

## Winter Skin Seminar 2018

### 1/26/2018

This activity was created to address the professional practice gaps listed below:

- Recognizing the medical comorbidities, and the substance abuse, depression, and self-injury patterns among patients with hidradenitis suppurativa (HS).
- Identifying newly described auto-antibodies in dermatomyositis.
- Identifying treatment options for cutaneous complications of oncology treatment.
- Distinguishing clinical features of psoriatic arthritis from other types of arthritis commonly afflicting psoriasis patients.
- Identifying the many drugs that can cause pruritus.

#### 1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Strongly Disagree		Strongly Agree	
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [69-3.70]	(1) 1.45%	(3) 4.35%	(12) 17.39%	(53) 76.81%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [68-3.63]	(1) 1.47%	(2) 2.94%	(18) 26.47%	(47) 69.12%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [69-3.64]	(1) 1.45%	(4) 5.80%	(14) 20.29%	(50) 72.46%

#### 2. Please elaborate on your previous answers. (27)

Lots of new good clinical data to work with.

I recognize many comorbidities exist in HS, similar to psoriasis.

Learned new therapeutic options for warts and rashes to be watchful of

I now feel more competent in assessing arthritis in my patients.

NA

Treatment options for many conditions ( ex atopic dermatitis)

more integrated into various topics

I have better treatment options for pruritus and have a better understanding of assessing arthritis in my dermatology patients.

Great tips for my private practice

I learned about how to diagnose and treat some derm problems better.

I always learn several new & useful information at the Winter Skin Seminar

I have a better understanding of the comorbidities associated with HS that I was not previously aware of. I will be able to better assess my psoriasis patients for potential PsA involvement and differentiate between PsA and other types of arthritic changes.

Information was very clinically relevant

many novel treat ideas

A Dermatology Veterinarian shared some interesting animal and skin conditions.

Since I do mainly Mohs, unaware of advances

increased knowledge about recent publications in dermatology; tips for pediatric dermatology; increased knowledge about scleroderma and drug eruptions; CTCL updates; melanoma update

The topics were well presented and brought new knowledge as well as reinforced past.

Clear presentation

The presented topics were clinically relevant and the presenters were competent and, because of the question and answer time, they were able to give tailored responses. This is very helpful for me.

I learned about some dermatologic entities I did not know about before, and some surgical tips I have already put to use.

Have a few nice pearls for treating warts in the practice using intralesional candida or heat alone and using candida for molluscum. Got a good refresher in use of SADBE. Tips for using wireless communication badges in our busy office. Will try the combo diclox with rifampin for my suppurative alopecias.

I think as medicine evolves and newer treatments emerge, it is important to have lectures on these practice gaps to make us better rounded practitioners. It only serves to improve patient outcomes and push medicine forward.

New meds to consider in future in treating patients.

Better understanding of hidradenitis and tx

Better recognize entities. Incorporate new literature findings into practice. Utilize new melanoma staging.

helpful

**3. Please evaluate the effectiveness of the following speakers in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)**

	Poor	Fair	Good	Excellent
Richard Antaya, MD [68-3.71]	(0)	(0)	(20) 29.41%	(48) 70.59%
Soon Bahrami, MD [68-3.71]	(0)	(3) 4.41%	(14) 20.59%	(51) 75.00%
Glen Bowen, MD [66-3.76]	(0)	(1) 1.52%	(14) 21.21%	(51) 77.27%
Jeffrey P. Callen, MD [68-3.82]	(0)	(2) 2.94%	(8) 11.76%	(58) 85.29%
Keith Duffy, MD [62-3.66]	(0)	(2) 3.23%	(17) 27.42%	(43) 69.35%
Dirk Elston, MD [69-3.86]	(0)	(0)	(10) 14.49%	(59) 85.51%

Nicole Fett, MD [67-3.73]	(0)	(1) 1.49%	(16) 23.88%	(50) 74.63%
Amit Garg, MD [67-3.46]	(0)	(7) 10.45%	(22) 32.84%	(38) 56.72%
Jae Jung, MD, PhD [65-3.55]	(0)	(5) 7.69%	(19) 29.23%	(41) 63.08%
Amy Litchfield, MD [66-3.67]	(0)	(2) 3.03%	(18) 27.27%	(46) 69.70%
Catherine Milley, DVM, ACVD [67-3.73]	(0)	(0)	(18) 26.87%	(49) 73.13%
Courtney Schadt, MD [66-3.65]	(0)	(3) 4.55%	(17) 25.76%	(46) 69.70%
Jonathon Silverberg, MD [65-3.78]	(0)	(0)	(14) 21.54%	(51) 78.46%
David Wada, MD [67-3.36]	(1) 1.49%	(8) 11.94%	(24) 35.82%	(34) 50.75%

#### 4. Please elaborate on your previous answers. (39)

Dr.walda did a good job but would like to hear more on therapy for MF

NA

Great cases, data, videos

Dr. Elston, although a good speaker said somethings that were opinionated without adequate documentation from the medical literature. Dr. Bahrami and Dr. Duffy had too many interjections of what they think was "cute" e.g. cats and ski photos respectively. They need to eliminate those from their talks. Dr. Jung repeated items in her two talks.

Jeff Callen has created a superb staff and presenters

Elston is a wonderful speaker because he gives helpful specifics from the real world, ie dosing of medications.

Dr Duffy's talk was on Dr Bowen's LM data which he himslef presented the day before Wada, Garg, Silverberg too much epidemiology, not enough treatment discussed Schadt seemed down on biosimilars at a meeting supported by biologics-seemed COI

Wada: not very dynamic speaker; lots of info but not memorable; Silverberg and Garg: too much data without distillation; focus your message, and hone down to the most important info Drs. Fett/Schadt has the right idea with audience interaction. Dr. Elston does what he does well: take lots of info and make it relatable.

garg SHOULD HAVE SPENT MORE TIME ON TREATMENT. WADA too much info

Great faculty

I was disappointed this year in this meeting. The literature updates spent too much time on the evaluation specifics of articles rather than just key points. I took away very little practical information. It was a big change from previous years.

Dr. Wada had too many slides. His lecture attempted to cover too much information in the time allotted for it. (recommend the "55" slide rule be followed)

I was impressed with every speaker who was chosen to speak for this conference. I learned new info from each lecture that I had not previously heard at other conferences.

Dr Antaya and Bowen excellent as always

Very interesting to hear from a DVM

see above

All were good. Dr. Wada's was greatly appreciated, though slides were busy

Over all excellent lecture series

excellent talks

lectures were good

Most lectures had too many slides and tried to cover too much information.

Dr. Silverberg and Dr. Fett were exceptional

Found the talk on regulatory T cells to be far too research oriented to be of any value to the typical clinician. Also used so many acronyms as to make it impossible to follow unless you're working in the field.

A great mix of dermatology topics, both clinical and basic science. Keeps me up to date on new and established practices. Dr. Milley's veterinary dermatology talk was fascinating, even though not directly applicable to our practice - well done! Cinema and Derm also great fun, worth the time. Getting back to basics talk helpful to remind us to take the time --

Dr. Bahrami is so comfortable in front of the lectern. She really loves what she does as was evident in her dermatopathology lecture. Dr. Callen is always so great and passionate. Dr. Silverberg was really well versed on Atopic Dermatitis. Dr. Bowen had some really interesting surgical pearls, and Dr. Antaya's lecture on pediatric dermatology was very useful since we see a high load of pediatric patients. Dr. Reese had a pretty neat lecture on dermatology in cinema.

none

Nice talks by all of the speakers. I was very impressed with results shown by Dr. Jung.

Elston and Silverberg are excellent

The faculty are in general terrific.

elston and called were great

**5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (54)**

Dr Kovarik was Excellent

CTCL would have been better if it addressed what to do with a new patch stage dx--labs, monitoring, etc. Rather than advanced stages usually treated by onc.

Excellent speakers

great speakers

Drs. Halperin and Owen did not present at this meeting.

Rating patients's Itching

Different medications

Less bleach baths

being more consistent with in depth questioning and taking more time with my patients.

consider aprepilant for pruritus

Check Point inhibitors

will implement hyperthermic water bath for warts

squaric acid for warts

HCO for gen GA; might sign up to Rx thalidomide; counseling for AGEP; identifying drug-assoc ANCA vasculitides; testing for DMM; questionnaires for PSA screening; screening for non-uremic calciphylaxis

Will improve the management of my patients.

I will not longer recommend bleach baths to eczema patients. I will decrease use of antihistamines for itch.

pretreatment of melanoma in situ with imiquimod

Warm water for warts

I'm going to try adding heat for my stubborn wart patients.

improved patient care

more comfort w cellcept Tx more comfort w cidofovir injection for warts

I am now aware of the current protocols for melanoma staging and when is appropriate to recommend a SLNB. I have a better understanding of the potential causes of FFA and will likely advise my patients to avoid physical blockers. I want to research the use of Pioglitazone in LPP & FFA and potentially try it as a remittive therapy for my these patients. I would also like to learn more about Cidofovir as a treatment for refractory verruca and how to get this med covered for patients.

Look for syphilis more often, use 40mg/ml into dissecting cellulitis, take biopsy in longer standing lesion of scarring alopecia

Start using Candida antigen injections to treat warts

test for syphilis!

Very helpful with management/treatment of disorders that these experts see much more frequently than I do.

Keep "Syphilis" as a differential dx now!

new treatment for warts and pemphigus vulgaris

New treatments for warts, alopecia. Different recommendations for eczema/pruritus patients.

Consider new way of treating LM

better understanding of biosimilars better understanding of strategies for treating pruritus

better knowledge of melanoma staging; recognize pediatric melanoma; tips from treatments of warts

i will discuss the likely testing a rheumatologist may do with newly diagnosed dermatomyositis. I will consider establishing the diagnosis of psoriatic arthritis if a rheumatology consult is to be delayed.

Different medications (newer)

immunotherapy for warts

learned a few new things that I can add to my practice

timolol maleate 0.5% gel for superficial hemangiomas. I will practice more caution with Zinc sulfate supplementation due to copper absorption issues. I am researching more information on the use of Zinc in sunscreens.

I started to use Gelfoam with my scalp biopsies - great tip!

See above

better ability to identify severe drug reactions in the hospital setting.

Using the Excision with margins and Imiquimod with LMM

I will definitely keep a better watch for syphilis in unusual rashes. I've had 2 unusual CTCL patients recently, update on this was helpful, especially there role of total skin electron beam use (new low dose approach). New melanoma staging very helpful. Great reminder for Pemphigus of the need to get the Antibodies down to clear it and not to put off this decision. I have always felt that adult onset Atopic Dermatitis was real, nice to see that this is fairly common.

I definitely will have a new protocol for evaluating patients with psoriatic arthritis, HS and dermatomyositis. I've already benefitted from the lecture on morphea and systemic sclerosis. I also found some of the cosmetic dermatology ideas fascinating. I may try to laser some BCCs on older patients with inoperable tumors.

apply some treatments

New protocols

Plan on reaching out to Dr. Jung in future to discuss difficult cases.

more proactive approach to hidradenitis

Utilize new melanoma staging.

Better approach to cutaneous drug eruptions

Good pearls from Dr. Bowen

I will look into some different options for treatment of some of my patients

watch zinc products in patients with FFA

heat for warts

## 6. How certain are you that you will implement this change?

(52)

Very Certain <sup>(31-</sup>  
59.62%)

Certain <sup>(14-</sup>  
26.92%)

Maybe <sup>(4-</sup>  
7.69%)

N/A <sup>(2-</sup>  
3.85%)

Not Certain <sup>(1-</sup>  
1.92%)

## 7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (48)

Very Certain

Certain

Always appreciate more of Dr . Callen's Reviews

NA

Continued updates on biologics

MACRA/MIPS implementation, dealing with prior auths/admin of practice management

hives, acne, psoriasis, complex medical dermatology

current state of the art treatments

lab testing protocols and whether or not we are ordering too many labs for medications (isotret, spirono, mtx, etc)

medical therapies for recalcitrant but common diseases

population-based medicine: how to make guidelines for large organizations managing healthcare (e.g., skin screening guidelines: what's the evidence?); EBM approach to PG; innovative ways to cut costs to patients for medications (need to ask private practice docs--not academics)

I think there was a good mix.

Atypical nevi management

more details on the cosmetic lecture. the lecture given was just an overview and not helpful to incorporate anything in my practice.

What is new. More on what can trick you in diagnosis. The syphilis talk was great. Reminders of what we can miss.

cost effective pharmaceutical therapies; acne; rosacea

Pigmentary disorders such as vitiligo, additional lectures on scarring alopecias, delusional parasitosis treatment pearls

What to do with loss of modifier 25, always like update on allergens, rheumatology and allergy topics

Treatment pearls in general, for common conditions that might be more difficult/challenging cases

coding

Continued emphasis on medical/clinical dermatology

Psoriasis

New Laser treatments, acne,

more information on treatment for hidradenitis suppurativa would have been helpful

I thought the lectures covered a wide range of topics.

more peds derm

the directors of the seminar do great and don't need my advice

How to convince insurance companies to allow expensive medications to be used.

more about cosmetics

Surgical Dermatology and Drug eruption strategies. One can always improve on surgical skills and I am finding that drug eruptions can be difficult to manage in a timely and effective manner.

alopecia (more on scarring hair loss, such as CCCA), new psoriasis therapies, hidradenitis therapies, bullous disease

I love practical pearls that can be used the week I return. I can always count on this conference to provide those. Thanks!

It may be helpful to review vascular occlusion syndromes again, something that we should be up on in case we see it

Brands vs generics, comparing efficacy, cost, and how to best obtain them from pharmacies. Definitely will lead to more cost effective treatment plans.

updates on recent medications, conditions, common in common practices  
Medical and surgical dermatology cases.  
Emerging therapies and new uses of older medications  
Cutaneous oncology. Medical advocacy.  
Pruritus  
Practice Management  
Dermatologist

**8. Were the patient recommendations based on acceptable practices in medicine?**

**(56)**

Yes <sup>(56-</sup>  
100.00%)

**9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (11)**

Yes

NA

n/a

**10. Do you think the presentation was without commercial bias?**

**(57)**

Yes <sup>(54-</sup>  
94.74%)

No <sup>(3-</sup>  
5.26%)

**11. If you answered No on the above question, please list the topics that were biased? (12)**

Yes

NA

Loved the lack of commercial bias / influence at this meeting!

n/a

**12. Please provide any additional comments you may have about this educational activity. (25)**

Best meeting I attend. Very focused.

NA

always a great meeting because of the dedication of the UK Staff

great meeting overall. Didn't really think the dermatology in cinema or vet talk was necessary.

Great location and set-up. well-run. very good speakers (a few were not as, um enthusiastic or engaging, though) Focus on audience involvement. Consider Poll Everywhere or similar apps for audience interaction and integrate it into lectures.

excellent program. great meeting.

This seminar is an enjoyable compendium of a wide range of dermatological topics. I thought the variety was excellent this year. As mentioned above, I think that some of the



lecturers presented too many slides. The number of slides presented exceeded the attention span of many of the audience. It would be fine to have the additional slides in the deck, but to limit the number that were presented.

I thoroughly enjoyed this conference and hope to attend next year!

It is very well run and good array of topics

Overall, very helpful. Speakers experience with the presentation and management of disorders within their areas of expertise is invaluable to those of us who don't see these disorders that often!!!

Awesome learning environment and lectures, thank you.

Great meeting! thought a variety of topics were covered.

thank you again

I think it was very well coordinated

I thought the lectures were good.

The venue was wonderful and the staff and lectures were helpful.

This is my favorite conference of the year. It is a combination of high quality talk and great fun!

Can't wait until next year! Thank you Jeff and staff.

Another excellent meeting!

I just really enjoyed my time at the conference. Tons of new clinical information to take back to the office with me, and also some really fun lectures sprinkled in with the animal dermatology, online profile and cinema lectures. Can't wait to come back next year!

none

Interesting topics covered.

Great program- well balanced with engaging faculty

Favorite conference of the year!

Fantastic conference!

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.

---