# Connecticut Dermatology and Dermatologic Surgery Society
## Regional Scientific Meeting
## Wednesday, May 3, 2023

**In the Glass Room**
**Live Wednesday, May 3, 2023**
**5:00 pm - 9:30 pm**

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

# Exhibitors 5-3-23

## Platinum

AbbVie
Amgen
Castle Biosciences
Incyte Dermatology
Pfizer
Sanofi Genzyme

## Gold

Leo Pharma
Regeneron
UCB

## Silver

Boehringer Ingelheim Pharmaceuticals, Inc.
Community Health Network of Connecticut, Inc.
Eli Lilly
Janssen
Loreal-CeraVe/LaRoche-Posay
Novartis
Ortho-dermatologics
Sun Pharma

**CT Dermatology and Dermatologic Surgery Society (CDDSS)**
**Mission Statement**

The Dermatology and Dermatologic Surgery Society is committed to advancing the highest standards of eye care through its continuing education activities. The semiannual CDDSS Scientific Education Programs are structured to present recent advances in the diagnosis and treatment of skin disease. The goal of CDDSS educational programs is to protect and improve patients' skin and skin health.

CDDSS Semi-annual Scientific Education Programs are an opportunity for dermatologists and their staff to learn, identify and discuss critical issues facing their profession. CDDSS programs present recent advances in the diagnosis and treatment of skin disease, through lectures, panels, symposia, scientific papers and videos. CDDSS programs are designed to meet the clinical and educational needs of its members through the objectives proposed and evaluated by the CDDSS education committee.

CDDSS target audience includes dermatologists, dermatology mid-level providers and office managers. CDDSS educational activities include didactic lectures, panels, posters, videos and participatory activities. These activities are approved for CME credit whenever possible. CDDSS expects that its target audience will incorporate best practices presented in CDDSS educational programs into daily practice. Specific competency, performance and patient outcome goals that result from CDDSS programs are proposed by the presenters, reviewed by the CDDSS educational committee, and evaluated by the target audience participants.

Reviewed and adopted 11-3-21

4:30 pm **Wine, Cheese and Conversation with Vendors in Exhibit Hall**

5:00 pm **The Rhythm Method in Eczema and Psoriasis**
*– Peter Heald, MD*
*Objectives: 1. To recognize the activity of skin disease over time as a guide to diagnostic and therapeutic decisions 2. Enhance the recognition of atopic dermatitis in the elderly 3. Strategize therapies for psoriasis in order to treat to target.*

5:30 pm **Inovation in Antibiotics for Dermatology: Combating Resistance & Sparing the Microbiome**
*– Christopher G. Bunick, MD, PhD*
*Objectives: 1. Learn the mechanisms of antibacterial and anti-inflammatory action by tetracycline antibiotics 2. Identify how narrow-spectrum antibiotics reduce antibiotic resistance and protect the host microbiome 3. Learn how to integrate narrow-spectrum antibiotics into the dermatology clinic while maintaining antibiotic stewardship.*

6:00 pm **Severe Cutaneous Adverse Reactions: Current Management and Future Directions**
*– Caroline A. Nelson, MD*
*Objectives: 1. Explore a treatment challenge related to a clinical case of a severe cutaneous adverse reaction (SCAR) 2. Discuss diagnostic and prognostic scoring systems for SCARs: a. Stevens-Johnson syndrome/toxic epidermal necrolysis (SJS/TEN) b. Drug-induced hypersensitivity reaction/drug reaction with eosinophilia and systemic symptoms (DiHS/DRESS) c. Acute generalized exanthematous pustulosis (AGEP) 3. Review the literature on the management of these SCARs with a focus on treatment data for emerging therapies.*

6:30 pm **Dinner/Dessert with Vendors**

7:00 pm **Case Presentations**

**Therapeutic Updates in Pediatric Atopic Dermatitis** – *Lorin Bibb, MD*

*Objectives: To Review the systemic anti-inflammatory agents which are FDA-approved for treating atopic dermatitis in pediaric patients 2. Describe the emerging anti-inflammatory therapies for pediatric atopic dermatitis.*

**Hydralazine-induced Cryptococcal-like Neutrophilic dermatosis NOS with Associated p-ANCA vasculitis**

*– Andrew Johnston, MD*

*Objectives: Objectives: 1. Recognize stringy hemotoxylin-stained material in exuberant neutrophilic dermatoses likely represents neutrophil-extracellular traps (NETs). 2. Highlight chronic hydralazine as a risk factor for auto-immunity feed-forward loops.*

7:15 pm **Product Theater - Expanding AD Options for Adults and Pediatric Patients 12 Years of Age and Older With Moderate-to-Severe Atopic Dermatitis**

**–** *Meagen M. McCusker M.D., M.S., FAAD*

8:00 pm **Surface Anatomy in Dermatology – Clinical Importance, Updates on Terminology, and ` Impact on Patient Care**

**–** *Neelesh P. Jain, MD*

*Objectives: 1. Discuss the clinical importance of precise anatomic terminology 2. Review updated Delphi consensus terminology and identify frequently mislabeled anatomic sites.*

8:07 pm **Clinical-Pathologic Correlation in the Era of Precision Medicine: Tools Every Dermatologist Should Know About**

*– Ben J. Friedman, MD, FAAD* – Henry Ford Health

*Objectives: 1. Illustrate how new molecular tests may change the way we think about certain dermatologic conditions 2. Through case examples, demonstrate how selective use of molecular tests can lead to more precise diagnosis and treatment for a challenging skin conditions 3. Highlight some areas of uncertainty regarding the use of molecular tests in dermatopathology.*

8:45 pm **Product Theater - New Approaches & the Role of Gene Expression Profiling in the Management of Skin Cancers**

*– James Sligh, MD, PhD*

9:30 pm **Certificates and Door Prizes in Vendor Hall**

"This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The Connecticut Society of Eye Physicians and CT Dermatology and Dermatologic Surgery Society. The Connecticut Society of Eye Physicians is accredited by the ACCME to provide continuing medical education for physicians."

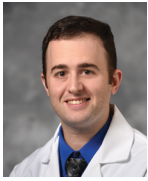
CSEP designates this educational activity for a maximum of 2.5 AMA PRA Category I Credit(s)™ toward the AMA Physicians Recognition Award. Each physician should claim only those hours of credit that he/she spent in the activity.

## Speaker Bios

**Christopher G. Bunick, MD, PhD**

Dr. Christopher Bunick is an associate professor of dermatology and physician-scientist, specializing in general medical dermatology and dermatologic surgery at Yale University School of Medicine's Department of Dermatology. Dr. Bunick provides care for over 4,000 patients per year with all types of dermatologic conditions at Yale Dermatology Middlebury in CT while leading a National Institutes of Health funded research laboratory. At Yale, Dr. Bunick leads a structural biology research program where he performs unique dermatologic research studying the 3-dimensional structures of skin-related proteins using x-ray crystallography and cryo-electron microscopy. The Bunick lab applies biochemistry, structural biology, and cell biology techniques to investigate biological processes of human skin with the goal of tackling scientific questions that can improve clinical care of patients. Dr. Bunick has over 25 years experience in biochemistry and structural biology research. He has received several awards throughout his career, including a Young Investigator Award from the American Academy of Dermatology for his structural biology work on profilaggrin and keratins 1 and 10, and was a Bayer Lindau Fellow at the 64th Lindau Nobel Laureate Meeting in Germany. His work has been published in multiple medical and scientific journals. Most recently, his research has shed light on mechanisms of action of oral drugs for acne vulgaris and biologic and systemic medications for psoriasis and atopic dermatitis, bringing his work from bench to bedside.

Dr. Bunick received his bachelor's degree from Vanderbilt University and his MD and PhD degrees from Vanderbilt University School of Medicine. As an undergraduate at Vanderbilt University, Dr. Bunick studied filamentous plant viruses, sparking his interest in long, filamentous systems, and leading to his current research on intermediate filaments, particularly keratin function in the human skin barrier. He completed his medical internship, dermatology residency, and a dermatology research fellowship (mentored by Nobel Laureate Dr. Thomas A Steitz) at Yale University School of Medicine.



**Ben J. Friedman, MD, FAAD**

Dr. Friedman received his undergraduate degree in biopsychology from Cornell University and medical degree from the University of Pennsylvania. Dr. Friedman moved to Michigan in 2013 where he completed a dermatology residency at Henry Ford Hospital. After pursuing additional subspecialty fellowship training in dermatopathology at Thomas Jefferson University, he returned to Henry Ford as a full time senior staff member in 2017.Currently he serve as co-director of the dermatopathology section. Dr. Friedman range of practice is broad and includes general, complex medical, and surgical dermatology. Half of his time is devoted to dermatopathology, in which he reads and interprets skin biopsy slides. Specialized interests of Dr. Friedman's include the diagnosis and treatment high-risk nevi and melanoma as well as skin lymphomas for which he speak about at regional and national conferences. Outside of the clinic, he is involved with the Henry Ford Multidisciplinary Cutaneous Oncology Tumor Board in which he regularly meet with other medical

oncologists, radiation oncologists and surgical oncologists to discuss and plan out treatment for patients with high-risk skin cancers. Dr. Friedman's research interests are centered on identifying and studying novel molecular changes and immunophenotypes in various skin cancers (including cutaneous lymphomas) and inflammatory skin dermatoses and using these to develop personalized treatment approaches for patients. He is published on a wide array of subjects in dermatology and dermatopathology. These include reports on challenging clinical-pathologic scenarios and novel molecular-dermatopathology correlations/ entities.

**Peter Heald, MD**

Dr. Heald developed a career on the faculty of Yale School of Medicine that included basic and clinical research with cutaneous lymphoma, dealing with complicated dermatology referrals, and teaching dermatology. Dr. Heald was a founding member and still on the board of directors of the International Society for Cutaneous Lymphomas. He is a member of the American Academy of Dermatology and the Society for Investigative Dermatology while also being a lifelong member of the New England Dermatologic Society. As a tertiary care dermatologist, problems from the everyday practice of dermatology are continually referred for assistance and analysis. In addressing the current problems that arise in dermatology practices, Dr. Heald has lectured on new therapies, difficult diagnoses, complicated managements, and today - difficult patients. Dr Heald is currently Professor Emeritus of Dermatology at Yale University and on the clinical faculty at the UCONN Dermatology program while also participating in lymphoma conferences at NYU. His clinical practice is with Dermatology Associates of Western Connecticut

with offices in New Milford and Danbury. Consultations are welcome!

**Neelesh P. Jain, MD**

Neelesh P. Jain, MD, MS, is a PGY3 dermatology resident at the University of Connecticut School of Medicine. He completed his MD and MS in Pharmacology at Tulane University School of Medicine and a Preliminary Medicine Internship at Tulane. Dr. Jain has contributed to numerous publications and presentations on a wide array of subjects in dermatology, with topics ranging from the effects of alcohol and illicit drug use on the skin to disaster preparedness for dermatology residency programs. He will be a chief resident at UConn in the coming year and enjoys teaching and research.

**Caroline A. Nelson, MD**

Caroline A. Nelson, MD is an Assistant Professor in the Department of Dermatology and the Director of Inpatient Dermatology at the Yale University School of Medicine. Prior to joining the faculty, she completed a complex medical dermatology fellowship at Brigham and Women's Hospital and the Dana Farber Cancer Institute of Harvard Medical School. Her research focuses on immunologic skin diseases in hospitalized patients. Through the "Yale Severe Cutaneous Adverse Reactions (SCAR) Program", Dr. Nelson collaborates with the Department of Medicine, Section on Rheumatology, Allergy, and Immunology on clinical, research, and educational initiatives related to drug reaction with eosinophilia and systemic symptoms (DRESS).

CSEP ensures that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company. In addition, CSEP ensures that the Accredited education is free of marketing or sales of products or services and that all faculty will not actively promote or sell products or services that serve their professional or financial interests during accredited education. CSEP will not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

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## Pre-Competency Questions

**The Rhythm Method in Eczema and Psoriasis**

*– Peter Heald, MD*

Question 1. The response rate of atopic dermatitis of the elderly with dupilumab compared to children shows:

a. Slower onset and lower global assessment scores
b. Rapid onset and greater response of EASI scores
c. Identical onset and response scores
d. None of the above

Question 2. Your psoriasis patient on a self injected biologics discontinued therapy since they were clear. The patient now presents 8 months later with no active disease you should:

a. Restart the original biologic immediately
b. Initiate a new biologic
c. Wait until there is a relapse then restart the original biologic
d. Wait until there is a relapse then initiate an new biologic

Question 3. Active psoriasis correlates with vascular inflammation and each year of psoriasis contributes an increased cardiovascular risk of

a. 0
b. 0.1%
c. 0.5%
d. 1 %

**Innovation in Antibiotics for Dermatology: Combating Resistance and Sparing the Microbiome**

*– Christopher G. Bunick, MD, PhD*

Question 1. Drug lipophilicity is most related to which adverse event that can occur with broad-spectrum tetracycline antibiotics in acne therapy?

a. GI upset
b. Microbiome alteration
c. Photosensitivity
d. Headache
e. Vestibular disturbance

Question 2. Which of the following is NOT a component of antibiotic stewardship?

a. Using the right dose of the right antibiotic at the right time for the right duration.
b. Innovating antibiotics to be narrow-spectrum and pathogen-focused.
c. Reducing risk for development of antibiotic resistance.
d. Antibiotics should be avoided completely in dermatology patients.
e. Narrow-spectrum antibiotics can reduce unwanted medication side effects.

Question 3. Broad-spectrum antibiotics can alter gut microbiota for how long post-therapy?

a. 3 months
b. 6 months
c. 1 year
d. 2 years
e. 5 years

**Clinical-Pathologic Correlation in the Era of Precision Medicine: Tools Every Dermatologist Should Know About**

*– Ben J. Friedman, MD, FAAD*

Question 1. If an otherwise healthy elderly patient presents with chronic, generalized erythematous papular eruption which on pathology demonstrates a top heavy/ wedge shaped granulomatous dermal infiltrate with neutrophils and foci of necrobiosis, which of the following tests/procedures would likely be most useful:

a. Testing of blood, bone marrow and/or skin for mutations in SRSF2 and other CMML
b. ANA- The patient does not have any signs of symptoms to suggest a diagnosis of connective tissue disease, and therefore this test would have very low yield.
c. RF- The patient does not have any signs of symptoms to suggest a diagnosis of rheumatoid arthritis, and there fore this test would have very low yield.
d. Colonoscopy - The patient does not have any signs of symptoms to suggest a diagnosis of inflammatory bowel disease, and therefore this test would have very low yield.
e. DIF of the skin- The histologic findings are not in keeping with leukocytoclastic vasculitis, and therefore this test would be of low yield.

Question 2. Support for a diagnosis of melanoma based on a SNP array assay generally requires the following criterion:

a. Isolated deletion of 1 copy of 9p21- this finding, although considered atypical, can be seen in benign nevi and intermediate melanocytic lesions.
b. Amplification of 11p- this finding is characteristic of desmoplastic spitz.
c. Greater than 3 segmental chromosomal copy number change- based on validation studies and expert consensus, the presence of > 3 copy number changes provides the most optimal sensitivity and specificity for support of a melanoma diagnosis.
d. Isolated Deletion of 3p- this finding is seen in BAP1 deficient melanocytomas.

**Severe Cutaneous Adverse Reactions: Current Management and Future Directions**

*– Caroline A. Nelson, MD*

Question 1. Stevens-Johnson syndrome/toxic epidermal necrolysis is catagorized according to the body surface area of detached and detachable (Nikolsky-positive) epidermis into Stevens-Johnson syndrome (<10%), Stevens-Johnson syndrome/toxic epidermal necrolysis overlap (10-30%), and toxic epidermal necrolysis (>30%).

a. Erythema multiforme major
b. Stevens-Johnson syndrome
c. Stevens-Johnson syndrome/toxic epidermal necrolysis overlap
d. Toxic epidermal necrolysis.
e. Staphylococcal scalded skin syndrome

Question 2. Human herpesvirus (HHV) reactivation has been observed in a subset of patients with drug-induced hypersensitivity syndrome/drug reaction with eosinophilia and systemic symptoms.

a. Coxsackievirus A6
b. Human herpesvirus 6
c. Monkeypox virus
d. West Nile virus
e. Human papillomavirus

**Therapeutic Updates in Pediatric Atopic Dermatitis**

*– Lorin Bibb, MD*

Question 1. Which of the following medication and mechanism of action is not correct?

a. Delgocitinib: topical small-molecule inhibitor of JAK1/2/3/TYK2
b. Nemolizumab: humanized monoclonal antibody that antagonizes the IL-13 receptor α-chain
c. Abrocitinib: second generation small-molecule inhibitor of JAK1
d. Tralokinumab: human IgG4 monoclonal antibody that inhibits the cytokine IL-13

Question 2. Which of the following medications should be used in caution in combination with an oral JAK inhibitor?

a. Lansoprazole
b. Low-dose aspirin
c. Doxycycline
d. Atorvastatin

**Surface Anatomy in Dermatology – Clinical importance, Updates on Terminology, and Impact on Patient Care**

– *Neelesh P. Jain, MD*

Question 1. An 87-year-old male presents to the dermatology clinic for a full body skin examination. He has a lesion concerning for basal cell carcinoma on his face. Which of the following biopsy site descriptions is most appropriate, based on Delphi consensus terminology?

a. Lower face
b. Submental area
c. Upper neck
d. Middle jaw

Question 2. A 67-year-old female presents to the dermatology clinic for a full body skin examination. She has a lesion concerning for squamous cell carcinoma on the face. Which of the following biopsy site descriptions is most appropriate, based on Delphi consensus terminology?

a. Left face
b. Left paranasal area
c. Left nose
d. Left cheek

## Outcome Measurements

1. Has this program changed the way you will care for patients? ☐ Yes ☐ No
2. How will this program change the way you will care for patients?

_____

_____

3. Do you believe this program will have a positive effect on patient surgical or clinical outcomes? ☐ Yes ☐ No
4. Can you offer other speakers or talks that will provide information to improve clinical outcomes at the next meeting? ☐ Yes ☐ No

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## Product Theater Speakers

**Meagen M. McCusker M.D., M.S., FAAD**

Meagen McCusker M.D., M.S., FAAD is a board-certified dermatologist. Dr. McCusker completed her medical education at the University of Connecticut School of Medicine (UConn). She also completed her residency education in dermatology at UConn in 2011, where she served as chief resident in her final year. Afterwards, Dr. McCusker joined the UConn faculty as an Assistant Professor, where she divided her time taking care of patients and teaching medical students and residents. In 2013, Dr. McCusker helped create an inpatient dermatology consult service at Hartford Hospital. Dr. McCusker became the Medical Director of Integrated Dermatology of Enfield in 2015. In 2018, she expanded her practice to Simsbury. Dr. McCusker specializes in all aspects of dermatology, including medical, surgical, and cosmetic dermatology. She has a special interest in complex medical dermatology and is an expert in managing systemic therapies and the use biologic therapies.

Dr. McCusker also has a special interest in nutrition for the skin. She has appeared on several occasions on NBC Connecticut for segments such as Superfoods for the Skin and Natural Sun Protective Products. She was also interviewed by the Washington Post to discuss Probiotics for Skin Health. Dr. McCusker has published in multiple peer-reviewed journals, has authored text-book chapters, and she participates in lectures for medical students, residents, and physicians.

In her free time, Dr. McCusker enjoys spending time with her family and dogs. She enjoys cycling, hiking, antiquing, traveling and cheering for her kids**.**

**James Sligh, MD, PhD**

Dr. Sligh received his Bachelor of Arts degree from Washington University in St. Louis (1986) and his medical degree from Baylor College of Medicine in Houston (1995), where he also received a Ph.D. in Human and Molecular Genetics (1993). Dr. Sligh completed a preliminary internship at Baylor College of Medicine Affiliated Hospitals and subsequently trained at Emory University, completing a dermatology residency and a research fellowship in Molecular Medicine. He then joined the faculty of Vanderbilt University in 2000 as an Assistant Professor of Medicine (Dermatology Division) and Assistant Professor of Cell and Developmental Biology. In 2008, Dr. Sligh took the position of Associate Professor of Medicine and Chief of Dermatology at the University of Arizona, in addition he also served as Chief of the Dermatology Service at the Southern Arizona VA Healthcare System and Associate Director of the Skin Cancer Institute. In 2020, Dr. Sligh moved to the Tampa Florida area where he currently serves as Chief of Dermatology at the Bay Pines VA Medical Center. Dr Sligh's research and clinical interests include general dermatology, skin cancer and organ transplant recipients.

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# SAVE THE DATE

## WEDNESDAY, NOVEMBER 15, 2023

## 4:00 PM - 9:30 PM

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