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Penn Dermatopathology

Antibiotics, Antiseptics & the Skin Microbiome

Health Disparities in Eczema Treatment

Penn Derm 2018
PENN SKIN BIOLOGY & DISEASES RESOURCE-BASED CENTER

Back Row: Dr. Paul Haun, Dr. John T. Seykora, Dr. Faizan Alawi. Middle Row: Dr. Adam Rubin, Dr. Carrie Kovarik. Front Row: Dr. Emily Y. Chu, Dr. Rosalie Elenitsas
Please join me in supporting an environment of professionalism, tolerance, inquisitiveness and discourse to achieve the highest standards of academic excellence, clinical productivity and innovative science and research.

Our department has been immensely successful primarily due to the dedication and hard work of the faculty and staff. By every measure, we have excelled. This was highlighted by the laudatory reports from key national and international committees that reviewed the department last year. We take the best care of patients, we produce clinical productivity and innovative science, and we have an environment that encourages professionalism, tolerance, inquisitiveness and discourse to achieve the highest standards.

However, we are not immune to the challenges that face our country. We are like some variation of the Yogi Berra phrase “the future isn’t what it used to be.” Though there are many things we can do to improve our success and to do even better in the face of a myriad of challenges, I am convinced that the answer is to focus on the dedication and hard work of every single member. There has never been a better time for us to be part of a team whose success depends on sharing our success and helping one another. Simply put, every single member’s individual success enhances the reputation of the department, and hence that of every other faculty member, so it is everyone’s best interest to help each other. The benefits of every unselfish act by an individual in the department are amplified by orders of magnitude. There have been studies done and books written about how cooperative groups outperform selfish individuals. We see the rewards of these altruistic behaviors repeatedly in the success of our trainees and junior faculty. I want to ensure that we maintain this cooperative and collaborative environment in the face of tremendous changes in our national landscape that are tearing at the fabric of our society and our country. I want us to double down on helping each other, treating each other with respect and behaving professionally. It is absolutely critical, given the long-term challenges that we face, that we maximize this effort.

Our department has a history of great leaders who dedicated themselves to its success. Louis Duhring established the department and donated his estate to form our initial endowment and provide for its future. Hartzell and Weidman established dermatopathology in the department. Stokes brought Jewish dermatologists from Europe to protect them from the Nazis. Albert Kligman dedicated his life to scientific research, dermatology and to the department and Samitz was the ultimate teacher and educator. Bernie Johnson and Margaret Wood, Beerman brought order to our department, and weidman established dermatology and the department. Pillsbury created a culture of benevolence and kindness that was later perpetuated by Bernone Johnson and Margaret Wood, Beerman brought order to the department and Samitz was the ultimate teacher and educator. Shelley was a famed clinician and prolific writer. The department continued to have great leadership with Lazarus and Stanley who both brought much needed vision and discipline. I hope the future will prove the power and strength of working together and valuing everyone to reach common goals.

At the departmental level, multiple continued to have great leaders who dedicated level challenges remain. As our department, grows, keeping all of the success, loses, and staff engaged and making sure everyone is treated equitably is critical. The landscape for clinical reimbursement is changing. There is downward pressure on reimbursement rates. Previously the health system was in an environment where each insurance contract that was renewed incorporated an annual rate increase. Now we are lucky if the rates are not cut. The health system is investing in important new infrastructure to ensure its future with the new hospital, a new Radnor facility, acquisition of Princeton Hospital, etc…... This inevitably creates pressure on all the departments to continue to run more efficiently and to be more productive. At a time when physician burnout is at an all-time high, this can create a mixed message. Yet, it is important to note that our clinical revenue currently cross subsidizes our academic and research missions, but it is unlikely that this will be sustainable. We inevitably will need to depend more on philanthropy and innovation.

We should be very proud of where we fit into this model and what you can do to be part of this legacy to enhance and move the department forward. If you don’t have an answer, I can help you find one!

I hope you all enjoy the upcoming summer months.

Sincerely,

George Cotsarelis, MD
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215.698.3240
UNDER THE MICROSCOPE
OF PENN DERMATOPATHOLOGY

Penn dermatopathologists are considered among the best in the country. At Penn Dermatology, board-certified skin pathologists and board-certified oral pathologists work directly with Penn doctors and referring physicians and dermatologists to accurately render diagnoses from rare to common conditions. Penn Dermatology is uniquely positioned as one of the few dermatology departments in the United States with dedicated dermato-logy research laboratories and dermatopathology facilities. Penn dermatopathologists offer expertise in all areas of skin diseases and disorders, including benign and malignant tumors of the skin, cutaneous lymphoma, hair disorders, melanoma, nail disorders, inflammatory and infectious dermatoses, soft tissue tumors, and bullous disorders.

Physicians and medical practitioners from across the Philadelphia region and country routinely send laboratory tests to Penn’s world-class dermatopathologists for guaranteed accuracy, trustworthy diagnostic interpretations, exceptional service, and prompt results. In addition, Penn Dermatology trains future leaders in dermatopathology and hosts international observers interested in skin pathology at its state-of-the-art laboratories and research facilities. With approximately 90,000 skin biopsies processed each year, the dermatopathology service is consistently working to provide the most outstanding service to its physicians and their patients.

The Dermatopathology program maintains its unrivaled reputation because of the vast expertise, knowledge, and passion of its leading physicians, namely Drs. Elenitsas, Seyko-ra, Alawi, Kovarik, Rubin, Chu, and Haun.

Rosalie Elenitsas, MD

Dr. Elenitsas serves as both the director of the Dermatopathology section and the Pro-gram Director for the Dermatopathology Fellowship Program. Her clinical focus includes cutaneous malignant melanoma, atypical nevi, and other skin cancers. She works closely with many Penn Dermatology faculty members, as well as with the Penn Dermatology Oncology Center and the Abramson Cancer Center melanoma multidisciplinary team. Last year, she was awarded the Nobel Award for Excellence in Teaching by the American So-ciety of Dermatopathology, and this past April, she was inducted into Penn Medicine’s Academy of Master Clinicians, the highest honor bestowed on a Penn physician. Dr. Ele-nitsas is also heavily involved with medicine on the state and national levels, serving as the current President of the Pennsylvania Academy of Dermatology and Dermatologic Surgery, and the upcoming president of the American Society of Dermatopathology. Her unwavering commitment to and leadership of the Dermatopathology program ensures its continued success.

John T. Seykora, MD, PhD

The Dermatopathology program has a long tradition of using experimental science to better diagnose and understand cutaneous disease. This tradition began with Drs. Hier-man Beerman and Margaret Wood performing pioneering studies on the histochemistry and electron microscopy of skin diseases. Funded research continued with Dr. Wallace Clark’s studies on melanoma and development of prognostic models as well as Dr. George Murphy’s studies on graft vs. host disease and mast cell biology. Today, NIH-funded, experimen-tal research on skin cancers continues in the laboratory of Dr. John Seykora. The Seykora research group demonstrated the importance of tyrosine kinases in regulating formation of precancerous lesions and cutaneous squamous cell carcinoma (SCC). This work led to the development of multiple in vivo models to study skin cancer that have helped the team identify novel gene regulators of tyrosine kinases that control formation of cSCCs. Recent studies focus on understanding how UV irradiation induces formation of squamous cell carcinoma in situ (SCCIS). They have found mutated genes in normal-appearing epidermis which form small, clinically silent clones selected for by UV irradiation to form SCCIS. This information pro-vides new insights into diagnosing and treating these lesions.

Faizan Alawi, DDS

Dr. Alawi specializes in oral and maxillofacial pathology and has been in the University of Pennsyl- vania Health System for almost 17 years. His practice focuses on the diagnosis and treatment of oral mucosal and soft tissue disorders, preneoplastic and neoplastic oral disease, and pathology of the jaw bones. Dr. Alawi notes that the oral cavity may be the very first site of systemic disease processes, many of which occur in the skin as well. For example, lupus erythe-matosus, Crohn’s, and sarcoidosis are just three of many examples of systemic diseases with potential oral presentations. Currently, Dr. Alawi’s research focuses on me-chanisms of tumorigenesis as they relate to oral cancer development. In particular, he focuses on a group of proteins implicated in Dyskera-tonis congenita (DKC), a rare pro-gressive congenital disorder that, in addition to numerous skin find-ings, also has oral manifestations including precancerous lesions and squamous cell carcinoma. Dr. Alawi believes that the faculty un-der whose leadership Dr. Alawi works, Dr. Rosalie Elenitsas, MD, will continue to conduct the most outstanding research and bring the most outstanding service to Penn Dermatology.

Carrie Kovarik, MD

Dr. Kovarik, Associate Professor of Dermatology, has been an integral part of the Penn Dermatology fac-ulty since 2006. Stemming from her realization of the urgent need for dermatological clinical con-sultation in developing countries struggling with the AIDS epidemic, Dr. Kovarik created a partnership between Penn and several organi-zations to bring dermatologic care to these countries. She started by creating a simple computer-based teledermatology platform that would allow for clinical informa-tion and patient photos to be sent from clinics in Uganda, Malawi, Swaziland, Lesotho, and Botswana in 2008. Penn Dermatology established continuous on-the-ground services to Botswana at the Princess Marina Hospital and a partnership with the National Health Laboratory. Dr. Kovarik was able to remotely move the slides and stage of the scope through novel imaging technology as part of the first robotic area telepa-thology microscope until 2015. Now, our partners in Botswana have a slide scanner which allows for more efficient interpretation of slides. As internet speeds, cellular phones, and cellular networks have improved, their ability to as-sist the providers on the ground with care of their patients has im-proved significantly. As medicine becomes more technologically advanced, it is physicians like Dr. Kovarik who lead the charge on af-fecting change worldwide through medical technology.

Adam Rubin, MD

Dr. Rubin focuses on clinical nail disorders, nail histopathology, and pediatric dermatopathology. He is incredibly excited to announce that his textbook, the 4th edition
Paul Haun, MD, MS
Dr. Haun began his exemplary career at Pennsylvania Dermatology and Pathology, where he received his dermatology fellowship at HUP before joining our world-renowned dermatopathology group in 2017. His clinical, histopathologic, and research interests focus on cutaneous lymphomas, and he serves as the primary cutaneous lymphoma dermatopathologist in our group. Currently, he is in the process of completing a multi-disciplinary study in order to identify mutational events in the progression of mycosis fungoides from early stage to advanced stage disease. He recently began to study the role of immunohistochemical biomarkers for improving early diagnosis and prognosis in patients with Sézary Syndrome, as the histopathologic findings can often be difficult in this variant of cutaneous T-cell lymphoma (CTCL). Dr. Haun is excited to start his proposed three-year research project, which will involve utilizing laser capture microscopy and analyzing the atypical lymphocytes at the transcriptome level across all clinicopathologic stages of disease in order to improve diagnosis, understand prognosis, and ultimately improve treatment for our patients. If you have a patient with a difficult clinicopathologic correlation, and there is concern for CTCL, Dr. Haun welcomes these cases, both clinically as well as histologically. He believes that one of the key aspects of the dermatopathology program is that we have a career-scanning focus that each of his colleagues embraces, as well as the myriad of leadership, volunteer, and editorial positions in both national and international organizations in dermatopathology and dermatology.

Penn Dermatopathology strives to be at the forefront of the field, changing the way we interpret information in order to better meet our patients’ needs. The team’s leading physicians are among the best in the world, and it is the commitment to our patients and the field at large that drive their work and successes.

The feature event Sancy Leachman, MD, PhD, who presented “Waging War on Melanoma: Early Detection in Oregon & Beyond.” Dr. Leachman is a Professor and Chair of Dermatology at Oregon Health & Science University (OHSU) and Director of the Melanoma Program at OHSU’s Knight Cancer Institute, an NCI-designated Cancer Institute. She studies the genetics of familial melanoma and is exploiting this information for the design of new chemopreventive therapies. Her group focuses on unique projects that range from public and population health to basic science.
The use of topical antibiotics can dramatically alter communities of bacteria that live on the skin, while the use of antiseptics has a much smaller, less durable impact. This study, conducted on mice in the laboratory of Elizabeth Grice, PhD, Assistant Professor of Dermatology, is the first to show the long-term effects of antimicrobial drugs on the skin microbiome. The study’s novel findings were recently published in the journal Antimicrobial Agents and Chemotherapy. The research team says this work can provide the foundation for greater understanding of how the skin microbiome can be in the face of stress. However, both antibiotic and antiseptic treatments removed skin resident bacteria that compete against the pathogenic Staphylococcus aureus to colonize the skin. "We know antibiotics and antiseptics can be effective in stopping the growth of certain bacteria, but we wanted to know about the larger impact these treatments have on the resident microbial communities on the skin," said the study’s lead author, Adam J. SanMiguel, PhD, a researcher in the Grice Laboratory at Penn.

In this study, they treated the skin of hairless mice with a variety of antibiotics, including a narrowly targeted mupirocin ointment and a broad triple-antibiotic ointment (TAO) containing bacitracin, neomycin, and polymyxin B. Each of these antibiotics induced changes in the microbial communities, and, in a key finding of the study, the impact of the respective changes lasted for several days after treatment was stopped. "The problem in this case isn’t antibiotic resistance, but instead, how long the disruption of the skin microbiomes continues," SanMiguel said. "That disruption opens the door for colonization by an unwanted strain."

The researchers similarly evaluated antiseptics, using alcohol or povidone-iodine, and compared those treatments with two control groups—mice treated with water and mice entirely untreated. They found that neither antiseptic caused responses similar enough to cluster the mice together into groups based on their microbiomes. They also found no clear difference between the treatment groups and the control groups when comparing the relative number of individual bacteria strains.

"We thought antiseptics would be even more disruptive to microbial communities than antibiotics since they are less targeted, but it turns out the opposite is true," SanMiguel said. "It shows how stable the skin microbiome can be in the face of stress." However, both antibiotic and antiseptic treatments removed skin resident bacteria that compete against the pathogenic S. aureus to colonize the skin. "This gives us a better understanding of how topical antimicrobials affect the skin microbiome and what kind of impact their disturbance can have in the context of pathogenic colonization," said Grice, the study’s senior author. "This helps us anticipate their potential effects."

The research team says this work can provide the foundation for greater understanding of how the skin defends against infection. In fact, similar testing in human patients is already underway.

This study was funded by the National Institutes of Health, the National Institute of Arthritis, Musculoskeletal and Skin Diseases, and a Department of Defense National Defense Science and Engineering Graduate Fellowship.

Adapted from Penn Medicine New Release, June 2017
WELCOME NEW FACULTY

Elena Bernardis, PhD
Dr. Bernardis received her B.S.E. in Materials Science and Engineering and B.S. in Mathematics from the University of Minnesota in May 2001. She then attended the University of Pennsylvania, where she received her M.A. in Mathematics in 2005 and her M.S.E. and Ph.D. in Computer and Information Science in 2011. Dr. Bernardis’ research lies at the intersection of computer vision and medical image analysis. Her research focuses on low and mid-level vision, i.e. extracting, quantifying, and characterizing relevant image information from the pixels in a bottom-up fashion, and she is interested in image segmentation, texture analysis, tracking, and shape representation.

 Joined February 2018

Magaly Del Monaco, DO
Dr. Del Monaco received her B.S. from The City College of New York and her D.O. degree from the Philadelphia College of Osteopathic Medicine. She then went on to complete an internship in Internal Medicine, Post-Doctoral Research Fellowship, and Dermatology residency at Thomas Jefferson University Hospital. Dr. Del Monaco focuses on cosmetic dermatology, such as Botox, laser, and skin rejuvenation, as well as general dermatology. She sees patients at Penn Dermatology Bucks County and Cherry Hill.

 Joined July 2017

Phillip Holler, MD, PhD
Dr. Holler received his B.S. in Chemistry and his Ph.D. in Biochemistry from the University of Illinois at Urbana-Champaign. He served as a Postdoctoral Associate at the Massachusetts Institute of Technology and a Postdoctoral Fellow in the Joslin Diabetes Center at Harvard Medical School. Dr. Holler then went on to complete his M.D. degree at the University of Illinois College of Medicine at Urbana-Champaign, internship in Internal Medicine at Brigham and Women’s Hospital, and residency in Dermatology here at the University of Pennsylvania. Dr. Holler focuses on hair loss and diseases of the scalp as well as medical dermatology. He sees patients at Penn Dermatology Bucks County.

 Joined February 2018

Nicole Howe, MD
Dr. Howe received her B.S. from the University of Florida and her M.D. from the University of South Florida College of Medicine. She completed her internship in Internal Medicine and residency in Dermatology at the University of South Florida, followed by a fellowship in Mohs Surgery and Dermatologic Oncology at the University of Vermont. Dr. Howe focuses on Mohs Surgery and reconstruction. She sees patients at the Perelman Center for Advanced Medicine.

 Joined October 2017

REMEMBERING DR. HERBERT GOLDSCHMIDT (1923 - 2018)
Written by Dr. William K. Sherwin

Dr. Goldschmidt was born on March 17, 1923 in Siedigerode Germany. He completed his premedical studies at the University of Wittenberg and received his Doctor of Medicine degree from the University of Mainz School of Medicine in 1952. Following his internship, Dr. Goldschmidt joined the Dermatology residency program at the Hospital of the University of Wittenberg and completed his Doctor of Medicine degree from the University of Mainz School of Medicine in 1952. Following his internship, Dr. Goldschmidt joined the Department of Dermatology and completed his training in 1956. He then returned to Germany where he became an Associate in the Department of Dermatology at the University of Munich between the years 1956 and 1959.

However, once again the lure of the University of Pennsylvania beckoned, and Dr. Goldschmidt returned to join in the department in 1959. He continued his association with Penn’s dermatology department until he retired as Clinical Professor in 1993.

Dr. Goldschmidt became one of the world’s pre-eminent authorities in radiation treatment of skin cancer. He authored or co-authored 85 original papers, 11 book reviews, and 34 book chapters. On the clinical side, he took over a prestigious dermatology practice in the Philadelphia area originally founded by Jay Shamberg, MD in the early 1900s. He was encouraged to join this practice by Carol S. Wright, MD, former Chief of Dermatology at Skin and Cancer Hospital. Dr. Goldschmidt’s practice was subsequently continued by his partner of many years, William K. Sherwin, MD, PhD, another graduate of the University of Pennsylvania Dermatology training program.

Dr. Goldschmidt was known by all for his professionalism and kindness. He was always willing to share his wisdom and time. Upon retirement, Herbert continued his lifelong hobby of photography. He is survived by his wife of 62 years, Wiltrud, and his son Peter.

As someone who had the privilege of working on an almost daily basis with Herbert for nearly 15 years, I can attest that he was one of the giants of the Dermatology profession.
KMT2D’S ROLE IN SKIN CELL RENEWAL

Approximately once a month, our skin completely renews. If this highly coordinated process goes awry, it can lead to a variety of skin diseases, ranging from skin cancer to psoriasis. Cells lining such organs as skin and the gut, lungs, and many other organs (collectively called epithelial tissue) rely on a delicate balance of self-renewal, proliferation, and differentiation. However, disruption of this equilibrium may drive cancer and other disorders.

A research team led by Brian Capell, MD, PhD, Assistant Professor of Dermatology, and his team showed that when KMT2D was depleted (right) from human skin cells, undifferentiated stem cells could not multiply normally, causing different layers of skin epidermis to become thickened and disorganized.

“We have known that KMT2D is one of the most frequently mutated genes in all of skin cancer, as well as other epithelial cancers such as those of the lung, esophagus, mouth, and throat,” said Dr. Capell, who was the senior author of the study. “However, prior to this study, we had no idea how these mutations caused cancer or even what KMT2D did in these tissues. Now, armed with this knowledge, I envision in the near future we may be able to test the ability of novel epigenetic drugs to reverse these deleterious mutations.”

In the study, when the researchers depleted KMT2D from human skin cells, undifferentiated stem cells could not multiply normally, causing premature differentiation of the tissue into a more mature, differentiation state. As a result, when grown in three-dimensional cultures, the different layers of skin epidermis became thickened and disorganized.

“Our data suggests that KMT2D is critical for the proper coordination of our skin’s turnover process,” Capell said. “Because epigenetic changes are reversible, we hope that our ongoing studies in KMT2D mouse models will ultimately lead to identifying and testing new topical therapies preventing and treating skin cancer in people.”

The work was funded by the National Institutes of Health, the Dermatology Foundation, the Melanoma Research Foundation, and the American Skin Foundation.

Adapted from Penn Medicine News Release, Jan 2018

PARTNERING WITH PENNDERM

Penn has consistently moved the dermatology field forward through personalized care and therapeutic advances. The Department of Dermatology works continuously to develop new techniques and therapies through research and to educate the next generation of outstanding physicians and researchers.

To maximize our expertise and potential, improvements to our research infrastructure are required. Basic, translational and clinical research activities are the hallmark of our clinical care and patient outcomes. With significant investment, this department will not only move forward addressing pressing medical challenges in dermatologic care, but also will be instrumental with diagnosis, new surgical techniques and quality of life. Lastly, offering the best multidisciplinary care for our patients remains top priority.

Department of Dermatology Fundraising Priorities

Pilot Research Projects—Honoring Leaders
As the oldest dermatology department in the country, Penn Dermatology has been shaped by many great leaders whose legacies live on through their scientific breakthroughs. Established in 1874 by Dr. Louis Duhring, Penn Dermatology follows the traditions of many great 19th and 20th century physician researchers who worked collaboratively and across disciplines, such as with the engineering school. As a contributor to pilot research projects in cutaneous regeneration, Penn investigators gain the ability to impact patients worldwide with novel approaches to skin diseases, innovative treatments and the potential for cures.

Fellowship Training Programs—Supporting New Investigators
Penn Dermatology’s training programs attract the most outstanding candidates, developing leaders in dermatologic research, academic and clinical dermatology. Funds directed toward fellowship training programs guarantee Penn Dermatology’s long tradition of educating exceptional scientists and clinicians.

Fellows may be training in permanently recognizing the dedication of the department’s faculty and their important work.

Endowed Professorships—Rewarding Innovation
Supporting the work of Penn’s physician scientists is of utmost priority. Endowed professorships in investigative dermatology provide Penn Dermatology with the ability to retain and attract exceptional faculty. For decades, Penn’s preeminent dermatologists and researchers consistently receive recognition for excellence in patient care, research discoveries and education. Endowed professorships are instrumental in permanently recognizing the dedication of the department’s faculty and their important work.

Laboratories and Research Facilities—Promoting Scientific Advancement
Research space is of great necessity. New laboratories and instruments provide the path to great discoveries. With the right resources, Penn Dermatology will develop a cutaneous regeneration and tissue engineering effort focused on developing new treatments for skin disorders.

Private philanthropy meets funding needs not covered by government grants or insurance reimbursements. Your donation enables us to break new ground and to improve upon existing therapies.

Philanthropic gifts of all sizes to support our research, educational and clinical endeavors are greatly appreciated. Naming opportunities within the department begin at the $25,000-level. Additionally, any gift can be given outright, through a planned giving vehicle, or can be structured to be paid over a 5-year period.

For more information about partnering with Penn Dermatology, please contact Caitlin Crowe Doelp at Penn Medicine Development & Alumni Relations at 215.746.2167 or ccrowe@upenn.edu.
HEALTH DISPARITIES IN ECZEMA TREATMENT

Dr. Takeshita’s research shows black children less likely to see doctor despite being more severely affected

Eczema is a common inflammatory disease that causes red and itchy skin. There are several different types of eczema and a substantial 30 million Americans are approximated to have some form of the condition. Data from the Centers for Disease Control shows that roughly 11 percent of children experience eczema in the United States, with black children experiencing it more commonly (17.1 percent) than white children (11.2 percent) or Hispanic children (13.7 percent). In addition to the physical impact on the skin, eczema is associated with negative psychological effects.

“Previous studies have demonstrated disparities in overall healthcare utilization among racial and ethnic minorities, but few studies have examined this question specifically for eczema,” said Dr. Takeshita. “This is the first study to look at racial and ethnic differences in healthcare utilization for eczema on an individual level rather than relying on a sample of outpatient visits, making this a unique evaluation of eczema that includes those not accessing care for their disease.”

The study’s lead author was Alexander H. Fischer, MD, MPH, who was a medical student at Johns Hopkins University at the time of the research. The researchers gathered data from the Medical Expenditure Panel Survey – the most complete source of data currently available on healthcare utilization, cost, and insurance coverage in the United States. All of the information is self-or-caregiver reported over a series of interviews, and is designed to be representative of the general population. The team used information from 2001 through 2013 for Americans under the age of 18 who self-identified as white, black, or Hispanic. Those who identified in other groups did not make up a significant enough sample for evaluation.

Based on data collected from 2,043 people with eczema, researchers estimated the data on a national scale. According to these estimates, of the nearly three million children with eczema represented in this study, 66 percent are white, 18 percent are black, and 16 percent are Hispanic. Overall, roughly 60 percent of these children have seen a doctor for their condition, but the percentages do vary by race. Among white children, 82.1 percent of patients saw a physician. A similar proportion of Hispanic children (88.1 percent) saw a doctor for their eczema. However, the number dropped to just 51.9 percent for black children which, after accounting for baseline differences in sociodemographic factors and insurance status, translates to a 30 percent lower likelihood of seeing a doctor for their eczema than white children.

“The data show that race alone can be a predictor of whether or not a child with eczema will see a doctor, independent of other social or demographic factors or insurance status,” Takeshita said.

In addition, minority children reporting eczema were an average of a year to a year and a half younger. They were also less likely to maintain any private insurance, and were more likely to fall into the low income category and have asthma relative to white children.

“While the study is not without its limitations, our findings suggest there are barriers to healthcare for eczema among black children irrespective of income and insurance status, despite likely having more severe skin,” Takeshita said. “Further research is needed to understand what these barriers are and why they exist so that we can ultimately make efforts to eliminate this disparity.”

This study was supported by a grant from the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

Adapted from Penn Medicine News Release, Sep 2017

A new study shows that white children in America are more likely to see a physician for treatment of eczema than black children, despite the fact that the disease is likely more severe among minorities. Research from Jun-ko Takeshita, MD, PhD, MSCE, Assistant Professor of Dermatology and Epidemiology found that black children with eczema were 30 percent less likely to see a doctor for their condition than white children in a similar disease category. The study, published in the Journal of the American Academy of Dermatology in September 2017, also found that black children who see a physician about their eczema condition tally a heightened number of patient visits and receive more prescriptions than white children, indicating a more severe disease panel.
The 7th annual Albert M. Kligman Lectureship was held on September 14th, 2017 at the Smilow Center for Translational Research at the University of Pennsylvania. The Kligman Lectureship began in 2011 as a tribute to the incomparable Dr. Kligman and his outstanding legacy as a remarkable clinician and researcher. Dr. Kligman was an enormous presence in our department for over half a century and made lasting contributions to the field of dermatology both through his extensive research and discoveries as well as his commitment to supporting young faculty.

This year, we were honored to host Greg Barsh, MD, PhD, Faculty Investigator and Faculty Chair at the HudsonAlpha Institute for Biotechnology in Huntsville, Alabama. Dr. Barsh also maintains active Professor Emeritus of Genetics status at Stanford University School of Medicine. He received both his MD and PhD in human genetics and pathology from the University of Washington and completed his residency in internal medicine at Harbor-UCLA Medical Center, postdoctoral fellowship in pediatrics at UC San Francisco, and a postdoctoral research study in genetics also at UCSF. Dr. Barsh's graduate and medical training focused on molecular and medical genetics of human Mendelian disease, and prior to his roles at Stanford, he served as Chair of the NIH Study Section on Genetics and Health of Disease.

During his time on faculty at Stanford, Dr. Barsh served as the Director of the Stanford Medical Scientist Training Program, was an active member of the Stanford Pediatrics Genetics Clinical Service, and directed a research group that applied forward-and-reverse-genetic approaches in laboratory mice to study gene action and interaction as it relates to human biology and common disease. Most of this work used color variation as a model system and led to the discovery of a new set of paracrine mediators, new insight into the physiology of body weight regulation, novel aspects of membrane remodeling relevant to neurodegenerative disease, and an unexpected connection between the innate immune system and melanocortin receptor signaling. In his current role at HudsonAlpha, Dr. Barsh's research group studies the genetic architecture and mechanisms of color variation in laboratory and natural populations of mammals, including humans, for which readily observable phenotypic variation present unsolved mysteries in developmental and evolutionary biology. He has become increasingly interested in opportunities provided by genome sequencing and genomics to study morphologic variation and disease in natural populations.

Dr. Barsh's research accomplishments have been recognized by the E Mead Johnson Award from the Society of Pediatric Research and the Takeuchi and Sasaki Awards from the International Society of Pigment Cell Research. Dr. Barsh has made several novel contributions to science, specifically in the areas of developmental and evolutionary genetics of color patterns, pigmentation genetics and human disease, and the biology of melanocortin signaling. We were delighted to have Dr. Barsh on campus to share his research with us.

Past 5 Lectures:
- 2016 Lecturer John J. Voorhees, MD: “Skin Aging: Clinical and Basic Mechanisms.”
- 2015 Lecturer Barbara Gilchrest, MD: “Skin Aging and Rejuvenation in the 21st Century.”
- 2014 Lecturer Robert Lavker, PhD: “The miR-acle of Keratinocyte Stem Cells”
- 2013 Lecturer Story Musgrave, MD: “Entrepreneurship: The View from Outer Space”
- 2012 Lecturer R. Rox Anderson, MD: “100 Years of Cool Stuff in Dermatology”

STAFF SPOTLIGHT

Dawn MacMillan
Dawn was recently promoted to Administrative Manager after serving as the Executive Assistant to the Chair while also building a strong administrative team to support the Department since 2011. With a career spanning nearly 30 years in increasingly important administrative positions at Penn and Fox Chase Cancer Center, Dawn brings a great depth of expertise and experience to her new role. She will oversee support to the Chair’s office and collaborate with faculty and administrative leaders to facilitate effective business operations.

Shanna Reed
Shanna was recently promoted to the position of Director of Revenue Cycle Management for Dermatology. In this position, Shanna will continue to lead billing operations for the Department, with a focus on ensuring quality, strong financial performance, and effective collaborations. Shanna has a great depth of expertise within her role, with over 18 years of experience at Penn Medicine, including 13 years of experience in managing teams.

Kristen Geist & Kristen Reid
Both Kristen Geist (right) and Kristen Reid (left) were recently promoted into the role of Operations Practice Administrator for our satellites and Philadelphia practices respectively. Both Kristens have had grass-roots upbringings with Penn Medicine, each starting their career as PSAs and working their way up the leadership ladder. Collectively they have 18 years of experience working at Penn Medicine, 10 of which have been in Dermatology. Together they will be continuing to improve consistency and standardization at our clinical sites; working directly with on-site practice clinical management on tactical operations; and working directly with departmental leadership on strategic plans.

Elizabeth Reilly
Elizabeth recently received the Outstanding Health Professional Award from the National Psoriasis Foundation. This award recognizes a health professional who has made outstanding achievements in improving psoriatic disease clinical practice and who has played a major role with national impact in improving the quality of life of patients and their families. Elizabeth has worked at UPHS since 1984 and in Dermatology for 25 years, and has compassionately and expertly cared for thousands of patients over the years.
Skin in the Game: Dermatology’s Role in Antibiotic Stewardship

If antibiotics are overused, the bugs they cure will build up resistance and, over time, the medication becomes less effective until it stops working altogether. Antibiotic stewardship, a program that promotes the appropriate use of antimicrobials, improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms, has become a hot topic of conversation and exploration in the medical community. The idea is that doctors need to be thoughtful about how they prescribe drugs to prevent increasing resistance as long as possible.

Penn has an entire team dedicated to monitoring the use of antibiotics – part of which was one of the first of its kind in the nation – and the Centers for Disease Control and Prevention has awarded grants in the hope of generating innovative solutions to the problem. Fortunately, dermatology remains in the background of the conversation on antibiotic stewardship. For example, “Acne patients are relatively healthy people who are on antibiotics for weeks or months, as opposed to people who are sick and on these drugs for a week,” says David J. Margolis, MD, PhD, Professor of Dermatology at Penn. He elaborates that, “Infectious disease doctors, from the time of prescription, are worried about how long a patient is going to be on antibiotics. Dermatologists don’t.”

Although Elizabeth Grice, PhD, Assistant Professor of Dermatology, addresses the stakes for resistance to topical treatments, Ebbing Lautenbach, MD, MPH, MSCE, Chief of Infectious Diseases, contends that “A major focus of antibiotic stewardship is on areas where antibiotics aren’t called for, where a doctor might write the prescription without thinking about why and how they’re using it. That’s not usually the case in dermatology.” Most dermatologists follow a step-by-step concept, prescribing topicals (some – probably most – times, more than one), then oral antibiotics. And, while any physician prescribing antibiotics should be weighing the pros and cons, with dermatology, there is a demonstrated benefit to most of the used drugs. The data ultimately shows that the total number of prescriptions written by dermatologists pales in comparison to outpatient and primary care doctors, though dermatology should still be part of the antibiotic stewardship conversation.

New Treatment Shows Promise for Patients with Rare Dermatologic Disease

A new treatment for the rare and often incurable condition called dermatomyositis reduced the severity of the disease in patients whose condition was resistant to other therapies. As part of a randomized, double-blind study conducted at the Perelman School of Medicine at the University of Pennsylvania, patients given the drug improved during the trial, with less severe skin disease and better patient-reported quality of life and symptom assessments. The study’s researchers presented their findings at the American College of Rheumatology Annual Meeting in San Diego at the end of last year.

Dermatomyositis is an inflammatory disease that causes a rash on the skin and is frequently associated with muscle weakness, though other pertinent symptoms include fevers, shortness of breath due to lung disease, weight loss, and sensitivity to light. There are currently fewer than 100,000 cases of dermatomyositis in the United States, and treatment is often ineffective, frequently requiring drugs that suppress the immune system. “Not only are current treatments limited, but this disease itself is very understudied, so we’ve had to build our understanding of dermatomyositis from the ground up just to be in a position to run a trial like this,” says the study’s principal investigator Victoria P. Werth, MD, a Professor of Dermatology at Penn and the Chief of Dermatology at the Corporal Michael J. Crescenz VA Medical Center in Philadelphia.

One of the team’s first challenges was developing a way to measure the severity of a patient’s dermatomyositis. While body surface area typically provides an accurate and informative assessment of skin disease severity, it is not as useful with dermatomyositis, since the percentage of the skin affected does not necessarily correlate with the severity of the disease and its effects on the patient. Werth and her team developed the Cutaneous Dermatomyositis Disease Area and Severity Index (CDASI), a metric that measures the amount of skin severity as separate activity and damage scores. Penn researchers have spent the last decade developing and validating the CDASI, and though it has become standard practice for use in dermatomyositis research, this is the first placebo-controlled randomized clinical trial to report the score to evaluate the results of a new treatment.

Patients in this trial all had skin-predominant dermatomyositis and had not responded to standard treatments, such as antimalarial or immunosuppressive therapies. The 11 patients who received the drug had a mean decrease of more than six points relative to the placebo during dosing with the higher dose of a drug, anabasum. Twenty of the 22 patients on this trial entered a one-year, long-term extension study. Werth says that will be critical to understanding the efficacy and safety of anabasum, but she also says a larger study is warranted based on these results.

This trial was supported by the NIH’s National Institute of Arthritis and Musculoskeletal and Skin Diseases, and Corbus Pharmaceuticals, which is developing anabasum for a number of rare inflammatory diseases, including dermatomyositis.

Joel M. Gelfand, MD, MSCE, a Professor of Dermatology and Epidemiology, who will lead the project.

Psoriasis is a common, chronic autoimmune disease affecting more than eight million Americans with painful, thick, red patches on the skin that often itch and bleed. The disease has profound effects on health-related quality of life, and in moderate to severe cases, it carries an increased risk of heart attack, stroke, and premature death. Ultraviolet B phototherapy is the preferred treatment for psoriasis, and the treatment involves exposing the skin to ultraviolet light on a regular basis so that Ultraviolet B rays penetrate the skin and slow the growth of affected skin cells. This form of treatment is a substantial burden for patients, as it requires office visits three times per week for 12 weeks.

*Home-based phototherapy represents a more patient-centered approach, but there are a lack of data comparing its effectiveness to that of the office-based treatments,* Gelfand said. He elaborates that “this has led to decisional uncertainty from patients, dermatologists, and insurers.” Dr. Gelfand’s team will conduct a randomized, controlled study in 1,050 patients age six and older to compare the effectiveness and safety of 12 weeks of home-based versus office-based phototherapy. The study will include 20 to 40 sites across the country and will also evaluate whether fairer-skinned patients are more prone to tolerability problems and darker skinned patients are more prone to effectiveness problems with the designated phototherapy treatment.

*This project was selected for PCORI funding not only
Psoriasis and Rheumatoid Arthritis Patients Are Prescribed Similar Drugs, Yet Psoriasis Patients Face Higher Liver Disease Risk

Compared to controls, patients with psoriasis are at higher risk for serious liver disease than patients with rheumatoid arthritis– two autoimmune diseases often treated with similar drugs that can cause liver damage, reports a study this week in the Journal of Investigative Dermatology from researchers at the Perelman School of Medicine at the University of Pennsylvania. The study, led by Penn faculty Drs. Gelfand, Ogdie, Grewal, Noe, Shih, Takeishi, Chiesa-Fuxench, and Carr, is the first population-based study to simultaneously address the risk for liver disease in patients with these inflammatory diseases and psoriatic arthritis, in a large population of more than 197,000 psoriasis patients, 12,000 psoriatic arthritis patients, 54,000 rheumatoid arthritis patients, and 1.2 million matched controls.

Independent of risk factors commonly seen in liver disease, such as alcohol use and diabetes, the study found that patients with psoriatic skin or joint disease, particularly patients with more severe skin psoriasis, had an elevated risk for serious liver disease. Patients with psoriasis taking a systemic drug had the highest risk, particularly for non-alcoholic fatty liver disease and cirrhosis, while rheumatoid arthritis patients taking similar drugs had the lowest liver disease risk.

The study suggests systemic inflammation – which is present in all three diseases – may play a significant role in development of liver disease, particularly in those with psoriasis. At the same time, certain medications used to treat these diseases can also cause liver toxicity. The authors note that future research should delve into whether adequate control of inflammation reduces liver disease risk. The findings of this study could provide relief for the approximately 7.5 million Americans who suffer from psoriasis each year. The study also offers insight into how the liver responds to specific types and severity of chronic inflammation, and also yields information on how skin disease severity, obesity, diabetes, and medication use play a role in development of liver disease in patients with these conditions.

“These findings offer evidence for the long held view that psoriasis patients may be more predisposed to liver disease than patients with RA,” said first author Alexis Ogdie, MD, MSCE, an Assistant Professor of Medicine and Epidemiology at Perenn, “Understanding the role of inflammation in liver disease and how the liver can perpetuate inflammation in these conditions can help us advise patients, and their clinicians, on how to more effectively manage their health.”

This study was supported in part by grants from the National Institute of Arthritis and Musculoskeletal and Skin Diseases, a Medical Dermatology Fellowship from The National Psoriasis Foundation, NIH Pharmacoepidemiology Training Grant T32, NIH Training Grant T32, Dermatology Foundation Career Development Award, an unrestricted grant from Pfizer to the trustees of the University of Pennsylvania, an NIH grant, Robert Wood Johnson Foundation, Harold Amos Medical Faculty Development Award, IDOM DRC Pilot Award, and NIH and its pilot program, Health Resources and Services Administration, Center of Excellence for Diversity in Health Education and Research, Perelman School of Medicine.

FUTURE ENDEAVORs OF GRADUATING RESIDENTs & FELLOWS

John Barbieri, MD, MBA (resident): Completing post-doctoral fellowship at the University of Pennsylvania, Dermatology

Mehul Bhatt, MD, MBA (fellow): Practicing in New York City, NY

Christina Del Guzzo, MD (CTCL fellow): Completing Dermatology Residency at the University of Pennsylvania

Amy Forrestel, MD (resident): Assistant Professor of Dermatology at University of Pennsylvania

Kevin Gaddis, MD (resident): Asst. Professor of Dermatology & Dermatopathology & Dir. of Teledermatology at University of Minnesota

Ata Moshiri, MD, MPH (resident): Completing dermatopathology fellowship at the University of Pennsylvania, Dermatology

Aditi Murthy, MD (fellow): Assistant Professor of Pediatric Dermatology at CHOP in Philadelphia, PA

Caroline Nelson, MD (resident): Completing complex medical dermatology fellowship at Brigham & Women’s Hospital in Boston, MA

Natalie Spaccarelli, MD (resident): Assistant Professor of Dermatology at Ohio State University in Columbus, OH

Laura Taylor, MD (Fellow): Completing dermatology residency at the University of Louisiana in Lafayette, LA

Joy Warn, MD (fellow): Clinical instructor & post-doctoral research fellow, Dermatology, University of Pennsylvania

Mackenzie Wehner, MD, MPH (resident): Clinical instructor & post-doctoral research fellow, Dermatology, University of Pennsylvania
Provider of the Year

Congratulations to Dr. Joseph Sobanko, Assistant Professor of Dermatology, who received the CPUP Provider of the Year Award! Dr. Sobanko was recognized for going above and beyond to provide the best experience for his patients.

Pictured: Dr. Sobanko (middle) receiving his award from CPUP leadership.

Manager of the Year

Congratulations to Caroline Pratt, MBA, Dermatopathology Practice Administrator, who received the CPUP Manager of the Year Award. Caroline was recognized for her outstanding leadership that has greatly contributed to patient satisfaction in CPUP.

Pictured: Caroline Pratt (second from right) receiving her award from CPUP leadership.

Press Ganey: Likelihood to Recommend

Medical Dermatology
Cherry Hill
Surgical Dermatology
Perelman Center
Surgical Dermatology
Bucks County

Press Ganey: Moving Through Your Visit

Surgical Dermatology
Bucks County
Medical Dermatology
Bucks County
Medical Dermatology
Cherry Hill
Medical Dermatology
Woodbury Heights

FACULTY RETIREMENTS

Dr. Marie Uberti-Benz
After nearly 40 years of dedicated service to her patients here at Penn Medicine, Dr. Marie Uberti-Benz retired this past January. Dr. Uberti-Benz received her M.D. degree from Jefferson Medical College in 1978 and joined the Penn Dermatology family as a resident in 1979. After completing her residency, she joined our clinical faculty and was appointed Chief of Dermatology at Presbyterian Medical Center, a position she held until her retirement in January. Dr. Uberti-Benz’s dedication and continuous efforts to improve the health of those in our community have been truly appreciated by all who have had the privilege to work with her. She will not only be missed by the faculty and staff, but most importantly by her wonderful patients.
FACULTY AWARDS & HONORS

Our talented faculty members receive numerous awards and recognition for their outstanding contributions and achievements.

Dr. Faizan Alawi
Received the 2018 Lindback Award, the University’s highest teaching honor

Dr. Joel Gelfand
Received an $8.6 million award from the Patient-Centered Outcomes Research Institute to study the effectiveness of home-based phototherapy psoriasis treatments

Dr. Elizabeth Grice
Received the 2017 Penn One Health Award

Dr. Joseph Kist
Received the first annual Patient Champion Award at Penn Medicine Cherry Hill

Dr. Thomas Leung
Received an Early Career Physician Scholarship from the Pennsylvania Medical Society

Dr. Faizan Alawi
Received the 2018 Lindback Award, the University’s highest teaching honor

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Received the 2017 Penn One Health Award

Dr. Joseph Kist
Received the first annual Patient Champion Award at Penn Medicine Cherry Hill

Dr. Thomas Leung
Received an Early Career Physician Scholarship from the Pennsylvania Medical Society

Dr. Bruce Brod
Appointed as the representative to the American Medical Association for the American Contact Dermatitis Society on the Specialty and Service section of the AMA
Elected Chair of the Pennsylvania State Board of Medicine

Dr. Aimee Payne
Appointed to the NIH/NIAMS Board of Scientific Counselors
Received the 2017 Penn Medicine Award of Excellence—Lady Barbara Colyton Prize for Autoimmune Research

Dr. Todd Ridky
Received the Established Investigator Award from the Melanoma Research Foundation

Dr. Adam Rubin
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Dr. Jules Lipoff
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Dr. Joseph Sobanko
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Dr. John Stanley
Received the Dermatology Foundation Discovery Award at the 2018 AAD Meeting

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ANNIVERSARIES

5 YEARS: Carmen Campanelli, MD Camille Introcaso, MD
10 YEARS: Ari Gutman, MD Stephen Hess, MD, PhD Barbara Mathes, MD Monteche Tarlo, MD James Treat, MD
15 YEARS: Cheine O’Hare, MD
20 YEARS: Eric Bernstein, MD, MSE John Laskas, MD
25 YEARS: Christine Egan, MD Michael Saruk, MD Jonathan Wolfe, MD
35 YEARS: William Horn, MD
45 YEARS: Alexander Ehrlich, MD
# DUHRING GRAND ROUNDS SCHEDULE

**MAY - AUGUST 2018**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Lecture Details</th>
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<tbody>
<tr>
<td>MAY 31, 2018</td>
<td>9:00 AM - 10:00 AM</td>
<td>Patient Viewing, PCAM, Suite 1-330S</td>
<td>Patient Discussion, SCTR Auditorium</td>
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<td>10:00 AM - 11:00 AM</td>
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<td>JUNE 7, 2018</td>
<td>9:00 AM - 10:00 AM</td>
<td>Patient Viewing, PCAM, Suite 1-330S</td>
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<td>JUNE 14, 2018</td>
<td>No Grand Rounds</td>
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<td>JUNE 21, 2018</td>
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<td>Patient Viewing, PCAM, Suite 1-330S</td>
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<td>JUNE 28, 2018</td>
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<td>JULY 5, 2018</td>
<td>No Grand Rounds: Happy 4th of July!</td>
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<td>JULY 12, 2018</td>
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<td>JULY 19, 2018</td>
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<td>JULY 26, 2018</td>
<td>9:00 AM - 10:00 AM</td>
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<td>Patient Discussion, SCTR Auditorium</td>
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<td>AUGUST 2, 2018</td>
<td>9:00 AM - 10:00 AM</td>
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<td>AUGUST 9, 2018</td>
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<td>AUGUST 16, 2018</td>
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<td>AUGUST 23, 2018</td>
<td>9:00 AM - 10:00 AM</td>
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<tr>
<td>AUGUST 30, 2018</td>
<td>9:00 AM - 10:00 AM</td>
<td>Patient Viewing, PCAM, Suite 1-330S</td>
<td>Patient Discussion, SCTR Auditorium</td>
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# UPCOMING IMPORTANT EVENTS

## 8TH ANNUAL ALBERT M. KLIGMAN LECTURESHIP
**THURSDAY, SEPTEMBER 6TH 2017 AT 11:00 AM**

Lecturer: Andrzej A. Dlugosz, MD  
Poth Professor of Cutaneous Oncology  
Professor, Department of Dermatology  
Department of Cell and Developmental Biology  
University of Michigan Medical School  
Title: *TBD*

Location: Smilow Center for Translational Research  
1st Floor Auditorium  
3400 Civic Center Blvd, Philadelphia, PA 19104

## PENN SKIN BIOLOGY & DISEASES RESOURCE-BASED CENTER ANNUAL SYMPOSIUM
**THURSDAY, SEPTEMBER 6TH 2017 FROM 8:00 AM - 2:00 PM**

Location: Smilow Center for Translational Research  
1st Floor Auditorium  
3400 Civic Center Blvd, Philadelphia, PA 19104

## 43RD ANNUAL MORRIS H. SAMITZ LECTURESHIP
**THURSDAY, NOVEMBER 15TH 2017 AT 10:00 AM**

Lecturer: *TBD*

Location: Smilow Center for Translational Research  
1st Floor Auditorium  
3400 Civic Center Blvd, Philadelphia, PA 19104

# ALUMNI RELATIONS

WE WOULD LOVE TO HEAR FROM YOU!

We are committed to staying connected with our talented alumni. Please share with us updates of your recent activities and accomplishments or simply send us your most current contact information so that we can stay connected. Whether it has been 50 or 5 years since your time with us, we look forward to hearing about all the exciting things you have been up to at the following email address:

PennDermAlumni@uphs.upenn.edu