UNIVERSITY OF LOUISVILLE
CONTINUING MEDICAL EDUCATION & PROFESSIONAL DEVELOPMENT

Winter Skin Seminar 2017

1/27-29/2017

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

• Applying an evidence-based approach to management of dysplastic nevi.

• Identifying the long-term risks in patients with Henoch-Schonlein purpura, including the risk of kidney disease.

• Recognizing the role of mosaicism in localized skin disorders and the potential for pathogenesis-based therapies.

• Recognizing the complexities involved in measuring “quality” in health care.

• Identifying guidelines regarding the continuation or discontinuation of biologic therapies in patients undergoing surgical procedures.

• Appraising of the risks and benefits of IL-17 inhibitors.

• Utilizing the many drugs that can cause pruritus in the elderly.

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. [81-3.80]	(0)	(0)	(16) 19.75%	(65) 80.25%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [80-3.76]	(0)	(1) 1.25%	(17) 21.25%	(62) 77.50%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [80-3.78]	(0)	(2) 2.50%	(14) 17.50%	(64) 80.00%

2. Please elaborate on your previous answers. (34)

Appropriate work-up and diagnosis of PG, expansion of knowledge in identifying potential drug interactions, use of Nicotinamide in high risk skin CA patients

great conference, very informative

I took away several pearls from these lectures.

I will have greater comfort in the use of biologics for all my pts. on these and will be more directed in my ROS for elderly pts. with pruritus.

I have been following many of the above recommended practices gaps

Better care for unusual tumors and vasculitis(Thank you Dr. Callen)

I received several good treatment ideas for some tough CIU patients I have in my

practice

Great information on many topics from many highly respected and experienced presenters in an authentic manner. Great pictures and case reports with practical application.

Excellent conference addressing practical topics in dermatology.

Definitely picked up some pearls that will help my patients.

great presentation

Received new information about biologics and contact dermatatis that can be used clinically

Great psoriasis and urticaria undates on treatment, appropriate lab testing, appropriate patient settings.

1. Dysplastic nevi. This talk only supported what I am already doing. 2. I found some info in Dr. Callen's talk to be interesting and new to me. The h/o online should be useful. At this point, several days after the conference, I do not particularly remember long-term risks in HSP as a major point. 3.The talks about mosaicism and genodermatoses were interesting, but mostly irrelevant, to my clinic. 4. Measuring quality in health care. Yes, every talk helps me revisit the discomfort this topic causes and the challenges ahead. 5 and 6--The talks about biologics were helpful, though I hoped there would be a more concise presentation of how to choose one agent over another (Dr. Saag). Also, almost all of his data was about the use of these meds in RA, which, as he pointed out at the beginning of his talk, may not apply to patients with psoriasis. 7. Drugs that cause itching in the elderly--interesting and I will refer to these notes in my practice.

I found the statement that dysplastic nevi may pose only the same risk as regular nevi for malignant transformation very interesting. This may lower my stance on always excising these dysplastic lesions with positive margins. Also, I think my confidence level in prescribing and overseeing pts on biologic therapy is much higher having attended this conference. I also think that I will constantly be reminding myself of quality measures that will affect me and my practice going forward, as I'm seeing patients.

Good overview of topics with some new information that can be added to my practice.

Excellent conference

Great course

excellent data and expert presenters

probably need to take pictures more often in patients with multiple nevi.assure patients with rare genodermatosis that new treatments are coming.glad that i will be retiring in 2019 after dr.van beek s talk

Learned the high risk if itching in elderly on ACE inhibitors and who switching to ARBs will help significantly. Dysplastic nevi - age 50 a major milestone beyond which new nevi area very rare and any changing nevus should be removed since change in nevi so rare after age 50. OK to observe mild and moderate dyspeptic nevi that go beyond removal margin. HSP has higher risk of renal disease than other small vessel vasculitides. TNFa inhibitors have some increase risk if surgical site infections, similar to DMARDs. These and others were addressed at this meeting.

Many talks stimulated thought which indicates a good and varied subject matter.

I learned many new facts to incorporate into my practice

I am a PA who has been in derm less than a year, so all of the info presented was very good.

Clinically relevant lectures

excellent reviews. mostly reinforced practice

The practical information on biologic therapies and overview of the risks and benefits of their use was very useful

i learned new and up to date info that will change the way i treat patients

na

excellent range of topics and treatments.

Great conference with practical content.

improved approach to pruritus

I have a large elderly population and pruritus is a common complaint and a management problem, so this will be helpful in modifying my management and treatment.

I have a large geriatric population with common complaint of pruritus, so this will help with management and treatment.

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
Soon Bahrami, MD [81-3.73]	(0)	(0)	(22) 27.16%	(59) 72.84%
Marc D. Brown, MD [81-3.67]	(0)	(0)	(27) 33.33%	(54) 66.67%
Jeffrey P. Callen, MD [80-3.81]	(0)	(0)	(15) 18.75%	(65) 81.25%
James Q. Del Rosso, MD [81-3.64]	(0)	(4) 4.94%	(21) 25.93%	(56) 69.14%
Douglas Grossman, MD, PhD [79-3.70]	(0)	(1) 1.27%	(22) 27.85%	(56) 70.89%
Robert Kirsner, MD, PhD [80-3.74]	(0)	(0)	(21) 26.25%	(59) 73.75%
Mark G. Lebwohl, MD [81-3.81]	(0)	(0)	(15) 18.52%	(66) 81.48%
Manisha J. Loss, MD [79-3.72]	(0)	(0)	(22) 27.85%	(57) 72.15%
Cindy E. Owen, MD [79-3.71]	(0)	(0)	(23) 29.11%	(56) 70.89%
Amy S. Paller, MD [81-3.59]	(0)	(4) 4.94%	(25) 30.86%	(52) 64.20%
Douglas L. Powell, MD [76-3.86]	(0)	(0)	(11) 14.47%	(65) 85.53%
Kenneth S. Saag, MD, Msc [77-3.70]	(0)	(1) 1.30%	(21) 27.27%	(55) 71.43%
Erika Summers, MD [75-3.55]	(1) 1.33%	(3) 4.00%	(25) 33.33%	(46) 61.33%
Marta J. Van Beek, MD [77-3.81]	(0)	(0)	(15) 19.48%	(62) 80.52%
John J. Zone, MD [68-3.75]	(0)	(2) 2.94%	(13) 19.12%	(53) 77.94%

4. Please elaborate on your previous answers. (32)

The people I rated 4 had info that is clinically relevant to my practice. I don't do lasers or

acne scar Tx and I pay managers to deal with health care reform issues.

Great meeting great speakers

All the speakers were very good.

Dr. Summers was poorly prepared for her talk. Dr. Del Rosso's talk on drug interactions was dated and stale. His talk on acne was better, but not stellar

I have been consistently impressed with the quality of the speakers and of the material presented at this meeting. Have not sat through a disappointing talk yet in the several years that I have been coming.

Absolutely LOVED Dr. Van Beek.

The lessons from Genoderms was too research based. It would be more helpful to have more info about what we may encounter. Some of the info in the transplant patients was interesting and applicable but not sure we needed two lectures on transplant patients. Would like to hear more main stream articles on what is new in the literature

Dr. Callen put together one awesome program.

Excellent group of speakers at this meeting

same as above

Marta was incredible!!

I gave 4 for those who were the most dynamic, exciting, and informative speakers.

Ms. Summers was not well-prepared.

Lebwohl and Del Rosso were fantastic

The speakers with a rating of "4" were dynamic, clear, and organized in their presentations. I enjoyed their talks, and was motivated to learn both practical and academic topics they presented. Del Rosso is so conflicted, it's hard to take him seriously. Grossman, though a good speaker, said nothing new. I've really enjoyed Amy Paller in the past. I appreciate all she's done for dermatology. These talks were neither relevant nor particularly well-presented. The "of course you know..." lines about research tidbits that relate to rare diseases, was a shortcut that made her presentation less understandable and also condescending.

I really feel that this year's presenters were all very well informed, and well spoken, and followed their outlines extremely well. It was extra exciting to attend lectures from well respected people like Drs. Del Rosso, Brown, and Lebwohl, but in all honesty, they all were great!

Dr. Van Beek was a very good speaker and kept me entertained.

Excellent speakers

see above

speakers were great as always.dr. powell s talks on contact dermatitis made a sometimes boring [to me] topic interesting.dr.van beek talks on the future of health care were very illuminating[and depressing.

Very high caliber speakers at this meeting.

N/A

Dr. Van Beek was a wonderful presenter and great grasp of knowledge on difficult topics

DR Van Beek lecture was alarmingly good!

speakers were excellent

all good

all speakers were excellent

The drug interactions and Chronic Urticaria lectures were both nice reviews and updates on dry subjects with excellent speakers.

all speakers did a good job. all presentations were well prepared.

Ostepororsis section by Dr Ken Saag was excellent.

everyone was fabulous. I could tell that everyone was interested and invested in their topics.

All good talks. Dr. Paller's talk seemed too scientific for this meeting. Might be good to vary some of the speakers from year to year a little more---for instance Dr. Zone's talks are somewhat recycled so would be nice to have fresh content.

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (65)

Nicotinamide treatment for scc

Better work-up of PG

new protocols for pediatric psoriasis biologic therapies

Reviewing patients medical history, lifestyle and habits more extensively.

Follow dysplastic nevi a bit differently. Recognize Still's disease better.

Enhance work up for vasculitis No longer stop statins with lamisil Try metronidazole for lichen planus Be more proactive when my pathologist recommends re-excision of ever moderately atypical mole with 3-5 mm margins!!

May consider treating transplant patient with nicotinamide 500 QD Be suspicious of non melanoma skin cancer in the groin of dark skinned patients; biopsy painful lesions in transplant patients PG - diagnosis of exclusion! ha

Do fewer labs for isotretinoin monitoring. Do forced off load boots

Watch for OTC med interactions if not responding to treatment Better understanding of Biologics and cancer. Thermometer and Coban

The discussion about biological was helpful regarding surgery and not taking biologic breaks.

use sulfasalazine more

Many incl. be more likely to bx new pigmented lesions in pts. over 50, try to test for allergy to alkyl glucosides in my ACD pts., try to learn more about implant dermatitis and its testing, consider greater use of nicotinimide in my CA pts. and use of metronidazole po for my LP pts. and more.

Looking for drug interactions based on the cytochrome system. New ideas for wound care using the cellutome device. Evaluating high risk tumors and the use of PD-1 Inhibitors to treat them and the risk of high risk stupors for patients on biological for RA and psoriasis. Dapsone for chronic urticaria and higher doses of nonsedating antihistamines.

better knowledge of risk of malignancies with biologics use

nicotinamide in high risk patients for skin cancer, evaluate if patients are on St. Johns wort, change the way doxycycline is taken if decreased efficacy, lichen plants metronidazole consider apremilast for LPP, stop TNF alpha inhibitors for surgery

I will address smoking in TNF inhibitors users

Better vasculitis workup

New protocols for CIU patients

aware of newer things I wasn't previously, feel more capable.

Will look for lisinopril or ACE inhibitors as a possible driver of eczematous dermatoses in older patients and switching to ARB class antihypertensives

The whole urticarial and vasculitis talks will help me. A pearl of metronidazole for LP was great.

I picked up many pearls on treatments and managements of the various diseases covered.

New info on testing in contact dermatitis. The info on MACRA was informative.

new ideas on treatment of chronic urticaria

be more proactive about osteoporosis

Better treat Raynauds

Start more patients on Nicotinamide

I will change my protocol for patients on systemic steroids. I will go back to discussing nicotinamide for patients at high risk for skin cancers

new treatment plans, different medications

Different medications used in bullous diseases

increase photography of nevi

I'll have more confidence in prescribing some of the newer biologic medications, particularly in psoriasis and chronic idiopathic urticaria. I'll most likely change some of my surgical approaches in order to help my patients heal efficiently and in preventing infections. I enjoyed Dr. Lebwohl's protocol for eliminating MRSA, I'm sure we will implement that for some of our chronic MRSA carriers. I think I'll also have more confidence in prescribing and monitoring patients on Isotretinoin.

Will likely try Dr. Lebwohl's technique for staph decolonization

I have new ideas for alternative therapies for more challenging patients.

Rethinking side effects and usage of biologic agents in psoriasis; ways to avoid burnout

reassessing side effects of biologics

I have a better understanding of biologic use and the need/lack of need to stop prior to surgery.

Flagyl for LP.

Will change approach to met SCC in transplant patients

Rx of LP

Clinical experience imparted by speakers helps to shape how I practice!

med monitoring

try metronidazole on patients with lichen planus

Learned the high risk if itching in elderly on ACE inhibitors and who switching to ARBs will help significantly. Dysplastic nevi - age 50 a major milestone beyond which new nevi area very rare and any changing nevus should be removed since change in nevi so rare after age 50. OK to observe mild and moderate dyspeptic nevi that go beyond removal margin. HSP has higher risk of renal disease than other small vessel vasculitides. TNFa

inhibitors have some increase risk if surgical site infections, similar to DMARDs.

I will consider topical Timolol for treatment of chronic non healing ulcers.

MRSA decolonization hand out, drug interaction monitoring, photography and f/u for many nevi

We have a number of patients who have multiple NMSCs which we have kept at bay using oral retinoids, which are not tolerated very well. I am hopeful we will investigate use of Nicotinamide.

More attention to unusual skin cancers

wound healing tricks

expanded use of medications

different protocol for atypical nevi

lab monitoring in isotretinoin

avoid biologics in patients with history of melanoma and have smokers quit prior to biologic use. look up the WHO articles on CTCL. avoid calcium supplements when taking cipro. use PDL for acne scarring stop Vaseline to surgical sites. consider avoiding skin sutures. Rituximab for pemphigus vulgaris as first line. move to isotretinoin faster and stop antibiotics sooner.

new treatment ideas, new workup tips

New protocols

Ordering fewer lab tests for my isotretinoin,spironolactone and biologic patients I will also try no ointment in my sealed wound dressings.

monitoring high risk patients with atypical nevi- more photography

medications

Better care if elderly patients on glucocorticoids

I feel more comfortable prescribing some medications for urticaria and have already tried some of the suggested off label treatments.

considering d/c ACEi in pruritic elderly patients

looking to medications more as a cause for pruritus in the elderly

flagyl for lichen planus lowering statins for wound healing

flagyl for lichen planus reducing statins for wound healing

new protocols

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

(73)

Certain (29-39.73%)

Very Certain (37-50.68%)

Maybe (5-6.85%)

N/A (2-2.74%)

7. What topics do you want to hear more about, and what issues(s) in your

practice will they address? (42)

Medical dermatology, what's new in skin cancer Tx,

practical summaries of changing health care initiatives, cross specialty perspectives (ID, Rhuem, Rad Onc?,..)

Contact dermatitis, drug interactions

The current state of metastatic melanoma therapy with mechanisms of how the medications work.

Update in new therapies in Atopic Dermatits

More talk about emerging drugs

balanced program with speakers from outside of dermatology is preferable. Please do not talk about subjects without new information. Also, keep cosmetics to a minimum

More of what we see every day such as latest recommendations for management of acne, pruritus in the elderly, eval. and txnof eczema pts. and the like.

Daylight PDT

AK treatment, eczema updates

treatment of pigment abnormalities, hot topics,

Women and hair loss

nothing I can think of that wasn't presented.

Anti-yeast, anti-fungal drugs and their efficacy for various skin disorders.

The wide range of topics covered makes it more useful and interesting.

Patients that just itch, but no rash - all ages not just elderly Frontal Fibrosing Alopecia

Biologics

biologics in atopics

Melanoma. Psoriasis. The direction of medicine as it relates to dermatology--will private practices continue? How can dermatologists best position themselves and the specialty in this environment? How does it vary by region?

cosmetic procedures

More on medical dermatology

clinical pearls for hidradenitis (ie combo tx with humira)

Scarring Alopecia and different treatment options in skin of color, as our practice treats a large scope of these patients.

Actual examples of what we will have to do when implementing MACRA

More on wound management.

Alopecias, New drugs in atopic derm

literature review

nail and alopecia disorders. how to manage elderly patients with drug eruptions on 10 - 15 different meds.these problems can be difficult to manage and treat

cancer stem cell theory

health care reform always helpful, coding, systemic conditions and their skin manifestations

I found the lecture entitled "Tips for the Dermatology Office" to be quite helpful and it

generated a lot of questions and helpful tips from individuals in the audience (i.e., what they have found to be helpful for Chronic Pruritus, etc.)

tropical medicine, infectious disease

surgery

practical treatment protocols

new treatments in metastatic melanoma

practice management, insurance changes

Latest on TEN/S-J

Practice management and efficiency

Surgical pearls, lab monitoring

acute and chronic itch, office efficiency, management of nevi, different ways to examine and evaluate patients, new and up to date literature

Dermatology in primary care

Dermatoscopy review/workshop

8. Were the patient recommendations based on acceptable practices in medicine? (73)

Yes (73-100.00%)

10. Do you think the presentation was without commercial bias? (78)

Yes (75-96.15%)

No (3-3.85%)

12. Please provide any additional comments you may have about this educational activity. (30)

Need better AV skills - lots of delays in loading presentations

will be back every year!

Great conference! Excellent speakers, clinically relevant. Only negative were the AV issues...

Great conference. Will come back again.

It's wonderful to attend a meeting like this where so much practical information is shared that can be put to use immediately back in the office. That it is held in a beautiful environment makes it so much the better. I hope that this meeting continues annually for many years.

Continues to be the best educational and thought provoking CME mtg that I attend. Been coming to it since 1990.

Best program ever.

Excellent meeting! Looking forward to the next one!

Would prefer a location in Park City by Old Town next time. I love Park City but Old Town location and PCMR is far preferable. Also, rooms were small without adequate table

seating.

Fun meeting, love the arrangement, with early AM lectures, and apres skin lectures. Great venue.

Another wonderful conference full of relevant information!

GREAT program

Overall, this is a great meeting. I love that the sessions are relatively short (3 hrs at a time), and found the Q and A at the end of the sessions to be interesting.

excellent, thanks. talks were wonderful. change of lodging was a disappointment but not that big a deal. park city/canyons as a location is fantastic. could marriott mountainside in park city be considered for a future location? convenient and super family-friendly

I think that conference was a nice combination of clinical and surgical dermatology. I also enjoyed the lectures on Physician burnout and healthcare reform.

None

Great meeting! Diverse topics. Enjoyed the contact derm talk

Excellent job

faculty is approachable and will answer questions

Very enjoyable and clinically relevant!

great speakers and location.park city easy to get to.timed with film festival is also a plus

An excellent mix of basic science and clinically useful information and techniques.

The most and best does not appear in formal meetings, but instead when two individuals chat, in small groups, at social events, excursions, or over a drink. - Alfred Blaschko

thank you

Wonderful meeting. Great presentations. Will return next year.

Love this conference!!

ENJOYABLE, EXCELLENT, EDUCATIONAL CONFERENCE

Fantastic conference--practical and yet also based on the current scientific knowledge.

Would love to have the meeting in Aspen, Snowmass, Vail, Beaver Creak!

Very well organized

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.