

Santa Barbara Dermatology Meeting 2022

December 8-11, 2022

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

- Utilizing the new treatments and approaches to common dermatologic diseases.
- Applying new evidence for emerging theories on the pathophysiology of various types of psoriasis.
- Identifying and prescribing newer biologics for complex dermatologic disorders.
- Recognizing the benefits of emerging treatments such as retinoids, antibiotic/immunomodulatory agents, combination agents, and laser/light techniques for acne and rosacea.
- Recognizing and treating melanoma and other skin cancers early enough.
- Identifying the benefits and limitations of surgical and nonsurgical techniques as well as topical treatment options for aesthetic dermatology.

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

	Disagree		Agree	
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [53-3.77]	(0)	(1) 1.89%	(10) 18.87%	(42) 79.25%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [53-3.68]	(1) 1.89%	(1) 1.89%	(12) 22.64%	(39) 73.58%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [53-3.77]	(0)	(2) 3.77%	(8) 15.09%	(43) 81.13%

2. Please elaborate on your previous answers. (21)

Fantastic conference with relevant, new information based on science

Great conference

incorporate new topicals and systemics in treating psoriasis

Many tips and updates I will be implementing into my practice.

Expanded the treatment options available for psoriasis, atopic dermatitis, prurigo nodularis, urticaria, Sweet's disease, Pyoderma Gangrenosum, morphea, Cutaneous vasculitis, lichen planus, giant congenital melanocytic nevi and field cancerization.

Furthering my understanding of JAK and TYK2 inhibitors was one of my purposes for taking the course.

Yes, practical tips can be applied in office; especially regarding pre-cancer and skin cancer management

new information on oral JAK inhibitors, guidelines for beta blocker dosing in infants with hemangiomas

new information on and use of biologics

Much more comfortable with biologics for psoriasis and atopic dermatitis

The information supported the way I already practice.

Participating changes competence

many new treatment options were discussed.

learned details of patients to target for therapy with biologics

n/a

feel more up to date

Excellent presentations

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
Michael Heffernan, MD [52-3.83]	(0)	(0)	(9) 17.31%	(43) 82.69%
Roberta Sengemann, MD [52-3.79]	(0)	(0)	(11) 21.15%	(41) 78.85%
J Mark Jackson, MD [51-3.80]	(0)	(0)	(10) 19.61%	(41) 80.39%
Chrys Schmults, MD [53-3.87]	(0)	(1) 1.89%	(5) 9.43%	(47) 88.68%
Bruce Ragsdale, MD [46-3.72]	(0)	(1) 2.17%	(11) 23.91%	(34) 73.91%
Milan Anadkat, MD [52-3.87]	(0)	(0)	(7) 13.46%	(45) 86.54%
Mark Lebwohl, MD [51-3.76]	(0)	(0)	(12) 23.53%	(39) 76.47%
Andrew Kaufmann, MD [44-3.75]	(0)	(0)	(11) 25.00%	(33) 75.00%
Gary Novatt, MD [42-3.64]	(0)	(0)	(15) 35.71%	(27) 64.29%
Moise Levy, MD [51-3.67]	(0)	(0)	(17) 33.33%	(34) 66.67%
Shawn Allen, MD [48-3.69]	(0)	(0)	(15) 31.25%	(33) 68.75%
Stacy Tull, MD [50-3.78]	(0)	(0)	(11) 22.00%	(39) 78.00%
Ryanne Brown, MD [48-3.71]	(0)	(0)	(14) 29.17%	(34) 70.83%
Ryan Dutch Berry, MD [46-3.67]	(0)	(1) 2.17%	(13) 28.26%	(32) 69.57%

4. Please elaborate on your previous answers. (21)

Engaging and skilled speakers

I attended the conference because I saw Dr Schmults & Dr Anadkat were speakers.
Thank you for bringing such a strong group of lecturers & thought leaders!

Very good, high quality speakers

Overall excellent assembly if speakers!

Sunday case reports by Dr Anadkat very good

Excellent speakers had clear, concise talks with practice-changing pearls relevant to my practice

Heffernan excellent treatment approach for atopic dermatitis, Levy and Lebowohl expanded knowledge of new pediatric disorders and treatment, Ragsdale gives awareness of collision tumors verses reactive tissue proliferation in setting of malignant tumor, Schmults gave excellent outline of field cancerization treatment options, Jackson reviewed JAK inhibitor success at treating a variety of dermatologic disorders, Berry introduced rare tumor of soft parts with only SOX-10 immunolabeling, and Brown outlined CD123, CD4, CD56(NK), markers for the highly aggressive Blastic plasmacytoid dendritic cell neoplasm (BPDCN).

Great speakers

All great speakers!

Dr Lebowohl's presentations were unique and useful

Roberta S did an amazing job putting the whole thing together.

all were excellent speakers

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Xx

very good expert speakers

Dr. Anadkat clarified various rashes seen in complex inpatients and an approach to HS,
Dr. Levy genetic approach to birthmarks

n/a

Outstanding group of presenters

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (45)

Start prescribing tapinarof more often, ordering more CTs / more surveillance for high risk skin cancers

Will diversify my biologic uses

Identifying HS

More comfortable with the new JAK inhibitors

New medications and treatment regimens

IL-36 inhibitor for pyoderma gangrenosum.

use of new JAK inhibitors and new Atopic dermatitis meds

different medications

jak inhibitors

More likely to prescribe non-steroidal

use dapsone in refractory itchy bump disease, incorporate Vtama in my practice

Mostly when to refer for latest biologic treatments and side effects
Will be utilizing the new topicals discussed as well as trying JAK-inhibitors for refractory disease
5FU + calcipotriene more routinely.
New uses for JAK inhibitors
Biopsy more, collaborate with mohs surgeon
Consider using/expanding immunomarkers for BPDCN and tumor of soft parts.
Refer for rx of vitiligo and alopecia
using 5FU /Calcipotriene compounded for AK treatment more frequently and proceed with JAK medication use when appropriate
More practical real life tips are great!
I will use low dose isotretinoin for Skin adverse reactions to EGFR inhibitors
as noted above
New protocols. Awareness of new medications and treatment options. New diagnostic entities.
Better use of chemotherapies for severe cutaneous malignancies
Jak inhibitors for AA
Identifying hi risk skin cancers
Use JAK inhibitors more confidently.
I will utilize fluorouracil/calcipotriene more for the treatment of AKs/SCCIS
more comfortable with differentiating various biologics and applying them to varying circumstances
will discuss jak inhibitors
Surgical closures
Decision tree for lymphoma
Xx
use of new biologics for psoriasis
Fear less the JAK inhibitors
try new meds
Genetic testing for birthmarks, change ddx for chemotherapy rashes.
New meds
n/a
Improved therapeutic decision making
Monitor labs more frequently in patients on dapsone. Use Efudex dovonex combo cream longer and have patients buy it from skin medicinals
using more new meds
Avoiding vycross technology
V-Y advancements

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

(50)

Very Certain (28-
56.00%)

Maybe (4-
8.00%)

Certain (16-
32.00%)

Not Certain (1-
2.00%)

N/A (1-
2.00%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (37)

Management of high risk skin cancers

HS

Treatment and work up of dermal hypersensitivity reactions.

use of existing easy to access medications for new conditions or in new ways

none

new biologic therapies

pediatric dermatology

how to incorporate the new Jak inhibitors

skin cancer

new treatments for dermatologic diseases

Alopecia, nail disorders, dermoscopy, mucus membrane disease

I appreciate the mix of topics presented.

Insurance /Medicare coding updates when applicable

Latest ReCS on skin CA excision and management

Unusual tumors and their identification using immunostaining.

New melanoma treatments

Ongoing new medication updates

Always like hearing about the up and coming drugs. Also clinical pearls are always appreciated or practical tips for everyday in the office.

More: thread lift demonstrations, treatment of pruritis, Melanoma therapy updates

More dermatopathology

PG, Vasculitis, MM

practical day to day issues, less overly specialized

More article/research updates (eg year in review).

More on practice pearls and culture

More cosmetic presentations especially regarding lasers and devices

cosmetic pearls

Cosmetics

pathology, dermpath, physician burnout and wellness
Cosmetic fillers
as much medical derm as possible
useful surgical closures
n/a
Complex med derm cases
Difficult contact dermatitis cases
new medications; new protocols for NMSC
scar revision

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

(49)

Yes (49-
100.00%)

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

(49)

Yes (49-
100.00%)

11. If you answered No on the above question, please list the topics that were biased? (1)

Why was there not a talk on anti-IL 17s

12. Please provide any additional comments you may have about this educational activity. (15)

Wonderful conference

Great! Keep it clinically relevant.

audio-visual support needs upgrade

Excellent conference - will be very helpful for my patient care

Great conference!

Very educational meeting

This was a great meeting with excellent content and fantastic speakers

Awesome. Best year ever!!!

excellent mix of topics and speakers

Let's dispense with the generic names for branded products and use the names we all know.

Great meeting--thanks!

n/a

excellent conference

Great meeting in a great location

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.

Names or contact information of learners will not be shared with any ineligible company or its agents without the explicit consent of the individual learner.

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