schield M. Wikas, D.O., FAOCD, will be appointed president of the Ohio Osteopathic Association (OOA) in 2010.

He will officially take office for his one-year term in June.

Dr. Wikas has served on the OOA Board of Trustees for several years. He started out as treasurer and worked his way up to first vice president, which is the title he currently holds. Prior to that, Dr. Wikas held various officer roles in the Akron/Canton District 8, one of the 11 districts that comprise the OOA.

As president, he will chair the Board of Trustee meetings and travel throughout the state to all the districts to keep them informed about what the OOA is doing as well as attend regional and national meetings that impact the organization politically. Dr. Wikas also will have the opportunity to discuss relevant issues with state and congressional representatives.

He would like to increase membership, which he views as an organization’s most important asset. “I would like to get more physicians, and even interns, residents, and house staff involved in the organization,” says Dr. Wikas. “When we make DOs realize that their state societies are the only organizations specifically dedicated to their professional interests as well as livelihoods, hopefully they will join and participate in these organizations.”

The OOA represents approximately 3,400 osteopathic physicians in the state of Ohio, 11 hospitals that are members of the Ohio Osteopathic Hospital Association, and the Ohio University College of Osteopathic Medicine. The OOA is a state society of the AOA.
Hi to all members of the AOCD,

I hope this letter finds you and your families in good health and weathering the economic times well. I want to extend to you my personal invitation to attend this year’s Annual AOCD Meeting and enjoy New Orleans with your fellow colleagues while you pick up valuable pearls to bring back to your practices. I have made some changes to the format and have strived to bring some innovation to the program.

It is very important to note that every morning, Monday through Wednesday, is packed with outstanding lectures from both our osteopathic and allopathic peers. Also, the resident lectures have been split into two afternoon sessions on Tuesday and Wednesday. It will be worth your while to stay through Wednesday, for the outstanding clinical education, the New Orleans hospitality, and all the CME credits.

To start off the meeting, there is a 135-minute live aesthetic workshop on fillers and Botox® led by world-renowned American Society for Dermatologic Surgery injector Susan Weinkle, M.D. You will hear the first of a series of lectures, to be given at the next few AOCD meetings, on skin rejuvenation by our very own Jennifer Lloyd, D.O.

To increase revenue, Thi Tran, D.O., will discuss how to maximize the financial benefits offered by Medicare by using electronic medical records and e-prescribing in our practices.

We have continued the symposia format with a two-hour lunch symposium on psoriasis in a clinico-patho-physiological format with two outstanding leaders in the field, Drs. Jeff Crowley and Ken Gordon.

Unless some untimely issue occurs, American Academy of Dermatology President David Pariser, M.D., FAAD, will provide an Academy update as well as a presentation on hyperhidrosis.

In addition, several outstanding lecturers who have enjoyed presenting to our College in the past have returned. Among them are Drs. Greg Papadeas, Mark Lebwohl, Jim Del Rosso, Gene Conte, Anthony Dixon, and Ted Rosen. The AOCD’s friend from down under, Dr Dixon, will be presenting a lunchtime talk. The resident lectures look very informative, as well.

Unfortunately, you will miss out on more than one-third of these events and their corresponding CMEs if you do not stay on Wednesday. You don’t want the pearls given out that day to miss your ears.

Our executive staff, board committee members, and lecturers have worked hard on your behalf to make this meeting in its entirety a very informative, enjoyable, and noteworthy endeavor. So plan now to attend the meeting from start to finish.

Take care and I really hope to see you in N’awlins.

Your president-elect and program chairperson,

Marc (Epstein, D.O., FAOCD)
Strolling the Neighborhoods of New Orleans

New Orleans comprises several charming and inviting neighborhoods full of things to see and do while attending the 2009 AOCD Annual Meeting.

The French Quarter
The most famous neighborhood is the French Quarter also known as the Vieux Carré or simply the Quarter. It is the city’s cultural hub and the oldest neighborhood. With its walled courtyards and cast iron balconies, its architectural gems are a mix of Spanish, French, Creole and American styles. Get a peek inside one of these architectural gems by taking a home tour. The Galler House, designed and built by one of the most esteemed local architects, James Galler, is one of the best examples of the fusion between local culture and architecture.

The city’s oldest neighborhood is home to eclectic shopping destinations, delicious restaurants, and history museums. Browse the treasure trove at the French Market, shade yourself underneath a grand magnolia tree in Jackson Square, or munch on a muffelata at Central Grocery.

The premier festival marketplace in New Orleans, the Riverwalk Marketplace is adjacent to the Convention Center. The meeting will be held at the Hilton New Orleans Riverside, which is conveniently located adjacent to the Convention Center and Riverwalk Festival Marketplace and three blocks from the French Quarter. The center, which is constructed on the site of the 1984 World’s Fair along the Mississippi River, is filled with shopping, dining, and entertainment venues, all under one roof. The Riverwalk spies one of the world’s busiest ports allowing visitors to watch cruise ships, freighters, and riverboats pass by as the calliope of the steamboats calls out.

The nearby Audubon Aquarium of the Americas features penguins, sea otters, seahorses, a new frog exhibit, and the rare white alligator. The aquarium is open Tuesday through Sunday.

The Garden District
A ride on a St. Charles streetcar, which happens to be the oldest surviving trolley in the United States, takes visitors from the French Quarter to the lower and upper Garden Districts that resemble Charleston or Savannah.

Dubbed the “Garden District” for its capacious showy gardens, this New Orleans neighborhood is noted for its astounding scenery. Laid out in 1806 as an open, semi-urban system of interconnected parks with basins, fountains and canals, the Garden District has a uniquely Greek Revival appearance. The streets still bear the names of the nine muses of Greek mythology, and many of the mid-19th century Greek Revival and Italianate homes built in this classical setting remain. Some of its homes are still known by the names of the families that built them more than a century ago.

Stroll under the oaks of Coliseum Square or any of the smaller parks in the Garden District and you are likely to find locals playing with their dogs or reading on the grass. Walk down Magazine Street, the neighborhood’s commercial center, where antique shops give way to contemporary design studios, offbeat clothing stores, and restaurants.

Uptown
The Uptown District, beginning upriver of the Garden District and stretching to Broadway, is a self-contained residential world. It’s a place where late 19th century homes are scrupulously maintained and small scale restaurants and shops reinforce the feeling that you are visiting a village, not a city.

Today’s Uptown retains many of the grand homes built in the 1890s along St. Charles Avenue and in exclusive cul-de-sac developments such as Rosa Park. On oak-shaded streets intersecting St. Charles, frame houses with ample galleries are the norm. Closer to the river, more modest shotguns built to house 19th century workers are steadily being refurbished, ensuring that this premier urban residential neighborhood for more than a century will continue its legacy of gracious living.
Visit the shops, bistros, and galleries along Magazine Street, making it a shopping haven for all those who love fashion and great food. Two blocks away from St. Charles Avenue, this stretch of stylish and eclectic shopping is only a short streetcar ride away.

**Carrollton**

Perhaps it’s the tree-shaded and spacious houses that make Carrollton feel nostalgic, or perhaps it is the influence of Tulane and Loyola universities that make the neighborhood feel like a college town. Established as a rural resort community outside of New Orleans, the neighborhood has maintained its laid-back character.

While Oak Street, one of Carrollton’s main shopping districts, still has the look and feel of the 1950s, Maple Street offers small stores, numerous coffee shops and a well established independent bookstore, Maple Street Bookshop, all housed in converted Victorian houses. Good restaurants in all price ranges are plentiful in Carrollton.

Normally, one may not want to spend time strolling through a cemetery, but in New Orleans wandering about one of the 42 *Cities of the Dead* offers an unusual sight of sun bleached, above-ground tombs decorated with ornate statues and surrounded by rusty ironwork. The tombs are interred above ground because that was the only way to keep caskets from floating away due to the water table in New Orleans being so high. After the early settlers tried different ways of burying their dead, they settled on following the Spanish custom of using vaults.

**The Arts District**

This historic neighborhood filled with amazing art galleries, fine restaurants, and world-class museums, has gone from bustling, to abandoned, and back again. Originally established as an industrial area in the 19th century, as commerce, trade, and industry practices evolved over time, the area’s prosperity faded and the once busy streets became eerily quiet.

Then in 1976, the Contemporary Arts Center opened. This 10,000-square-foot complex displays cutting edge artwork and an eclectic array of music, theatre, and dance performances. Today, more than 25 galleries call what many refer to as “the SoHo of the South” home. Most of these galleries are located on Julia Street, which is also the scene of an evening gallery hop that hosts a mix of art lovers and socialites on the first Saturday night of every month.

The National World War II Museum, one of the most popular attractions in New Orleans, features an ever-expanding exhibit space where war veterans are on hand to give tours, answer questions, or just to talk.

A number of restaurants and cafes serve everything from stylish gourmet dishes to traditional Cajun favorites.

**Faubourg Marigny**

Immediately downriver of the Vieux Carre, the city’s second suburb—Faubourg Marigny—was once the plantation of a Creole born vivant who made the dice game “craps” popular in America and who dazzled New Orleans by his flair and enormous inheritance. After subdividing the property in 1806, the suburb developed gradually with a distinctly European flair and cosmopolitan mix.

Marigny is an artist-friendly neighborhood with beautiful Creole and Classic Revival cottages that stood abandoned after residents left for the suburbs in the 1950s and have since been restored and painted in rich golds, brick reds, and moss greens.

Historic banks, corner stores and even bakeries have been refurbished as homes and guesthouses, while river-front warehouses now accommodate artists’ studios and performance spaces.

Weekends bring shoppers to independent galleries and rummage stores in lower Marigny while the restaurants and jazz clubs of the Marigny Triangle draw people from everywhere. Just across Esplanade Avenue, near Frenchmen Street this musical enclave is an experience you will not find anywhere else in the city.

So enjoy the Vieux Carré and beyond while attending this year’s AOCD annual meeting.

For more information about what to see or do, visit [www.neworleansonline.com](http://www.neworleansonline.com).

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![Ranbaxy is a proud supporter of the American Osteopathic College of Dermatology](image)

**American Osteopathic College of Dermatology**

*Founded 1958*
2009 Annual Meeting Opens with Live Workshop
Speakers Address Challenging Cases to E-Prescribing

A two-hour live patient Botox® and fillers workshop will kick off the AOCD 2009 Annual Meeting to be held November 1-4 in New Orleans.

At this year’s meeting, guest speakers are slated to present in the mornings on Monday, Tuesday, and Wednesday. Residents are scheduled to speak on Tuesday and Wednesday afternoons.

For residents, the event will begin with the In-Training Examination and business meeting on Sunday. The AOBD Exam also will be given that day. The Dermpath Bowl will be held Sunday afternoon.

While the residents are testing, the AOCD Executive Committee will convene in a day-long meeting.

The Welcome Reception will be held from 6:00 p.m. to 8:30 p.m.

Monday Speakers
Speakers (listed with their topics) scheduled to present lectures on Monday between 9:00 a.m. and 1 p.m. are as follows:

- Reagan Anderson D.O., Dermatology Resident Liaison
  Applying to Dermatology Residency Programs

- Marc I. Epstein, D.O., FAOCD
  Program Chair, AOCD President-Elect
  Opening Remarks & Introductions

- Susan Weinkle, M.D., and Mary Lupo, M.D.
  Marc Epstein, D.O. (Moderator)
  Live Aesthetic Patient Workshop Utilizing Botox and Fillers

- Gregory G. Papadeas, D.O., FAOCD
  CLIA Quality Assurance Test & Review

Following alumni lunches, the AOCD business meeting will be held between 3:00 p.m. and 5:00 p.m. All members are encouraged to attend.

The President’s Reception/Banquet will be held between 6:00 p.m. and 10:00 p.m.

Tuesday Speakers
Guest speakers (listed with their topics) scheduled to present lectures on Tuesday between 7:00 a.m. and 1 p.m. are as follows:

- Cindy Hoffman, D.O., FAOCD
  Great Cases from Osteopathic Teaching Programs

- Mark Lebwohl, M.D.
  Great Cases

- Karthik Krishnamurthy, D.O.
  St. Barnabas Hospital, Bronx, NY
  Prolotherapy with Intrareaional Dextrose for Verruca Vulgaris

- James Del Rosso, D.O.
  What’s New in the Medicine Chest

- Thi Tran, D.O.
  Update on EMR and E-Prescribing Incentives from Medicare

- Jenifer Lloyd, D.O.
  Shedding “Light” on Rejuvenation: An Update on Laser and Light Therapy: First in a Series

- Dr. Anthony Dixon, M.D.
  Lunch Lecture - Pathoclinical Correlation of Dermoscopy and Dermatopathology

Resident speakers (listed with their topics) scheduled to present lectures on Tuesday between 1 p.m. and 6:15 p.m. are as follows:

- Matthew Elias, D.O., 3rd Year Resident
  NSUCOM/BGMC, Hollywood, FL
  Bullous SLE

- Bo Rivera, D.O., 2nd Year Resident
  Northeast Regional Medical Center, Kirksville, MO
  Leukonychia

- Amara Sayed, D.O., 3rd Year Resident
  Columbia Hospital, Palm Beach, FL
  Minocycline Induced Hyperpigmentation

- Denise Guevara, D.O., 2nd Year Resident
  Wellington Regional Medical Center, Margate, FL
  Treatment of Lichen Amyloidosis with Thalidomide

- Leah Schammel, D.O., 2nd Year Resident
  Oakwood Southshore Medical Center, Trenton, MI
  Rheumatoid Neutrophilic Dermatitis

- Michelle Bruner, D.O., 2nd Year Resident
  Oakwood Southshore Medical Center, Trenton, MI
  Clinical Clearance of Cutaneous B Cell Pseudolymphoma with Imiquimod

- Jason Mazzurco, D.O., 3rd Year Resident
  St. Joseph Mercy Health System, Clinton Township, MI
  CD30 Positive Transformation of Mycosis Fungoides

- Nichole Edwards, D.O., 2nd Year Resident
  St. Joseph Mercy Health System, Clinton Township, MI
  Unusual Presentation of Lichen Amyloidosis

- Jennifer Stead, D.O., 2nd Year Resident
  St. Joseph Mercy Health System, Clinton Township, MI
Treatment of Ichthyosis Linearis Circumflexa with Barrier Repair Therapeutics in a Patient with Netherton Syndrome

Chris Buatti, D.O., 3rd Year Resident
Genesys Regional Medical Center, Grand Blanc, MI
Case Presentation: Steatocystoma Multiplex

Sarah Maggio, D.O., 2nd Year Resident
St. Joseph Mercy Health System, Clinton Township, MI
A Woman with Cobblestoning of the Palms

David Cleaver, D.O., 3rd Year Resident
St. Joseph Mercy Health System, Clinton Township, MI
Keratoacanthomas and Perineural Invasion

Brooke Bair, D.O., 3rd Year Resident
St. Joseph Mercy Health System, Clinton Township, MI
A Novel Melanin Dye to Improve the Efficacy of Laser Removal of Fine Vellous Hair: A Split Face Trial

Mindy Conroy, D.O., 3rd Year Resident
Aria Health, Allentown, PA
Dyskeratosis Congenita

Joseph Del Priore, D.O., 2nd Year Resident
Western Univ./Pacific Hospital, Torrance, CA
Skin Disease in Guatemala

Brooke Renner, D.O., 2nd Year Resident
Pontiac/Botsford, Farmington Hills, MI
Chronic Granuloatous Slack Skin

Payal Patel, D.O., 2nd Year Resident
Genesys Regional Medical Center, Grand Blanc, MI
Cancer Metastases to the Skin

Shari Sperling, D.O., 2nd Year Resident
St. John’s Episcopal, Far Rockaway, NY
Linear Lichen Planus

Nicole Bright, D.O., 3rd Year Resident
Aria Health, Allentown, PA
Encoup De Sabre Associated with Vitiligo and Poliosis

Wednesday Speakers
Guest speakers (listed with their topics) scheduled to present lectures on Tuesday between 7:00 a.m. and 1:30 p.m. are as follows:

Joseph Fowler, M.D.
What’s New in Contact Dermatitis

Eugene Conte, D.O.
Native American Dermatology Update 2009

David Pariser, M.D.
AAD President
AAD Update and Hyperhydrosis Update

Ted Rosen, M.D.
Gruesome Groins
Marc Epstein, D.O.
What Could Be New For You at Our AOCD Meetings?

Kenneth B. Gordon, M.D., and Jeffrey J. Crowley M.D.
Simposia Luncheon - Exploring New Concepts in the Pathophysiology of Psoriasis: Implications for Clinical Advancement

Resident speakers (listed with their topics) scheduled to present lectures on Wednesday between 1:30 p.m. and 5:00 p.m. are as follows:

Joseph Laskas, D.O., 3rd Year Resident
Aria Health, Allentown, PA
Hyperkeratetic Parokeratoses

Lyubov Avshalumova, D.O., 3rd Year Resident
NSUCOM/Largo Medical Center, Port Richey, FL
EKV

Risa Ross, D.O., 3rd Year Resident
NSUCOM/Largo Medical Center, Port Richey, FL
Neonatal Dermatology, When to Worry

Johnny Gurgen, D.O., 3rd Year Resident
NSUCOM/Largo Medical Center, Port Richey, FL
Infectious Diseases

David Judy, D.O., 2nd Year Resident
NSUCOM/Largo Medical Center, Port Richey, FL
Lower Extremity Ulcers

Andrea Baratta, D.O., 2nd Year Resident
St. John’s Episcopal, Far Rockaway, NY
Lymphangioma

John Stoner, D.O., 2nd Year Resident
Aria Health, Allentown, PA
Silicone Granulomas

Sabrina Waqar, D.O., 2nd Year Resident
Columbia Hospital, Palm Beach, FL
Epidermolysis Bullosa Acquisita

Saira Momin, D.O., 3rd Year Resident
TUCOM/Valley Hospital Medical Center, Las Vegas, NV
Aberrant Loss of Differentiation in Metastatic Malignant Melanoma

Jack Griffith, D.O., 3rd Year Resident
Western Univ./Pacific Hospital, Torrance, CA
A Promising Therapy for Difficult to Treat Skin Cancers

Heather Volkman, D.O., 3rd Year Resident
Richmond Medical Center, Cleveland, OH
Premature Facial Aging in Graft-versus-Host Disease

Autumn Potaracke, D.O., 2nd Year Resident
Richmond Medical Center, Cleveland, OH
A Giant Tumor of the Left Posterior Thigh
Hello Everyone,

It’s been a busy spring and summer in the AOCD office.

Please remember to keep your address and e-mail address current. If you experience problems logging on to www.aocd.org/membership, please let me know.

Upcoming Exams
The In-Training Examination for the residents and the Board Exam are both being held on Sunday, November 1, 2009 beginning at 7 a.m. Residents’ dues must be current to sit for this exam. Plan to arrive early as nobody will be admitted after 7 a.m.

Policy prevents any electronic devices from being brought into the testing site. This includes cell phones, personal digital assistants, and pocket organizers. All of these items should be left in your room prior to testing. If you forget and bring them, these electronic media will be collected. There will be no allowances for them on site during the testing procedures or during bathroom breaks, etc.

An In-Training Examination (ITE) is administered annually to dermatology residents during the annual meeting of the AOA/AOCD. Each resident is required to take the dermatology in-training exam. This is, however, only a practice test.

The intent of the ITE is to identify knowledge-based strengths and weaknesses in both the training programs and the residents in a non-punitive manner. Still, participation in the ITE program is mandatory. The format of the exam includes only the types of multiple-choice questions that appear on the certifying examination (i.e., one best answer, matching, and identification of images). The ITE is not meant to be a mirror of the actual board.

Resident lectures for the 2009 Annual AOCD Meeting will be held Tuesday, November 3 and Wednesday, November 4. Lectures are scheduled from 1 p.m. to 5 p.m. both afternoons and cover a wide variety of topics.

As soon as the AOA assigns room numbers to us for these events, you will be notified.

Information regarding function tickets (eg, tickets to the Welcome Reception, President’s Banquet, and lunch lectures) was mailed in July. Please return the form to the AOCD office so we can have an accurate count for seating and meals. Residents are not charged a fee, however, any guest of the resident will be charged $50.

Intent-to-Lecture Information
Intent-to-Lecture applications for the 2010 AOCD Midyear Meeting are now being accepted. We have a limited number of spots, so get your application in as soon as possible. Resident lectures will be scheduled on Wednesday, April 14. The faculty disclosure statements and Intent-to-Lecture forms can also be downloaded from our website at www.aocd.org/qualify/annual_reports.html.

All residents are asked to provide the following documents:

- A copy of your medical school diploma (and exact date of graduation)
- A copy of your internship diploma (exact dates of attendance and name and address of school)
- A copy of your state license
- 2 passport size photos
- A current CV
The administrative requirements for resident oral presentations are as follows:

- **Call For Lectures/Papers**: 7 months prior to the first day of the meeting
- **Intent-to-Lecture Form**: AOCD office notified by resident of intent to lecture 6 months prior to the first day of the meeting or resident will not be placed on schedule

The signed documents required to be in the AOCD office 8 weeks prior to the first day of the meeting are as follows:

- Disclosure Statement
- Copyright/Consent
- Program Director’s Statement
- Copy of completed PowerPoint presentation

If the PowerPoint materials are not received by the specified deadline date, then the resident will not be eligible for evaluation of the Koprice Award. If the materials are not received by the deadline, the resident will not be able to present at the meeting.

Sending the aforementioned items two months prior to the meeting will allow ample time for evaluation, review, and approval by CME accredited bodies.

The lecture schedule sign-up closes 12 weeks prior to the first day of the meeting. **No last minute additions to the lecture schedule will be allowed.**

Deadlines are as follows:

- Call for Papers/Lectures with Deadline Information
- Intent-to-Lecture Forms Returned
- Lecture Sign-up Closed
- Documentation/Presentations Due
- Meeting Start Date

<table>
<thead>
<tr>
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<td>Call for Papers/Lectures</td>
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<tr>
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<td>October 14, 2009</td>
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<tr>
<td>Lecture Sign-up Closed</td>
<td>January 14, 2010</td>
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<tr>
<td>Documentation/Presentations Due</td>
<td>February 14, 2010</td>
</tr>
<tr>
<td>Meeting Start Date</td>
<td>April 14, 2010</td>
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</table>

At 9 a.m. on Monday, November 2nd, a pre-program lecture for medical students and interns will take place at the AOCD Annual Convention in New Orleans.

The purpose of this lecture is not only to increase the knowledge of all the osteopathic dermatology residency programs, but also to provide valuable insight into the application process. Among the items reviewed will be how to write a personal statement and how to successfully matriculate into a program.

I highly encourage all interested medical students and interns to attend this lecture.
Learning About Tropical Dermatology Diseases in the Tropics

When Billie Casse, D.O., traveled to the Dominican Republic this past February, it wasn’t to vacation in the tropics, it was to experience a tropical dermatology rotation.

“I wanted a tropical dermatology experience,” she says. “It’s something that you read and learn about in your residency, but you don’t always have the opportunity to experience these diseases for yourself.”

When the opportunity to spend two weeks training at the Institute of Dermatology and Skin Surgery came her way, Dr. Casse was chief resident at the St. Joseph Mercy Dermatology Residency Program in Ypsilante, Mich. Program Director Daniel Stewart, D.O., FAOCD, had learned about the Institute after meeting one of its pediatric dermatologists, Dr. Daisy Blanco, at a research conference. After seeing the Institute firsthand, Dr. Stewart arranged for the tropical dermatology rotation for Dr. Casse and fellow resident, Brian Stewart, D.O.

A Typical Day
A typical day started at 6 a.m. Dr. Casse ate breakfast at the hotel and a driver picked up her and Dr. Stewart at 7 a.m. The driver, which they paid for, was a necessity, not a luxury, she explains. The Institute is located in Santo Domingo, the capital of the Dominican Republic. “This is a third world country and the crime rate is high, so you don’t go out walking by yourself, especially if you’re American because you are perceived as being wealthy,” says Dr. Casse. “But we had a great driver and a safe hotel in a fairly safe area.”

By 8 a.m., the Institute was filled with patients waiting to be seen. Some of them walked there, while others saved up money for six or more months to pay for a bus ticket.

Patients come from all over the region and as far as the border of Haiti. “The Institute is very well recognized in all the Latin countries,” she explains.

By the time the doors closed at 5 p.m., approximately 1,000 patients had been seen. “The patients were so thankful for any kind of help you could give them,” she says.

The Setup
The Institute itself is divided into different departments, including general, pediatric, and cosmetic dermatology, as well as minor surgery, major surgery, dermatopathology, mycology, and sexually transmitted diseases. It was founded as a leprosy clinic in the 1960s because leprosy has been rampant there.

“We were allowed to focus on any aspect of dermatology that we wanted to,” notes Dr. Casse, who focused on general dermatology, mycology, and pediatric dermatology while studying at the Institute with nearly 30 other residents being trained concurrently.

The setup for treating patients was different than back home, in that, two or three residents were placed in one room, each working with a different patient. The resident would get a history and write down a differential diagnosis, but if he/she wanted the patient to have a biopsy, for example, that patient would be sent to the minor surgical area. Two days later, the patient would return with the lab results and the resident would diagnose and treat the patient. “I’m used to doing it all, but you would never have the time to see all the patients who presented during the day, if you did everything,” she says.

Whenever an interesting patient presented, such as one with leprosy, all of the residents were called over to speak with the dermatologist and the patient, as well as to take photographs. “The dermatologists there are great...
teachers, and they really liked explaining to you everything that was going on,” she recalls.

**Keeping Costs Down**

The physicians were also conscious of keeping health care affordable for their patients. Those who have no money, pay nothing to be seen by the physicians. Patients who have a little money, pay a little. People who have money, pay more. Most of the patients Dr. Casse saw had little or no money.

One way the Institute keeps costs down for its patients is to make its own medications. While products such as Eucerin and Lamisil can be found on the shelves of the pharmacy, they have a large laboratory where they make many of their own medications such as ketoconazole, triamcinolone and, of course, sunscreen.

The Institute even has a shoemaker who makes shoes for the leprosy and mycetoma patients who otherwise can’t wear shoes because their feet get so large. “They make leather shoes for these patients free of charge,” she says.

**Tropical Diseases**

The tropical dermatology diseases that Dr. Casse ran across include leprosy, chromomycosis, mycetoma, papulonecrotic tuberculosis, and phaeohyphomycosis. She also saw several genodermatoses such as lamellar ichthyosis, nonbullous congenital ichyosiform erythroderma, dominant and recessive dystrophic epidermolysis bullosa, Goltz syndrome, xeroderma pigmentosum, papillon lefevre syndrome, and multiple infantile hemangiomas to name a few.

“I saw two- and three-year-olds with xeroderma pigmentosum who had overwhelming skin cancers because these people are so poor they can’t come to the clinic but once or twice a year,” says Dr. Casse. “It’s gut-wrenching to see two- and three-year-olds with squamous and basal cells covering most of their bodies, with multiple scars from previous cancers that had been surgically removed, and bleeding areas of skin cancers. These kids are so photo-sensitive they can’t open their eyes.”

**Struck a Cord**

She was most surprised at the level of poverty that existed in the area and that was largely responsible for these children not being able to seek treatment. While the cost of living is not much different than in the United States, Dr. Casse says, the amount of money the people get paid is much less. The physicians lived with their parents or shared apartments, she explains. Most of them had more than one job. Some worked as a physician for three or four years in Guatemala, for example, before coming to the Institute to study dermatology.

“While her hotel had electricity and water, many of the local people didn’t. ‘You’re rich if you have an air conditioning unit in a window,’ says Dr. Casse.

She also was struck by the volume of patients seen daily at the Institute. Each one of the 1,000 patients who presented was seen before the day was over.

In addition, Dr. Casse was impressed with the training being given to the dermatology residents. “I think sometimes there is a false assumption that dermatology residency training in the states is superior,” she says. “The dermatology residents there were excellent.”

After hours, Drs. Casse and Brian Stewart were able to fit in some sightseeing. They visited the Colonial City and saw Christopher Columbus’ house and the Cathedral Baslica Santa Maria la Menor, pronounced the first cathedral in the New World by Pope Paul III in 1542. They also explored the Dominican culture and beautiful beaches, such as Boca Chica, for which the Dominican is known.

Unable to erase the images of the children covered in skin cancers, upon her return to the states Dr. Casse contacted Caren Mahar with the Xeroderm Pigmentosum Society to provide patients with sunscreen, sun protective clothing, sunglasses, and window tinting for those who have windows. She put the Society in contact with Dr. Blanco, through which the products will be distributed to the patients. Now in private practice in Reno, Nev., Dr. Casse has handed over the reigns of the project to the second- and third-year residents at the St. Joseph’s residency program, which she credits along with Dr. Daniel Stewart for this once-in-a-lifetime opportunity.

“I was able to visualize many of the genotypic and tropical diseases that I may have never seen if I didn’t go on this trip. And I may never see them again,” she says. “But we now have many immigrants here and troops returning from overseas with various tropical skin diseases. One day, a patient will walk into my practice with what was considered a rare dermatoses and I will recognize it because of this experience.”
The Genesys Regional Medical Center Dermatology Residency Program in Grand Blanc, Mich., may be one of the smaller programs, but it offers hands-on cosmetic and dermatologic surgical training while promoting teamwork and a fun working environment that rivals any of the larger programs. Program Director Kimball Silverton, D.O., FAOCD, wouldn't have it any other way.

Currently, there are three residents in the program that was established in 2004. To date, four residents have graduated from the program.

Small Means Flexible
The small number of residents affords more flexibility in the program’s structure and opportunities it can offer them. As an example, one of the residents was interested in learning more about atopic dermatitis and allergic diseases, so his schedule was adjusted to allow him to spend more time with an allergist, explains Dr. Silverton.

If there is a well-known pediatric dermatologist in Detroit, it’s not an issue to send the residents there to learn. In fact, many of the residents do a one-month rotation with the pediatric dermatology department at Henry Ford Hospital, a well-known academic institution in the Detroit area.

If the resident happens to have an interest in cosmetic dermatology, Dr. Silverton can help there directly as he completed a cosmetic dermatology fellowship under David Horowitz, D.O., FAOCD, after having been an emergency room physician for nine years.

The Genesys program also prides itself on the surgical training it provides, as residents routinely perform numerous Mohs micrographic surgeries, excisions, and cosmetic procedures under Dr. Silverton’s observation.

Any subspecialty that residents would like to pursue can be pursued through this program, he reasons because “their education is why we’re here.”

Big Community-at-Large
And although it is small in number, the residency program is not isolated as Michigan is teeming with osteopathic physicians. “Michigan has been a hotbed of osteopathic medicine since I was born,” notes Dr. Silverton, whose father and brother are also osteopathic physicians. “We work in a facility that is equally accepting of osteopathic and allopathic physicians. Our hospital, Genesys Medical Center, offers both allopathic and osteopathic residency programs,” he adds.

“We have a very close knit community,” says Dr. Silverton. “We have a lot of referring physicians, enabling us to offer a large caseload with regard to surgical, general, and cosmetic dermatology.”

In addition, the Genesys program has close ties with the three other osteopathic dermatology residencies scattered across the state. The four programs routinely get together to share ideas and knowledge. They have lecturers present to them, are trained in Mohs surgery, and have a large head and neck course together. On a monthly basis, all four programs meet for journal club.
The Schedule
The Genesys residents, along with the other osteopathic dermatology residents, meet with a dermatopathologist for an afternoon weekly session. They also participate in weekly didactics, reviewing chapters in Bolognia’s *Dermatology* and Andrews’ *Disease of the Skin: Clinical Dermatology*. Board review is conducted by both Dr. Silverton and Brian Kopitzski, D.O., who graduated last year from the program and is on staff. The residents also attend weekly grand rounds at Wayne State University.

The residents are encouraged to attend various academic meetings including those hosted by the AOCD, the American Academy of Dermatology, and the Michigan Dermatology Society. The state society meetings include both allopathic and osteopathic dermatologists who discuss interesting cases and present lectures. They attend several board reviews, as well as meetings pertaining to dermatopathology, surgical dermatology, and cosmetic dermatology.

Recently, the hospital asked Dr. Silverton to put on the first podiatric dermatology fellowship. He is in the process of planning the one-year dermatology fellowship that will focus on skin of the lower extremities.

Accomplishments
Genesys residents have published multiple times in various journals such as the *Archives of Dermatology*, *JAOCDD*, *The Consultant*, and *Cutis*. They have given presentations at AOCD annual meetings. Those who have graduated are working in well recognized facilities, such as Henry Ford.

Dr. Silverton enjoys being the program director because it is his way of giving back to the profession that has given him so much. But there is more. Being program director keeps Dr. Silverton on the cutting edge. “When the residents spend time with subspecialists, they keep me informed of what others are doing,” he says, adding, “By having the residents bring back all the information they do, it makes me the best I can possibly be.”

The best the program can be for his residents is small. “I’d like our residency program to remain small,” Dr. Silverton says. “We have a good, close relationship with our residents. We’re family. I think that’s how I can give the most.”

Once they graduate, no matter what career choice the residents make, he would like them to be happy. “It’s all about being happy,” Dr. Silverton concludes, “whether that means having a small practice in a small city, studying in a big university, or being published and writing papers.”
**Tougher Warning Labels for Botulinum Toxin Products**

The Food and Drug Administration (FDA) recently approved a new warning on two botulinum toxin products, per its advisory panel recommendations that these products should carry tougher warning labels.

The FDA’s General and Plastic Surgery Device Panel came to this conclusion following a hearing at which dermatologists and plastic surgeons testified last November. The panel members recommended that the labeling be revised to include more serious adverse effects and how long it might take before side effects appear, as well as how long the products have been on the market. This, despite the fact that no definitive serious adverse event reports of distant spread of toxin effect have been associated with dermatologic use of Botox®/Botox Cosmetic at approved doses.

Nine months later, the FDA approved a boxed warning label for Botox/Botox Cosmetic and Myobloc highlighting the possibility of experiencing potentially life-threatening distant spread of toxin effect from the injection site after local injection. The agency also approved changes to the established drug names to reinforce individual potencies and prevent medication errors. In addition, the FDA required the products to include a Medication Guide that explains to patients both the risks and benefits of botulinum toxin products.

The other botulinum toxin product in this class—Dysport—was approved this past April and already included the boxed warning, the medication guide, and its new name. See Table 1 for a summary of the FDA-approved botulinum toxin products.

<table>
<thead>
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<th>Trade Name</th>
<th>New Drug Name</th>
<th>Old Drug Name</th>
<th>Indication</th>
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<td>Botox</td>
<td>OnabotulinumtoxinA</td>
<td>Botulinum toxin type A</td>
<td>Cervical dystonia, Severe primary axillary hyperhidrosis, Strabismus, Blepharospasm</td>
</tr>
<tr>
<td>Botox Cosmetic</td>
<td>OnabotulinumtoxinA</td>
<td>Botulinum toxin type A</td>
<td>Temporary improvement in the appearance of moderate to severe glabellar lines</td>
</tr>
<tr>
<td>Dysport</td>
<td>AbobotulinumtoxinA</td>
<td>Botulinum toxin type A</td>
<td>Cervical dystonia, Temporary improvement in the appearance to moderate to severe glabellar lines</td>
</tr>
<tr>
<td>Myobloc</td>
<td>RimabotulinumtoxinB</td>
<td>Botulinum toxin type B</td>
<td>Cervical dystonia</td>
</tr>
</tbody>
</table>

* The marketed trade names and the product formulations have not changed.


**Herpes Zoster Focus of Recent JAOA Issue**

Herpes Zoster was the focus of a supplement in the June issue of the JAOA.

In an overview, Bethany A. Weaver, D.O., MPH, discusses the natural history and incidence of primary varicella-zoster virus infection and herpes zoster, as well as details the epidemiology, clinical manifestation, diagnoses, and complications of this disease.

Michael N. Oxman, M.D., discusses the pathogenesis and cell-mediated immunity and immunosenescence of herpes zoster.

Lawrence D. Gelb, M.D., summarizes the results of the Shingles Prevention Study, a cooperative studies program conducted through the US Department of Veterans Affairs. He also provides general recommendations and contraindications for the use of zoster vaccine live among patients who are 60 years or older.

In a discussion of the vaccine’s benefits and barriers, Francis A. Komara, D.O., points out the randomized double-blinded placebo-controlled trial demonstrated that vaccination significantly reduces the incidence and severity of herpes zoster as well as its most common complication—postherpetic neuralgia. Despite the benefits of zoster immunization, barriers to the administration of the vaccine may include issues related to its reimbursement, storage, and availability. Dr. Komara suggests that patient and physician education regarding the importance of prevention, as well as the pain and management challenges associated with the disease will help overcome these barriers.

The supplement is published in the June 2009 issue of the JAOA, Vol.109, No.6.
Honorable Mention

Will Kirby, D.O., FAOCD, was quoted in two newspapers (one across the pond) and interviewed on National Public Radio all in the same day. Dr. Kirby was quoted in the business section of the Los Angeles Times and in the Guardian, a newspaper in the United Kingdom, and interviewed on a public radio spot August 6.

The topic was Dr. Tatoff, a chain of clinics that specializes in the laser removal of tattoos, of which Dr. Kirby is the principal owner and dermatologist. With three Southern California locations experiencing record high volume and revenue, Dr. Kirby would like to open five more clinics by year’s end, he told the LA Times. When Dr. Kirby first started the business, he expected bikers and gang members to comprise his clientele. However, the majority of the customers are women between the ages of 18 and 35, who earn more than $50,000 a year, he revealed. While the No.1 tattoo removal request is for the names of exes, Dr. Kirby said that there are plenty of tribal arm bands, Tasmanian devils, and Tweety Birds being lasered away, as well.

Personality Type Could Enhance Learning

Knowing your students’ personality types may enhance their learning and improve their academic performance, according to a recent study published in the JAOA.

The study authors set out to determine if personality type is associated with performance on aptitude and achievement tests taken by osteopathic medical students. They note that several studies have shown that the personality types of medical and dental students affect performance on aptitude and achievement examinations, but similar studies are lacking in the osteopathic medical literature.

First, they used the Myers-Briggs Type Indicator® (MBTI) to determine the mental-function pairs—sensing, intuition, thinking, or feeling—of 263 osteopathic medical students at Midwestern University/Chicago College of Osteopathic Medicine in Downers Grove, Ill. Then they analyzed the results with participants’ scores on the Medical College Admissions Test and the Comprehensive Osteopathic Medical Licensing Examination-USA (COMLEX-USA) Level 1.

Although no personality types were associated with high or low scores on the Medical College Admissions Test, participants in the intuition-feeling group had statistically significant lower scores on the COMLEX-USA Level 1.

The authors concluded that the differences in scores obtained on the COMLEX-USA Level 1 were statistically significant when the students were identified by personality type. This finding suggests that using the MBTI during training could enhance learning and improve academic performance in osteopathic medical schools.

The study by Donald J. Sefcik, D.O., MBA; Frank J. Prerost, PhD; and Scott E. Arbet, PhD, appears in the June 2009 issue of the JAOA, Vol.109, No.6.

Were you quoted in a recent article? Let us know so we can let your peers know. Contact DermLine’s editor, Ruth Carol, at 847-251-5620, fax her at 847-251-5625, or e-mail her at RuthCarol1@aol.com.
The Federal Trade Commission (FTC) has once again delayed enforcement of its Red Flags Rule concerning identity theft.

After three implementation delays, the rule is scheduled to take effect November 1, one year after the original compliance deadline.

Under the rule, financial institutions and creditors are required to develop and implement a written identity theft program to identify, detect, and respond to possible risks of identity theft relevant to them. The agency’s attorneys maintain that physicians are creditors because they do not require full payment upfront at the time they see patients and bill them after services are rendered.

Although the medical community has questioned the FTC’s definition of creditor, these complaints have managed to only delay implementation of the rule and have not convinced the FTC’s attorneys that the definition does not apply to physicians.

The AOA and American Medical Association, among other physician organizations, will use the next couple of months to urge the FTC to re-open the rule for public comment with the ultimate goal of exempting physicians from it.

In the meantime, dermatologists should be prepared to comply with the Red Flags Rule should it go into effect on November 1 of this year. The penalty is steep for not doing so; up to $2,500 for knowingly violating the rule.

Steps to Take
The rule’s requirements are risk-based, which means that the steps a dermatologist’s office takes should be commensurate with the risks of identity theft that he/she may encounter. For example, the risk of identity theft is likely to be lower for a small practice in which the patients are familiar to the physician and staff. An appropriate program, in this case, may consist of staff checking photo identification and implementing procedures in the event that the office is informed that a patient’s identity has been compromised.

In general, however, physicians must do the following:

• Develop and implement a written Identity Theft Prevention Program that is designed to identify, detect, respond, prevent, and mitigate identity theft relevant to their practice. This program should also take into account how patient accounts are established and maintained.

• Periodically update the program to reflect any changes in the risks and prevention, as well as changes to business arrangements such as new billing or collection contracts.

• Involve owners, board of directors, or senior management, including designating an employee to oversee, develop, implement, and administer the program.

• Train staff to effectively implement the program.

• Require staff to develop a report at least annually on program compliance, effectiveness of policies and procedures, service provider arrangements, significant incidents and management’s response, and recommendations for changes to the program.

• Take steps to ensure that service providers who conduct activities with patient accounts have reasonable policies and procedures designed to detect, prevent, and mitigate the risk of identity theft.

Implement ID Procedures
When a patient makes an appointment, he/she should be instructed to bring a photo ID and health insurance card at the time of the appointment. If the photo ID does not
include a current home address, the patient should bring utility bills or other correspondence indicating his/her current residence.

This procedure could be waived for established patients.

Staff should routinely update patient information, especially for those who have not been seen within the last six months.

**Responding to Patient Claims**

If a red flag is detected, staff should document and report the incident either to his/her supervisor or the designated compliance officer.

If the activity in question is determined to be fraudulent, the physician practice should consider taking one or more of the following actions: not open a new account, cancel the existing account, contact the affected patient, contact law enforcement, and/or contact affected physician(s).

Encourage the patient to contact law enforcement and to fill out the FTC’s ID Theft Affidavit, which can be found on the agency’s website at www.ftc.gov/bcp/conline/pubs/credit/affidavit.pdf or call (877) IDTHEFT.

Compare the patient’s documentation with personal information in the practice’s records. If the patient’s identity has been stolen, the practice should consider additional actions to determine whether the patient’s medical records were affected. If they were, identity theft should be noted in the record. The practice also should determine if any additional files were affected and take appropriate action.

For more information about the FTC’s Red Flags Rule and how to address it, visit the AOA website at www.aoa.org or the FTC’s website at www.ftc.gov/opa/2009/07/redflag.shtm.

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**Examples of Medical Identity Theft**

If your patient receives a bill either for another individual or a product or service that he/she did not receive, or from a doctor he/she did not see, your patient has just been a victim of medical identity theft.

Other examples of medical identity theft include the following:

- Records showing medical treatment inconsistent with the patient’s physical examination or medical history;
- Coverage for a legitimate hospital stay is denied because insurance benefits have been depleted or a lifetime cap has been reached;
- A complaint or question from a patient about information added to a credit report by a healthcare provider or insurer;
- A dispute of a bill by a patient who claims to be the victim of any type of identity theft;
- A patient who has an insurance number but never produces an insurance card or other physical documentation of insurance.

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**Top 10 Reasons to Advertise in the Ad Journal**

1. To support the Foundation of Osteopathic Dermatology
2. To honor the incoming AOCD president
3. To honor the outgoing AOCD president
4. To acknowledge a peer’s recent accomplishments
5. To acknowledge a peer’s life-long achievements
6. To thank your residency program director for an awesome year
7. To acknowledge a resident’s outstanding achievements
8. To see your name in print
9. To acknowledge a milestone 100 residents
10. To give back to the organization that made your career possible
Financial Tidbits: Housing In-Decisions

by Robert Schwarze, D.O., FAOCD

This year, variability in the market—largely due to the subprime mortgage crunch—has affected both home buyers and remodelers. Since housing values are unstable, many people are electing to remodel their existing home rather than purchase a larger house.

Remodeling Pitfalls

Remodeling, however, has its own pitfalls. While it is impossible to prevent remodeling contractors’ deceptions, some basic guidelines are important to consider.

For example, never hire a contractor/worker who knocks on your door and says his prices are good for only 30 days! Always check up on a contractor, prior to hiring him, by talking with previous clients. Call a local consumer affairs office to find out if they have heard of the contractor. Contacting his employees or insurance carrier, if possible, can shed some light on his reputation.

If the contractor asks for more than one-third of the total cost upfront, something is not right. Maybe he is a scam artist with intentions of not returning. Maybe he is under-capitalized and unable to afford the necessary materials for your job or plans to use your money to pay employees on other jobs. Remember, always pay by check and never in cash!

Always get lien waivers upon completion of the job. I remember one lumberyard that tried to get me to pay for charged materials for which the contractor never paid. Luckily, I showed him my lien waivers!

Home Buying Pitfalls

If you are thinking of buying a home, now might be the time especially if you are planning to hold on to it for at least 10 years and don’t have a house to sell as part of the process. Carefully study the interest rates and future interest rates (if it is an adjustable rate mortgage) as well as the pre-payment penalties. Assume the painful responsibility of reading the entire contract before signing it.

Avoid adjustable rate mortgages even if they have qualified pre-approval. Due to the multitude of meanings for this expression, my personal belief is that it means hidden costs. Even with such approval the deal is pending on appraisals, good titles, credit checks, etc. When you sit down with the creditor, obtain the definitions of all terms. Make sure the lending process is explained to your understanding.

My knowledge of the credit process is based solely on my own experience. However, having a large outstanding credit balance due to credit cards, cars, and other large-ticket items is a sure deal buster with loan applications. Major purchases should always be delayed until after a home purchase.

Also, making false statements in the loan application process (eg, exaggerated income) is a federal offense and generates a reason for a personal interview with the state medical re-licensing board if you are prosecuted. Don’t sign an incompletely filled out loan application as unscrupulous loan officers will exaggerate the details to get the loan approved. The client, almost always, gets in trouble later on.

Finally, hire an inspector who is both thorough and honest. Check if the inspector is a member of a local or national inspection association. I’ve heard of several regrettable stories involving shoddy workmanship, which is approved by a poor inspector, and later breaks down.

Whether you are remodeling an existing home or buying a new one, avoid the pitfalls and have fun.
The good news is that Americans are living longer. The bad news is that some of the financial strategies that allowed individuals to live comfortably into their 60s and 70s fall short now that they are living into their 80s and 90s. This is where long term care (LTC) planning can help.

While LTC planning addresses issues surrounding an individual’s end-of-life needs, it also encompasses estate planning. “Long term care planning is integral to estate planning and visa versa,” explains Steve Lopez, a financial representative with Crystal Cove Wealth Management, an investment management firm in Irvine, Calif.

Putting Off Planning
Typically, people wait too long to start LTC planning. One reason is that they think this type of planning is only for wealthy individuals.

Lopez has heard many residents say that they will plan when they have money. His response? “You should do it now because you don’t have that much and it won’t cost you that much. As your practice grows, you will acquire more assets and then it will cost you more,” he says, adding, “They need to understand that the wealth is due to planning.”

The other mindset that individuals fall into is that “there is plenty of time.”

This lack of planning is such a widespread issue that an entire legal industry called elder law has formed around it. It runs the gamut of estate planning, wills and trusts, tax issues, nursing home care, home care, Social Security benefits, and Medicare/Medicaid coverage as well as powers of attorney, medical directives, conservatorship, and elder rights.

Costs are Rising
But it’s not just time that is an issue. Americans may be living longer, but they are living with co-morbidities. “We are living longer with disease processes that would have killed us in the past,” notes Lopez.

The average cost of providing LTC needs for one person for one year is $65,000, he says. That’s just a national average. For example, the cost in Cincinnati is $92,000. The average time a person is treated in a skilled nursing facility or home health care is three years. That means an individual who is temporarily unable to provide self-care will expend nearly $200,000 before returning to normal.

Add to that the rising cost of health care. While inflation is rising at a rate of three percent for cost of goods, it is rising seven percent for health care. In ten years, healthcare costs are expected to double, he asserts.

Finances aside, there is the emotional stress that comes with carrying for elderly parents. Just ask the golden children, which is the term the insurance industry has given adult children who are caring for their parents, many of whom did not plan appropriately for their retirement. It’s not just the golden children’s financial situation that is affected, but also their mental stability, says Lopez whose firm studied 150 cases of golden children to determine the financial and familial impact of caring for elderly parents. “Their income ratios typically dropped, but they also experienced a high degree of stress,” he notes.

The Earlier, the Better
If LTC planning is addressed when a person is younger, the financial burden placed on the family could be eliminated, says Lopez. “The wealth of the parent could be transferred in a safe and expeditious manner so as not to go through the probate court and get spent down,” he explains.

It is the difference between dissolving one’s wealth in a way that is neither humiliating nor demeaning so that the person can benefit from Medicare/Medicaid and having to sell all of one’s assets fire sale-style and go from being a wealthy individual to a welfare recipient in one afternoon. In one client’s case, that would have meant having an estate worth $700,000 instead of $12,000, which is the amount necessary for Medicaid to kick in.

It is unlikely that physicians just entering the workforce will have the financial ability to put money away immediately for retirement, but they should become educated about the process when they are in their 30s, he stresses. They can start putting money away even if it’s just in a savings account earmarked to buy LTC insurance when they reach the age of 40.

Even without setting money aside, they can start the legal aspect of LTC planning. “Legal planning for long term care can start at any time of your life,”
says Lopez. One option is to create a living trust or credit shelter trust; somewhere to place assets outside of the estate. As the physicians get older, they can continue to add assets without having to create an additional trust.

“When physicians start putting together a financial portfolio, long term care planning should be part of it,” says Lopez. “The first meeting after their fortieth birthday should address it specifically.”

Lopez cautions that the federal government and many companies restrict the amount of monies that can be set aside for LTC planning before the age of 40. Still, physicians who are intentional about paying for LTC insurance early on are allowed to put tax-deferred monies away with some great benefits. For example, if the insurance is already paid off and the LTC needs come earlier than anticipated, the monies are immediately available. Individuals who start planning for their LTC needs in their 40s should have these expenses paid for in full by the time they turn 66 years of age.

Pressing Issues

Estate taxes are one of the more pressing issues facing physicians looking to address LTC planning. “The tax strategy addresses how to avoid paying estate taxes,” he explains. One option is to create a trust to roll one’s possessions out of his/her control so that all of the monies won’t have to be reduced before the physician can qualify for federal funding.

A physician in his/her 60s may consider creating an irrevocable trust in the grandchildren’s names. The assets in the trust will continue to appreciate and the government will not be able to touch the items in the trust. Theoretically, the physician could have transferred $10 million worth of assets, but would be able to qualify for Medicare/Medicaid immediately because technically he/she is worth nothing.

Choosing the right type of LTC insurance is the other big concern, says Lopez. For example, many insurance plans offer nursing home policies. But the trend these days is to receive nursing care in the home, which will not be covered by a nursing home policy.

One LTC insurance product called a 10-pay, can be paid off in 10 years. Physicians are one of a handful of professionals who can afford to purchase a 10-pay product. Normally, people have a policy that they pay off over 30 to 40 years. “The benefit of a 10-pay is that you pay it off in ten years and it’s done,” he explains. “In those ten years, the premium will fluctuate and will be more expensive, but it will be completely paid off.” This type of product is advantageous for physicians who have waited to purchase LTC insurance.

That is why it is important to work with a financial planner who can offer a variety of options in the insurance and equity worlds for products and services specifically for LTC planning, says Lopez.

Physicians also should look for insurance products that do not require them to prove expenses. Proving expenses requires the physician to submit receipts for all of the LTC expenses, he explains. If the expenses for one day exceed the fixed amount, the physician will not get the additional monies even if the cost was less than the fixed amount for the previous day.

“The quality of the company and the contract price should all be considered before deciding about long term care insurance,” says Lopez.

“Don’t depend on one solution for your LTC needs, either,” he adds. Ideally, it is best to be protected from all angles: health care, legal, and estate. “But if your retirement fund took a hit in 2008, as many did, make sure your estate planning is in order.”

Finally, revisit the LTC plan at least once a year to ensure it is current.

Know Your State Laws

Many people move to retiree friendly states when they approach retirement age.

Often times, the methods of taxation the state uses determines how retire-ment friendly it is. The four categories of income for which states differ in their methods of taxation are pensions, Social Security, sales tax, and property tax. Because the laws and cost of living differs for retirees, the state they choose to live in can make a big difference with regard to how long their savings last as well as how much taxes are taken from their Social Security benefits and estate.

With some states running into fiscal problems, their status as retiree friendly may be changing. For example, the governors of California, Ohio, Pennsylvania, and Wisconsin have all issued letters to residents over the age of 40, Lopez says, urging these individuals to address their LTC needs as the state is no longer financially capable of doing so.
Dermatologists May See 3% Increase in Payments

While the proposed 2010 Medicare Physician Fee Schedule (MPFS) projects an overall 21.5 percent cut for physicians, dermatologists stand to gain a three percent increase.

If Congress decides to implement legislation to provide additional funding to avert the cut, as it has done in the past, then dermatologists will benefit from the additional amount plus the three percent increase.

Stay tuned for the final MPFS, which is typically published by November 1. The 2010 MPFS takes effect January 1, 2010.

JAOCD: Web-based, Peer-Reviewed

The next issue of the Journal of the American Osteopathic College of Dermatology (JAOCD) will be the first one produced using articles submitted solely through the web-based program Editorial Manager™.

Managing the journal as a web-based program not only makes it more efficient to produce, but also facilitates the peer-review process, explains Jon Keeling, D.O., FAOCD, co-editor with Andrew Racette, D.O., FAOCD.

“There has been an increasing influx of articles submitted, and we would like to thank all the residents and attending physicians for contributing to the JAOCD,” says Dr. Keeling.

“We also would like to thank our Editorial Review Committee for their continued support in helping us produce a quality publication,” he adds, noting that all papers submitted to the JAOCD are now extensively peer reviewed by the committee. Being a peer-reviewed journal adds credibility to the JAOCD.

If you are a board-certified dermatologist and would like to be on the Editorial Review Committee, contact the editors via e-mail at JAOCD@aol.com. Typically, reviewers are asked to review one paper every couple months.

To submit a manuscript for consideration to the JAOCD, go to www.editorialmanager.com/jaocd.

The latest issue of the JAOCD, Vol.14, No.1, was published in July and mailed to members.
Seven Keys to an Effective Website
by Roger Watson

How does one define an effective website? At Creative Innovations, an effective website accomplishes the goals set out by the client. Typically this means three things:
1. The *look and feel* of the site is contemporary and the navigation is easy to understand.
2. The website attracts qualified visitors via search engines.
3. A percentage of those visitors are converted to customers.

The most important aspect of success is the ability of the website to attract qualified visitors. Even the most cutting-edge website designs often fail miserably primarily due to ignorance and lack of experience on the part of the website designer. Often the features that make a site highly interactive hinder search engines from determining what the website is about. Effective websites should garner a large percentage of their traffic from the natural results displayed to searchers using engines such as Google or Yahoo. This traffic is virtually free except for the cost of the website design and maintenance. The alternative is to pay the same engines to list your website for relevant search terms. Depending on the term, this can be an expensive proposition.

Real success has less to do with how a website looks and more to do with the way it is structured and the results it achieves. This is where the seven keys to effective website design come into play.

**#1 – Rely on professionals**
This may seem like common sense, but I can’t tell you how many people believe that they can design and publish their own website. Typically they end up with an amateur design and a site that attracts little or no traffic. It’s also worth noting that due diligence on your part is important when choosing a website design firm. There are many that claim to be website designers, and while they can design what looks like a website, they have little or no understanding of the keys to effective website design. Ask many questions, especially related to driving search engine traffic to your new site. Review their completed designs to verify their clients are getting good results.

**#2 – Keep it simple**
Simple design and straightforward navigation are important to users as well as search engines. Keep the content as the focus of the page and ensure your visitors can easily navigate the site. Visitors expect navigation to be near the top of the page; don’t disappoint them. The need to be different should be focused on the graphic presentation of the site, not the overall structure and location of key elements.

Caution! Adobe Flash is a very popular interactive design element. Many sites are constructed entirely using Flash. While this leads to highly interactive navigation and great visuals, it often means none of the information within the website can be read by search engines. Flash can be used as a design element, but rarely should a page be created entirely using Flash.

**#3 – Pick a relevant domain name**
If possible, choose a domain name that contains some of the most important terms you expect prospects to use when searching the web for your product or service. Every bit helps in the race to reach the coveted first place position in search engine results. A relevant domain name will contribute to higher ranking.

Imagine that your practice, “Elite Dermatology,” is located in Savannah, Georgia. You expect many prospects to search using terms like “Savannah” and “Dermatologist,” so it makes sense to purchase a domain name such as
“SavannahDermatologist.com.” You can have a secondary domain titled “Elite Dermatology.com” redirect to SavannahDermatologist.com. Note that using EliteDermatology.com as your primary domain name and SavannahDermatologist.com as the secondary one will not work. The primary domain is the only one that counts in the world of search engines.

#4 – Match content to keywords
Determine the keyword phrases for which your site should appear in search results. Each key phrase should be evaluated for potential search volume and competitiveness. Group similar key phrases and create your contact pages around those key phrase groupings. This will dramatically increase the chances that a particular page will rank high in search results. It’s best to limit your key phrases to six or fewer per page.

A great example of focused content is the AOCD disease database. Each page in the database is focused on a particular disease or condition. A search of Google for “Acanthosis Nigricans” displays the AOCD.org disease page within the top three results.

A focused page can continually drive traffic to your website for months or years to come.

#5 – Use keywords in page names
The focus on keywords also extends to the name of the page. If your website design firm is proposing pages with names such as “?pageid=245,” run as far away as you can.

The AOCD.org disease database page for Acanthosis Nigricans provides another good example. Although this page does not physically exist (it’s created dynamically from data stored in the AOCD database), the url for the page appears to reference a physical page with a relevant name: www.aocd.org/skin/dermatologic_diseases/acanthosis_nigrica.html.

Logical page names focused on the most important key phrase will increase the page position within search results.

#6 – Don’t forget meta tags
Meta tags don’t have the prominence they once held, but they should not be excluded or neglected. Search engines, such as Google, use the meta description information as the summary it displays in search results.

Limit your meta keywords to a handful of key phrases. It’s unclear how much relevancy search engines place on the meta tags, but every bit helps.

#7 – Apply marketing concepts
Driving traffic to your site is very important, but so is converting that traffic into customers. A marketing funnel is one of the best approaches to website design. Simply put, a funnel places higher relevance to more specific content. A prospective visitor to your site who enters the home page but goes no further probably was not really interested in the information presented on your site. But a prospect that digs deep into specific content has a high level of interest and thereby is much more likely to be converted to a customer.

Given that philosophy, your information needs to be presented in a manner that establishes your credibility and prompts the site visitor to take action. Tell them what the next step is and make it easy to understand.

Use these keys to evaluate your existing website or set the criteria for a new website design. At a minimum, your website design firm needs an in-depth understanding of search engine optimization and website marketing.

The next installment of this series will focus on cost-effective methods to marketing your website.

Roger Watson is a marketing and e-commerce consultant and owner of Creative Innovations. He has worked with the AOCD for more than seven years, designing the website, logos, and DermLine. Roger has vast experience with brand development, search engine optimization, and website design. Learn more about his capabilities at www.2create.com.

Google Garners Lion Share of Internet Searches

U.S. searches among leading search engine providers

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Note: Data is based on four-week rolling periods (ending April 25, 2009 and April 26, 2008) from the Hitwise sample of 10 million U.S. Internet users.

*Includes executed searches on Live.com and MSN Search but does not include searches on Club.Live.com.


Health & Medical: Top Search Category

U.S. category traffic from search engines for April 2009.

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<td>Travel</td>
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<tr>
<td>Shopping and Classifieds</td>
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<tr>
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<td>Sports</td>
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Source: Hitwise, an Experian company, press release dated 5/7/2009. All figures are based on U.S. data from the Hitwise sample of 10 million Internet users.
Journal of the American Osteopathic College of Dermatology-JAOCD

We are now accepting manuscripts for the publication in the upcoming issue of the JAOCD. 'Information for Authors' is available on our website at www.aocd.org. Any questions may be addressed to the Editor at jaocd@aol.com. Member and resident member contributions are welcome. Keep in mind, the key to having a successful journal to represent our College is in the hands of each and every member and resident member of our College. Let’s make it great!

- Jay Gottlieb, D.O., FAOCD