## **Connecticut Dermatology and Dermatologic Surgery Society**

Regional Scientific Meeting & Skin Expo



Thursday, October 10, 2019

The Aqua Turf Club • 556 Mulberry Street • Plantsville, CT

#### **DERMATOLOGY EXHIBITORS**

#### **Platinum**

Cobalt Medical Genentech Pfizer Sanofi Genzyme

#### **Chocolate Station Sponsor**

Integrity

#### <u>Gold</u>

**AbbVie** 

Integrated Dermatology Lilly USA

Ortho Dermatologics(Bausch Health)

Sun Pharma

Sun Pharma

Sun Pharma

Westport Apothecary

#### <u>Silver</u>

Allergan

Aerus

Beiersdorf, Inc

Castle Biosciences, Inc.

**CMIC** 

Community Health Network

CSMS

Dermtech

Janssen

Leo Pharm Mayne Pharma

Novartis Pharmaceuticals

Stemline Therapeutic

Strata Dx

#### **Officers**

President - Omar Ibrahimi, M.D., Ph.D.

President Elect - Jeremy Moss, M.D.

Secretary – Mona Shahriari, M.D.

Treasurer - Michael Fasulo, M.D.

Legislative Chair – Donna Aiudi, M.D.

CAC Representative - Howard Rogers, M.D.

#### **Executive Committee**

Frank Castiglione, M.D.

Carolyn Carroll, M.D.

Denis Fineberg, M.D.

Sharon Barrett, M.D.

John Edelson, M.D.

Howard Rogers, M.D.

#### **Legislative Committee**

Philip Kerr, M.D.

Lisa D'Onofrio, M.D.

#### 2:00 Registration - Vendor Expo

#### 2:30 An Introduction to Communication to Enhance Health Outcome

Mark D'Agostino, M.D.

Objectives: 1. To describe the rationale for greater openness when there has been disappointment with care and possible injury associated with medical or systems error.

- 2. To describe others' perceptions of the situation.
- 3. Identify steps to take before, during, and after a disappointing outcome. 4. To describe and respond constructively to the emotional and ethical challenges in these situations. 5. To improve the practice and the disclosure skills in a variety of clinical situations.

# 3:30 Lawsuit Against Generic Drug Manufacturers and How This 44 State Coalition Anti-Trust Lawsuit Will Affect Healthcare in Connecticut

- William Tong, CT Attorney General

Objectives: 1. To descibe the alleged conspiracy to artificially inflate and manipulate drug prices. 2. Identify the schemes used to inflate prices, decrease manufacturing and fix prices.

#### 4:00 Wine and Cheese Tasting Event

- 4:50 **Opening Remarks** Omar Ibrahimi, M.D., Ph.D. **Business Meeting**
- 5:20 Patient Axis: A Multidisciplinary, Patientcentered Approach to Improving Outcomes in Psoriasis
  - Marti Rothe, M.D.

Objectives: 1. Implement a multidisciplinary approach to the care of patients with psoriasis in order to effectively

manage the underlying disease and associated comorbidities. 2. Assess recent findings in the medical literature regarding FDA-approved therapies for psoriasis, along with safety and efficacy data on novel therapies undergoing late-stage clinical trials. 3. Illustrate the importance of patient-centered care on addressing burdens associated with psoriasis.

#### 6:00 Dinner

## 6:40 Cutaneous Lymphoma Lessons I Learned from Tim Chartier, MD - *Tim Chartier, M.D. Lecture*

Vincent Liu, M.D.

Objectives: 1. To learn the value of the current classification scheme of cutaneous lymphomas.
2. To apply clinicopathologic correlation for accurate diagnosis and optimal management of cutaneous lymphomas. 3. To celebrate the life of Tim Chartier, MD, by reviewing his legacy of lessons relevant to dermatology.

#### 7:25 Turbulence in Healthcare: Where Will it End?

David Leffell, M.D.

Objectives: 1. To describe the healthcare climate and how it affects physicians and patients in dermatology.

2. To determine if healthcare costs are excessive.

#### 7:55 Coffee and Desserts

#### 8:10 When You Hunt Zebras, You Might Find Unicorns: Interesting and Challenging Cases from Hartford HealthCare

Frank Santoro, M.D.

Objectives: 1. Develop a differential diagnosis for inflammatory and non-inflammatory ulcers. 2. List common causes of peripheral eosinophilia.

#### 8:40 Botched: Interesting Cases from Connecticut

Objectives: T1. To review rare but serious side effects resulting from aesthetic dermatologic surgery procedures referred to our office for subsequent management 2. To review diagnosis, and management of these conditions to minimize morbidity.

#### 9:00 Certificates and Door Prizes

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 & 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 AMA PRA Category I Credit(s)™ toward the AMA Physicians Recognition Award. Each physician should claim only those hours of credit that he/she spent in the activity.

Please note: No certificates will be handed out without completing and handing in the CME Evaluation Form suggested topics and speakers and outcome measurement questionnaire at the end of the program.

Thank you!

The Connecticut Dermatology and Dermatologic Surgery Society P.O. Box 1079, 26 Sally Burr Road, Litchfield, CT 06759 Ph: 860-567-4911 Fax: 860-567-3591

debbieosborn36@yahoo.com www.ctdermatologysociety.org

### Connecticut Dermatology Society Financial Interest Disclosure Report October 10, 2019

Speaker Financial Interest Received

Mark D'Agostino, M.D. None

Omar İbrahimi, M.D. Research funding/Discounted equipment: Lumenis Inc. Lutronic Inc.

Syneron - Candela, Solta Medical, Zeltiq,

Living Proof. Stockholder: Proctor &

Gamble, Zeltiq, Kythera

David Leffell, M.D.

Vincent Liu, M.D.

Marti Rothe, M.D.

Frank Santoro, M.D.

None

None

Financial disclosure forms available upon request.

#### **Business Agenda**

- I Outgoing President's Remarks
- II Nomination of Officers

A. President - Jeremy Moss, MD

President-elect - Mona Shahriari, MD

Secretary - Philip err. MD

Treasurer -- Michael Fasulo

AAO Councilor - Omar Ibrahimi, MD

Legislative Chair - Donna Aiudi, MD

Education Chair - Omar Ibrahimi, MD

Medicare CAC - Howard Rogers, MD

- III Modifier 25 Issues Howard Rogers, MD
- IV Legislative Update
  - A. Day at the Capitol Friday, March 13, 2020
- V Other business
- VI Adjounment

#### **SPEAKERS**



#### Mark D'Agostino, M.D.

Dr. Mark D'Agostino graduated from the University of Health Sciences/The Chicago Medical School in 1989. He completed his residency at McGaw Medical Center of Northwestern University. He is board certified in otolaryngology/head and neck surgery and sleep medicine, and practices in Middletown

and New Haven, Connecticut. Dr. D'Agostino is one of a handful of surgeons in the country who pioneered new surgical treatment for severe obstructive sleep apnea and lectures nationally and internationally on the subject. Dr. D'Agostino has been a CMIC Group Board Member since 2009 and is currently serving as the Treasurer of CMIC Group Board of Directors and Treasurer of CMIC RRG Board of Directors. He also serves as the CMIC Group Chair of the Finance & Audit committee and is a member of the Claims, Executive, Governance, Loss Prevention and Underwriting committees.



#### OMAR IBRAHIMI, M.D. PH.D.

Dr. Omar Ibrahimi is the medical director of the Connecticut Skin Institute. He completed his Dermatology training at Harvard Medical School and a fellowship program in Mohs and Reconstructive Surgery, Laser and Cosmetic Surgery at the University of California – Davis.

He is well known nationally having been an invited speaker at numerous national meetings, and written extensively about Mohs Surgery, Laser and Cosmetic Procedures. Dr. Ibrahimi has published over 65 research articles and book chapters on skin cancer surgery, laser and cosmetic procedures in leading medical journals. He has also performed thousands of cases of Mohs Surgery and Laser and Cosmetic procedures. Dr. Ibrahimi previously served as a Visiting Assistant Professor of Dermatology at Harvard Medical School in the Wellman Center for Photomedicine. The Wellman Center for Photomedicine is the world's leading research center where the majority of today's laser and cosmetic technologies were invented and tested. He is an active participant in many clinical trials of new technologies.



#### David J. Leffell, M.D.

Dr. Leffell is the David Paige Smith Professor of Dermatology and Surgery and chief of dermatologic surgery and cutaneous oncology at the Yale School of Medicine. In 1988 he founded the dermatologic surgery program in

the Department of Dermatology. In the past 32 years, he has trained more than 160 residents and fellows in dermatologic surgery and cutaneous oncology. For 15 years he was chief executive officer of the Yale Medical Group, one of the country's largest academic medical group practices, providing specialty care in more than 120 medical areas. Dr. Leffell was also deputy dean for clinical affairs at Yale University School of Medicine responsible for relations with Yale New Haven Hospital, strategic development and clinical trials oversight.

Dr. Leffell is the author of more than 160 papers. He was an editor of two editions of Fitzpatrick's Dermatology in General Medicine (including Russian and Spanish editions) and author of Manual of Skin Surgery (English and Chinese editions). Dr. Leffell wrote Total Skin: *The Definitive Guide to Whole Skin Care for Life*, published by Hyperion. It is still considered the go-to reference for reliable information about skin health. Dr. Leffell has held editorial positions with many peer-reviewed journals and has served in leadership positions in a variety of professional organizations.

He holds a patent for a laser device to measure skin aging and shares a patent for the discovery of the skin cancer gene, PTCH. He also invented a novel surgical therapy for treating vitiligo, a depigmenting condition of the skin. He is currently on the board of a number of early stage biotech companies.

Dr. Leffell, born and raised in Montreal received his BS, cum laude from Yale College. He graduated from McGill University Faculty of Medicine. Board certified in medicine and dermatology, he completed residencies at Cornell Cooperating Hospitals (Memorial Sloan Kettering Cancer Center and North Shore Hospital) and Yale-New Haven Hospital. At Yale, he was also a post-doctoral NIH research fellow. His clinical fellowship in advanced dermatologic surgery was completed at the University of Michigan.

Dr. Leffell lives in New Haven and Norfolk, CT. He has been a trustee of the Hopkins School, New Haven since 2011.



#### Vincent Liu, M.D.

Dr. Liu is the Robert F. Godwin Professor of Dermatology and Pathology at the University of Iowa Carver College of Medicine, where he also serves as the Dermatology Clerkship Director. Board-certified by both the American

Board of Dermatology and the American Board of Dermatopathology, Dr. Liu specializes in medical dermatology, dermatopathology, and cutaneous lymphomas.

Dr. Liu earned his undergraduate degree at Harvard University and his medical degree at the University of Pennsylvania School of Medicine. Following internal medicine internship at Beth Israel Hospital-Boston, he completed dermatology residency, including a year as chief resident, and then dermatopathology fellowship, both at Harvard University. Dr. Liu served on the Dermatology and Pathology staff at Massachusetts General Hospital for four years, and then joined the University of Iowa faculty in 2005.

With a clinical and research interest in the field of cutaneous lymphomas, Dr. Liu serves as the dermatology director of the University of Iowa Integrated Cutaneous Lymphoma Program, a multidisciplinary endeavor that strives to provide the highest quality care to patients in the region by coordinating the efforts, expertise, and resources of specialists in dermatology, oncology, and pathology. His experiences in dermatology and dermatopathology have resulted in over sixty publications, several book chapters, co-authorship of a textbook of dermatopathology, and dozens of presentations at national and international conferences. Medical

education comprises Dr. Liu's other major professional passion, having served for many years as faculty director of a learning community at the University of Iowa Carver College of Medicine. Through his career, he has mentored legions of successful medical students and residents, and has won numerous institutional teaching awards at both Harvard and at Iowa. In recognition of his clinical and teaching achievements, Dr. Liu was awarded the 2017 Collegiate Ernest O. Theilen Clinical Teaching and Service Award.



#### Marti Rothe, M.D.

Dr. Rothe received her BS and MD from Northwestern University's Honors Program in Medical Education. After completing her dermatology residency in the Department of Dermatology and

Cutaneous Surgery at the University of Miami, she joined the then Division of Dermatology at UCONN and actively participated in its transformation into a Department. Dr. Rothe's interests over her 31 year career at UCONN have included contact dermatitis and patch testing, psoriasis and atopic dermatitis, phototherapy, complex medical dermatology, and transplant dermatology. She takes pride in having mentored many UCONN medical students who are now successful colleagues in the field of dermatology.



#### Frank Santoro, M.D., FAAD

Dr. Santoro attended the University of Connecticut School of Medicine, where he received his medical degree, and completed his residency in dermatology at Henry Ford Hospital in Detroit, Dr. Santoro acts as the Division Chief

of Dermatology at Hartford Hospital and supervises the UConn dermatology residents for inpatient consultations. He serves on the Board of Directors at Hartford County Medical Association. In his spare time, Dr. Santoro spends time with his breast surgical oncologist wife, Dr. Heather King, and twin toddler boys in South Glastonbury.



#### William Tong, Attorney General

William Tong is the 25th Attorney General to serve Connecticut since the office was established in 1897. He took office on January 9, 2019 as the first Asian American elected at the statewide level, in Connecticut.

Before his election as Attorney General, Tong served for 12 years in Connecticut's General Assembly representing the 147th District, which includes North Stamford and Darien. Most recently, Tong served as House Chairman of the Judiciary Committee. In this position Tong was responsible for all legislation related to constitutional law, criminal law, civil rights, consumer protection, probate, judicial nominations and the Judicial branch, and major areas of substantive law.

During his service in the legislature, Tong helped lead passage of landmark legislation, including the Connecticut Second Chance Act, Domestic Violence Restraining Order Act, Lost and Stolen Firearms Act, the Act Protecting Homeowner Rights, and the Act Protecting Schoolchildren.

A Connecticut native, Tong grew up in the Hartford area and attended schools in West Hartford. He graduated from Phillips Academy Andover, Brown University and the University of Chicago Law School. He has practiced law for the last 18 years as a litigator in both state and federal courts, first at Simpson Thacher & Bartlett LLP, in New York City and for the past 15 years at Finn Dixon & Herling LLP, in Stamford.

Tong is the oldest of five children, and grew up working side-byside with his immigrant parents in their family's Chinese restaurant. He and his wife, Elizabeth, live in Stamford with their three children and too many pets. Elizabeth is Vice President of Tax for North America for Diageo Corporation.

#### **DISCLOSURE POLICY**

Connecticut Dermatology and Dermatologic Surgery Society (CDDSS) in joint sponsorship with CSEP adheres to all ACCME Essential Areas, Standards, and Policies. It is CDDSS policy that those who have influenced the content of a CME activity (e.g. planners, faculty, authors, reviewers and others) disclose all relevant financial relationships with commercial entities so that CDDSS may identify and resolve any conflicts of interest prior to the activity. These disclosures will be provided in the activity materials along with disclosure of any commercial support received for the activity. Additionally, faculty members have been instructed to disclose any limitations of data and unlabeled or investigational uses of products during their presentations.

#### **Outcome Measurements**

Physician's Name:		
1.	Has this symposium changed the way you will care for patients? ☐ Yes ☐ No	
2.	Do you believe this symposium will have a positive effect on patient surgical or clinical outcomes?  ☐ Yes ☐ No	
3.	Can you offer other speakers or talks that will provide information to improve clinical outcomes at the next meeting? $\square$ Yes $\square$ No	
4.	Has this program increased your medical knowledge? $\hfill \Box$ Yes $\hfill \Box$ No	

#### ACGME COMPETENCIES

This course is designed to meet one or more of the following Accreditation Council of Graduate Medical Education competencies:

- Patient care
- Medical knowledge
- Practice-based learning and improvement Interpersonal and communication skills

#### 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, fea turing enlarged, CD8-positive, CD30-positive forms. What would you do next?

- a. Prescribe a course of permethrin and recommend an exterminator treat her house.
- Refer to radiation oncology for total skin electron beam therapy for anaplastic large cell lymphoma.
- 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 FDAapproved 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
- 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-a inhibitors

# When You Hunt Zebras, You Might Find Unicorns: Interesting and Challenging Cases from Hartford Health-Care — 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

#### Physicians Survey Form

Dear Member.

In an effort to establish procedures for identifying and analyzing the continuing medical educational needs and interests of our members, we ask that you take a moment to fill out this form and objectively identify potential speakers and educational topics that you are interested in having at the Connecticut Dermatology & Dermatologic Surgery Society (CDDSS) Semi-Annual Educational Meetings.

CDDSS will try to accommodate requests in an expeditious manner and communicate the purpose or objectives for each CME activity to our membership. Furthermore, the CDDSS shall design and implement educational activities consistent in content and method with the stated objectives and with applicable CME standards. Upon completion of each educational activity CDDSS will evaluate the effectiveness of its CME activities in meeting identified educational needs and objectives.

If you have any questions or comments regarding CME activities, please contact Debbie Osborn at 860-459-4377, by mail: PO Box 1079, Litchfield, CT 06759 or by email at *debbieosborn36@yahoo.com* 

Name:	
Suggested Topics	
Education Gap	
Suggested Speakers	

# SAVE THE DATE Friday, March 13, 2020 Doctors' Day at the Capitol

The Connecticut Dermatology and
Dermatologic Surgery Society
cordially invites you to spend
a half day meeting with legislators and
promoting our legislative priorities for 2020.

#### **Two Sessions:**

- Friday March 1, 2019 7:30 am 12:30 pm
- Friday March 1, 2019 12:30 pm 4:30 pm

The Legislative Office Building is located at 300 Capitol Avenue, Hartford

#### **Education Mission Statement**

We are committed to advancing the highest standards of skin care through continuing education activities. The Connecticut Dermatology and Dermatologic Surgery Society Semi-annual Scientific Education Programs are dedicated to improving and protecting our patient's skin health by presenting advances in the diagnosis and treatment of skin disease.

Our target audience includes dermatologists and their staff, including office managers and medical assistants. Activities range from didactic lectures to participatory activities, and whenever possible are approved for CME credit. We expect that our audience will incorporate best practices, as presented, into their daily practice. Specific competency, performance and patient outcome goals that will result from the program will be proposed by the presenters and evaluated by the participants.

(Reviewed 5/23/19 by the Executive Committee)

