The Connecticut Dermatology and Dermatologic Surgery Society
October 10, 2019 Semi-Annual Educational Program

CME EVALUATION FORM

Physician's Name: _____

CME Certificates will not be given without completing this form in its entirety

Please evaluate the following topics on a scale of 1 to 4 with the following values:
1 - poor 2 - satisfactory 3 - good 4 - excellent

Circle One

1. SUBJECT MATTER OF MEETING 1 2 3 4
2. LOCATION 1 2 3 4
3. FACILITIES 1 2 3 4
4. AUDIOVISUAL 1 2 3 4
5. SPEAKERS 1 2 3 4

An Introduction to Communication to Enhance Health Outcome – *Mark D'Agostino, M.D.*

Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

Lawsuit Against Generic Drug Manufacturers and How This 44 State Coalition Anti-Trust Lawsuit Will Affect Healthcare in Connecticut – *William Tong, CT Attorney General*

Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

Patient Axis: A Multidisciplinary, Patient-centered Approach to Improving Outcomes in Psoriasis – *Marti Rothe, M.D.*

Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

Cutaneous Lymphoma Lessons I Learned from Tim Chartier, MD - *Tim Chartier, M.D. Lecture – Vincent Liu, M.D.*

Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

Turbulence in Healthcare: Where Will it End? – *David Leffell, M.D.*

Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

When You Hunt Zebras, You Might Find Unicorns: Interesting and Challenging Cases from Hartford HealthCare – *Frank Santoro, M.D.*

Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

Resident Updates and Interesting Cases from Across the State – *Moderator - Omar Ibrahimi, M.D., Ph.D.*

Degree to which objectives were met 1 2 3 4
Did speaker disclose financial interests in any product or company? ___Yes ___No
Was the presentation fair and balanced? ___Yes ___No

Comments:

_____

_____

_____

Subject Matter & Speakers for Future Meetings:

_____

_____

_____

PLEASE COMPLETE AND RETURN AT THE END OF THE MEETING

This activity has been planned and implemented in accordance with the Essentials and Standards of the Connecticut State Medical Society through the joint sponsorship of CSEP and The Connecticut Dermatology and Dermatologic Surgery Society. CSEP is accredited by the CSMS to provide continuing medical education for physicians.

CSEP designates this educational activity for a maximum of 4.75 credit hours in category I credit toward the AMA Physicians Recognition Award. Each physician should claim only those hours of credit that he/she spent in the activity.

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*Prior to July 1, 2013, the Connecticut General Statutes required that all physicians must complete a minimum of 50 contact hours of continuing medical education every two years in order to be eligible for medical license renewal. However, during the 2013 Connecticut General Assembly, due to the exclusive advocacy by organized medicine, the requirement to repeat the mandated CME topics was increased from two to every six years. The six-year interval only applies to the mandatory education topics and not the general requirement to have 50 contact hours of CME within the preceding 24-month period. Mandatory CME Training for Connecticut Medical License Renewal Program Physicians will be able to fulfill the mandated topic of Infectious Disease during this program and not be required to repeat them again until 2022. The topics that will be presented at future meetings are as follows:

- Sexual assault
- Domestic violence
- Infectious diseases (including AIDS and HIV)
- Cultural competency
- Veterans Behavioral Health (newly mandated, falls under Behavioral Health)*
- Prescribing Opioids (newly mandated, falls under Risk Management)*

**For those physicians who treat veterans or prescribe opioids, these programs are mandatory. For those that do not treat veterans or prescribe opioids,

Please Circle the Mandatory CME training program talk you would like CDDSS include at the next meeting

Post Competency Questions

Turbulence in Healthcare: Where Will it End? – *David Leffell, M.D.*

Question 1. How does the corporatization of healthcare advance the single payer system? _____

_____

Question 2. Are healthcare costs really excessive? _____

_____

Cutaneous Lymphoma Lessons I Learned from Tim Chartier, MD – *Vincent Liu, M.D.*

Question 1. A 43-year-old generally healthy lady is referred to you for a year-long history of recurrent, disseminated, "bug-bite" like, 5-15 mm papulonodules which individually regress after few to several weeks. Biopsy demonstrates an atypical lymphoid infiltrate occupying the dermis, featuring enlarged, CD8-positive, CD30-positive forms. What would you do next?

a. Prescribe a course of permethrin and recommend an exterminator treat her house.
b. Refer to radiation oncology for total skin electron beam therapy for anaplastic large cell lymphoma.
c. Refer to oncology for CHOP chemotherapy for primary cutaneous CD8+ positive aggressive epidermotropic T- cell lymphoma.
d. Explain the potentially prolonged waxing-waning course of lymphomatoid papulosis (type D), mentioning its slightly increased risk of development of lymphoma, and offer possible management options (including phototherapy, methotrexate, etc) with plan for close follow-up.
e. Prescribe prednisone for subcutaneous panniculitis-like T-cell lymphoma.

Question 2. A 60-year old man presents for a several year history of pruritic, few centimeter patches and thin, finely scaly plaques scattered over the trunk and legs (BSA 15%), accentuated in the bathing trunk area, treated as eczematous dermatitis with topical steroids with variable effect. Biopsy reveals epidermotropic CD3-positive, CD4-positive superficial dermal atypical small lymphocytes. Peripheral blood flow cytometry and CT scans are unrevealing. What would be your management plan?

a. CHOP chemotherapy.
b. Combination topical steroids and topical mechlorethamine (nitrogen mustard).
c. Narrow-band UVB.
d. Consider systemic agents, such as bexarotene, vorinostat, etc.
e. B,C, and D.

Patient Axis: A Multidiscilinary, Patient-centered Approach to outcomes in Psoriasis – *Marti Rothe, M.D.*
To assist us in evaluating the effectiveness of this activity, please complete the following pretest.

Question 1. Laurie is a 52-year-old Caucasian woman with moderate-to-severe psoriasis. She is 5'6" and weighs 220 lbs (BMI 36). She also has dyslipidemia and hypertension. Laurie presents to your clinic with recent nail involvement (pitting and onycholysis). Your physical examination finds tenderness and swelling in the joints of her fingers and toes. In addition to referring Laurie to a rheumatologist, which treatment would be best for Laurie?

a. Certolizumab
b. Oral methotrexate
c. Guselkumab
d. Secukinumab

Question 2. The ECLIPSE trial of guselkumab met its primary endpoint of achieving PASI ___ at week 48.

a. 75
b. 90
c. 100

Question 3. Colleen is a 32-year-old stay-at-home mom diagnosed with plaque psoriasis 6 years ago. Her BMI is 28. Her lesions are located on her elbows, knees, and scalp and have increased in recent weeks to now cover about 8% BSA. She reports being under significant stress and has been unable to control the new lesions on her scalp with previously effective topical therapies. You discuss a switch in therapy with Colleen, who voices reservation about self-injected treatments.

Which of the following treatments may provide the most patient-centered treatment option and best disease control for Colleen?

a. Increase dosage of current topical therapy
b. Adalimumab
c. Apremilast
d. Ixekizumab

Question 4. Which of the following therapies are FDA-approved for both psoriasis and psoriatic arthritis?

a. Apremilast, ixekizumab, secukinumab, ustekinumab
b. Apremilast, guselkumab, secukinumab, ustekinumab
c. Apremilast, guselkumab, risankinumab, secukinumab

Question 5. Which of the following is important to assess in every patient with psoriasis in order to detect patients who may have psoriatic arthritis?

a. Physical examination to identify any rheumatoid nodules, particularly near joint areas
b. Asking patients about sudden, severe attacks of pain, swelling, redness, and tenderness in the joints
c. Asking about tender, swollen joints and joint stiffness, particularly in the morning

Question 6. Treatment options with a rapid onset of action are preferred for a number of reasons, including the high rate of depression and attempted suicide in patients with psoriasis that is more severe. Which of the following targeted treatments were shown to have the most rapid efficacy?

a. Traditional oral systemics
b. IL-17 inhibitors
c. Anti-TNF-α inhibitors

When You Hunt Zebras, You Might Find Unicorns: Interesting and Challenging Cases from Hartford HealthCare
– *Frank Santoro, M.D.*

Question 1. All of the following are risk factors of non-uremic calciphylaxis EXCEPT:

a. Diabetes
b. Obesity
c. Male sex
d. Warfarin use
e. Hypertension

Question 2. All of the following are common signs of zinc deficiency EXCEPT:

a. Depressed immunity
b. Glossitis
c. Alopecia
d. Diarrhea
e. Bullous pustular dermatitis