

## Special Report: A Fellowship Down Under

By Adam I. Rubin, M.D.

*During the 2005-2006 academic year, Adam Rubin, M.D., ventured to Australia to complete a dermatology fellowship with Dédée Murrell, BmBCh, professor and head of dermatology at the St. George Hospital, University of New South Wales Medical School, in Sydney. Professor Murrell completed her dermatology training at the University of North Carolina-Chapel Hill, and was previously a faculty member in the departments of Dermatology at NYU and Rockefeller, before moving to Australia in 1995. While traveling the continent, lecturing, learning and soaking in the culture, Dr. Rubin discovered that dermatology education knows no geographical boundaries and although training and practice may vary from place to place, the high quality of education is universal and the experience invaluable.*

Completing a fellowship in Australia involves a lot of preparation beforehand. Arranging the working visa was somewhat complicated, but it was quick to arrive in the mail once I had organized all of the paperwork. I rented a one bedroom apartment in Elizabeth Bay, a Sydney suburb near the harbor and convenient for the train to work. Soon my phone, electricity, malpractice insurance, and hospital registration were set up, and I was off and running.

During the fellowship, I was exposed to a variety of practice settings including hospital wards, public clinics, a private practice, and



Photo courtesy Adam Rubin, M.D.

*While in Australia, Dr. Rubin rode the Ghan, a sleeper train that took him from Adelaide to Darwin.*

a clinical trials center. Twice a week I rounded with a resident on the inpatient consult service. At other times, I attended general dermatology public clinics, an HIV dermatology clinic, or other specialty

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### horizons



Tri Nguyen, M.D.

#### Procedural dermatology fellowship at M.D. Anderson Cancer Center offers innovative approach to teaching

The one-year procedural dermatology fellowship (PDF) at the University of Texas – M.D. Anderson Cancer Center is all-encompassing in its training on cutaneous oncology, Mohs micrographic surgery, reconstructive surgery and cosmetic surgery within ACGME guidelines. The fellowship is accredited by the American Council on Graduate Medical Education (ACGME) and approved for membership to the American College of Mohs Micrographic Surgery and Cutaneous Oncology (Mohs College). One fellow per year is selected from a competitive interview and matching process, and only graduates of an accredited dermatology residency program are

considered. In addition to its location at M.D. Anderson, a premier cancer and academic medical center with an expert and diverse faculty, program strengths include:

- complex tumor presentation and management,
- advanced skin cancer reconstruction,
- emphasis on interdisciplinary interactions and collaboration,
- innovative educational media with digital videography.

Fellows also gain multidisciplinary experience with Oculoplastic surgery, plastic surgery, and head and neck surgery and attend multidisciplinary conferences and tumor boards. The clinical experience is strengthened

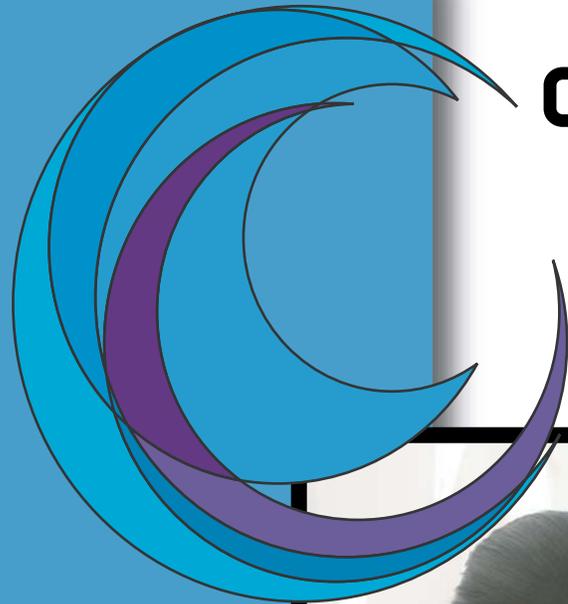
by an organized curriculum, and scholarly productivity is expected. Candidates completing the procedural dermatology fellowship are expected to continue in a second year advanced dermatology surgery fellowship.

See **Horizons** on p.4

*Horizons features residents and fellows and training programs that are advancing dermatology with innovative ideas.*

### Inside this issue

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- 6-7 Boards' Fodder
- 7 Opportunities for Residents
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clinics such as a genodermatosis clinic. Our department regularly presented patients at other neighboring hospital centers. Since our department is a national referral center in Australia for epidermolysis bullosa testing and diagnosis, I was exposed to immunofluorescence mapping methods and challenging issues associated with epidermolysis bullosa management. I also participated in the multidisciplinary epidermolysis bullosa clinic at the Sydney Children's Hospital.

During the clinics I spent time teaching medical students and general practice residents the basics of clinical dermatology and how to perform common procedures. I also lectured weekly to medical students as part of an introduction to dermatology program.

The exposure I had to bullous patients during the fellowship was substantial. Patients with bullous pemphigoid, pemphigus vulgaris, pemphigus foliaceus, mucous membrane pemphigoid, epidermolysis bullosa acquisita, and all subtypes of inherited epidermolysis bullosa were represented. An interesting contrast from my previous experience was the extensive use of azathioprine for the autoimmune bullous diseases. As Australia has the highest incidence of skin cancer in the world, I was able to do a lot of surgery as well. I was diligent in wearing a wide brimmed hat and sunscreens with a high SPF.

My time in Australia was very productive. I presented abstracts at a variety of conferences, including the Australasian College of Dermatologists (Cairns and Melbourne), the New Zealand Dermatological So-

ciety (Waiheke Island), and the Australasian Society for Dermatology Research (Melbourne).

During my vacation time I rode the Ghan, a sleeper train from Adelaide in South Australia to Darwin in the northern territory (also known as the "top end"), and saw Uluru/Ayer's Rock. During my travels related to the Australasian College of Dermatologists meetings, I was able to see Cairns, the Great Barrier Reef, and Melbourne. I was also able to spend a week travelling through New Zealand at the end of my conference there. One of the highlights of the fellowship was spending a week with David Weedon, M.D., in Brisbane. I was also able to attend dematopathology teaching sessions at the Skin and Cancer Foundation, run by Steven Kossard, M.D., Ph.D.

Overall, the fellowship is flexible and can be tailored to follow an individual's interest. Previous U.S. trained dermatologists who have participated in this fellowship include Rebecca Cummins, M.D., who had completed a fellowship in pediatric dermatology prior to her arrival in Australia, and Julie Cronk, M.D., who went on to a Mohs surgery fellowship afterwards. These fellows were able to focus in more depth on their own particular areas of interest, for example, by attending a multidisciplinary vascular birthmark clinic or a genodermatoses clinic, visiting with cosmetic dermatologists or at vitiligo clinics, as well as other activities. Several U.S. residents have completed elective rotations in the department. Further details about the fellowship, or possible electives, can be obtained by contacting Dr. Murrell at [d.murrell@unsw.edu.au](mailto:d.murrell@unsw.edu.au)

## reflections



by Clay J. Cockerell, M.D.

### Confronting a New Disease

I remember recognizing a group of patients in the 1980's with a new disease that ultimately turned out to be bacillary angiomatosis. I encountered several of these individuals at Bellevue and the Manhattan VA hospital as well as at our conferences at NYU. It became apparent — based on the clinical and histologic features — that we were dealing with a new disease. We knew that these patients were immunocompromised and had risk factors for what we now know represents HIV/AIDS but this was before HIV had been discovered. This led to a significant research effort and collaboration with a number of individuals and to several important publications. It was a very interesting development that was exciting and I was happy to have been involved with others in the forefront of describing and discovering a new disease.

*Dr. Cockerell was a resident at NYU Medical Center from 1982-1985 and served as the Academy's president from 2005-2006.*

*Reflections features prominent dermatologists providing memorable stories from their residency.*



Photo courtesy Adam Rubin, M.D.

Dr. Rubin outside Sydney's famed Opera House.

### Mark Your Calendars

**Practice Management Regional Course**  
November 10, 2006 • Tucson, AZ



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*Horizons* from p.1

The program director is Tri H. Nguyen, M.D., who answered *Directions in Residency's* questions about the program.

### What are some of the advantages of PDF training at University of Texas?

For the first time in our subspecialty, we have ACGME accreditation for dermatologic surgery training. Despite the bureaucracy, this process is to the fellow's advantage as it strives to achieve a rigorous and consistently high standard. At U.T.-M.D. Anderson, Mohs surgery is taught by both seasoned academic and private faculty. The fellow rotates every other week with an ENT facial plastic surgeon and every week through a laser and vein clinic. Because we are part of M.D. Anderson, the fellow has a rich exposure to complex tumor management and an organized multidisciplinary curriculum, including at least two cadaver dissections in the first year.

### What are some of the essentials of the PDF?

Diversity and complexity summarizes our fellowship at U.T.-M.D. Anderson. Our fellowship is a two-year experience. The first year is ACGME accredited as a procedural dermatology program. The second year is an advanced dermasurgery fellowship that expands and enhances the fellow to become a consummate Mohs surgeon. The second year is not a duplicate of the first, as the fellows have dedicated rotations through ENT oncology, radiation oncology, melanoma surgery, oculoplastics, plastic surgery, facial plastics, and the wound care center. I believe this second year is critical — not only for academically-oriented fellows, but also to polish and perfect their consultative and surgical skills. A strong focus on scholarly productivity and quality improvement projects is a focus of our program.

### Can fellows choose what is involved in their program?

In the non-essential categories the program director and the fellow can customize the experience. For

instance, the second year is highly customizable. If more time is desired in radiation oncology and the wound care center, this may be arranged. In the first year, however, the curriculum is structured, as one must learn to walk before one can run.

### Do you use any innovative educational media?

One of the unique assets at U.T.-M.D. Anderson is our expertise in developing innovative educational media for dermatologic surgery. We are developing an entire catalog of reconstructive video modules to optimize the fellows' learning. The distinction of our video library is that the content is in high-definition digital video which immerses the viewer into the field. If a picture is worth a thousand words, then a high-definition video is worth at least 10 mil-

lion words. By studying these videos prior to the procedure, I have found that our fellows develop surgical expertise and confidence more rapidly.

### What is the advantage of digital videography?

The advantages of our video modules are several, including: 1) high-definition digital media; 2) content that has been carefully edited and voiced over to highlight salient pearls; 3) an organized menu system that permits a viewer to rapidly access key concepts for review; and 4) instant availability through our intranet. These modules permit fellows to quickly learn surgical fundamentals and enable me to impart more sophisticated pearls during

See *Horizons* on p.5

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The Career Development Fair will be held in Washington, D.C., February 2, 2007 in conjunction with the Academy's 65<sup>th</sup> Annual Meeting. Admission to the Career Development Fair is free to all job seekers who have registered for the 2007 Annual Meeting and are wearing an official meeting badge.

Renaissance Hotel  
999 Ninth Street NW  
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February 2, 2007  
5:00 pm – 7:00 pm

Employers can request a space agreement form by contacting the Member Resource Center at 866-503-SKIN (7546).

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the actual surgery. Unlike the VHS format, a viewer does not need to spend time reminding and forwarding to the desired segment. Digitally inserted chapter points within the modules allow you to quickly select any portion for review.

**What faculty is involved in the program?**

Fellows receive training from a diverse faculty in our fellowship. Our educators include two senior Mohs surgeons at U.T.-M.D. Anderson, one senior surgeon in a private practice setting, one ENT facial plastic surgeon at Baylor, and one fellowship-trained laser surgeon at Baylor. In addition, faculty from other specialties also participate in our fellows' education when curriculum didactics are given. By learning from a diverse and expert faculty, the fellow receives the best training in each area and is exposed to cases that would be rare in a single institution program. For example, the ENT facial plastic experience allows the fellow to learn endoscop-



Photo courtesy Tri Nguyen, M.D.

Dr. Nguyen outside the M.D. Anderson Cancer Center.

ic forehead rejuvenation, blepharoplasty, cervical facial rhytidectomies (facelifts), rhinoplasty, and complex head and neck anatomy.

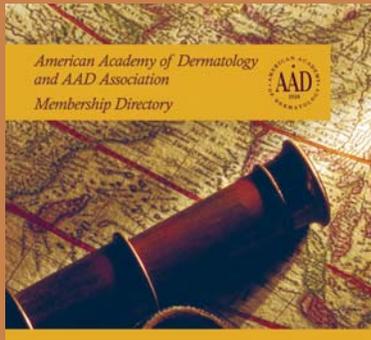
**Who is an ideal candidate for a PDF?**

The ideal candidate is someone who has an academic future in mind. It is also a person who has the energy and vision to see that a two-year experience provides enormous strengths, especially in terms of interdisciplinary interac-

tions and training. We have so much to learn as dermatologic surgeons and much to benefit from learning from other specialties. We should optimize these opportunities in fellowship.

Dr. Nguyen is associate professor in dermatology and head and neck surgery. He is the medical director of Mohs and dermatologic surgery and the program director for procedural dermatology at the University of Texas – M.D. Anderson Cancer Center. 

Do you know a good candidate for a profile in Horizons? Contact [dmonti@aad.org](mailto:dmonti@aad.org).



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- Key links to Academy products and services.
- Academy resource documents.
- *Dermatology World* issues.

## Paraproteins and Paraneoplastic Syndromes

Mariana A. Phillips, MD

| Clinical Sign                                 | Paraproteins  |
|---|---|
| Disseminated xanthomasiderohistiocytosis      | Variety of xanthoma disseminatum with keloidal consistency to lesions. Associated with multiple myeloma |
| Eosinophilic fasciitis                        | Polyclonal hypergammaglobulinemia   |
| Erythema elevatum diutinum (EED)              | IgA monoclonal gammopathy   |
| Lichen myxedema                               | IgG I (lambda)  |
| Necrobiotic xanthogranuloma                   | IgG k or l  |
| Primary systemic amyloid                      | Multiple myeloma  |
| POEMS   | M-protein: monoclonal gammopathy  |
| Pyoderma gangrenosum                          | IgA monoclonal gammopathy   |
| Relapsing polychondritis                      | Myelodysplastic Syndromes   |
| Rosai-Dorfman disease                         | Polyclonal hypergammaglobulinemia   |
| Scleredema                                    | IgG multiple myeloma  |
| Schnitzler's syndrome                         | Monoclonal IgM k  |
| Subcorneal pustular dermatosis                | IgA monoclonal gammopathy   |
| Xanthoma planum                               | Monoclonal gammopathy   |
| Prominent hyperkeratosis on follicles of nose | Multiple myeloma  |

| Paraneoplastic Syndromes                 | Internal Malignancy  |
|--|--|
| Acanthosis nigricans                     | Gastric adenocarcinoma   |
| Acquired angioedema                      | Low C1; lymphoma   |
| Acquired ichthyosis                      | Hodgkin's lymphoma   |
| Anti-epiligrin cicatricial pemphigoid    | Any internal malignancy, Non-small cell lung cancer  |
| Dermatomyositis-Polymyositis             | Women: ovarian and breast<br>Men: respiratory tract  |
| Erythema gyratum repens                  | Lung cancer  |
| Extramammary Paget's                     | In 50%, no malignancy found<br>Adnexal adenocarcinoma<br>GI or GU tract                      |
| Hypertrichosis lanuginosa acquisita      | Lung and colon cancer  |
| Multicentric reticulohistiocytosis       | 30% with malignancy; no predominant type   |
| Sweet's syndrome                         | Hemoproliferative disorders. AML most common<br>Solid: GU malignancy                         |
| Paget's disease of the breast            | Always associated with intraductal breast carcinoma  |
| Paraneoplastic Acrokeratosis of Bazex    | Upper aerodigestive tract<br>Metastatic carcinoma to the lymph nodes of neck                 |
| Paraneoplastic pemphigus                 | Lymphoproliferative malignancy:<br>Non-Hodgkin's lymphoma, CLL, thymoma, Castleman's disease |
| Tripe palms without acanthosis nigricans | Lung cancer  |
| Tripe palms with acanthosis nigricans    | Gastric adenocarcinoma   |

### References

Bolognia J, Jorizzo J, Rapini R, et al. *Dermatology*. Mosby Publishing; 2003.  
Freedberg I, Eisen A, Wolff K, et al. *Fitzpatrick's Dermatology in General Medicine*. Sixth Edition. McGraw-Hill; 2003.

## Most common tumor locations

Mariana A. Phillips, MD

| Tumor                           | Most Common Location                |
|---------------------------------|-------------------------------------|
| Angiosarcoma                    | Head and neck                       |
| Blue nevus, cellular            | Buttocks and sacrococcygeal region  |
| Blue nevus, common              | Near the dorsa of hands and feet    |
| Clear cell acanthoma            | Shin, calf, thigh                   |
| Clear cell hidradenoma          | Face, eyelids                       |
| Chondroid syringoma             | Neck and cheek                      |
| Dermatofibroma                  | Legs                                |
| Dermatofibrosarcoma protuberans | Trunk > proximal extremities        |
| Hibernoma                       | Neck, axilla, shoulder              |
| Juvenile xanthogranuloma (JXG)  | Head and neck; iris                 |
| Leiomyosarcoma                  | Extensor surface of extremities     |
| Liposarcoma                     | Upper thigh > buttocks              |
| Lymphangioma circumscriptum     | Abd, axilla, tongue                 |
| Merkel cell                     | Face                                |
| Mucinous eccrine carcinoma      | Eyelid > face > axilla/trunk        |
| Tufted hemangioma               | Neck or trunk                       |
| Sebaceous carcinoma             | Periocular (increased risk of mets) |
| Sinusoidal hemangioma           | Female: Trunk and breasts           |
| Smooth muscle hamartoma         | Lumbosacral region                  |
| Spindle cell lipoma             | Back (post trunk), neck, shoulder   |
| Spitz nevus                     | Head, lower extremities             |

### References

Bolognia J, Jorizzo J, Rapini R, et al. *Dermatology*. Mosby Publishing; 2003.  
 Odum R, James W, Berger T. *Andrews' Disease of the Skin*. Ninth Edition. W.B. Saunders Company; 2000.

## CND to hold its 11th scientific meeting and provide research grant opportunities

The Council for Nail Disorders' (CND) 11th Annual Scientific Meeting will be held the afternoon of Thursday, Feb. 1, 2007 just one day prior the Academy's Annual Meeting in Washington, DC. The meeting will cover a wide variety of nail disorders presented by experts from around the world.

The keynote speaker will be David de Berker, M.D., who will speak on "Tumors of the nail unit — their presentation and their treatment". Dr. de

Berker is consultant dermatologist at Bristol Royal Infirmary, Bristol, UK. His clinical and research interests are diseases of the nail and hair shaft dystrophies and surgery.

The CND supports the attendance of residents at the scientific meeting by providing all residents with a discounted registration rate or complimentary registration if the resident submits an abstract. Abstracts are being accepted to participate in the program's short presentation session.

Each year the CND announces the recipients of the CND Clinical Research Fellowship. Funds up to \$25,000 are available for research in the field of nail disorders. Residents are eligible to apply. Details are available online at [www.nailcouncil.org](http://www.nailcouncil.org).

Residents are exempt from membership dues and assessments. Residents who would like to join CND should contact the office at [info@nailcouncil.org](mailto:info@nailcouncil.org) to join. 



Mariana A. Phillips, M.D., is currently a Mohs fellow at the Virginia Commonwealth University in Richmond, Virginia.

Applications, research grant information and meeting registration forms are available from the CND Office, 138 Palm Coast Parkway NE #333, Palm Coast, FL 32137, or by calling (386) 437-4405, or via e-mail to [info@nailcouncil.org](mailto:info@nailcouncil.org).

## message from the chair



Jorge Garcia-Zuazaga,  
M.D.

Greetings from Cleveland! I would like to welcome all first year dermatology residents to our wonderful specialty. You will find this newsletter very informative. It is designed to provide a forum for information concerning residents and to update you on news and ongoing strategies that we are working on at the American Academy of Dermatology's Residents and Fellows Committee (RFC).

Since our last communication, I had the opportunity to attend the board of directors meeting in San Diego. There are several initiatives that we are undertaking this year to make the Academy's Annual Meeting more resident friendly.

For the first time ever, The Academy will host a Residents "Hot Topics" Symposium in conjunction with the 2007 Annual Meeting in Washington, DC, on Saturday, Feb. 3, 2007 from 7 a.m. to 5 p.m. This symposium will be a great opportunity for residents to select specific subjects that are of interest to them as dermatologists-in-training. We will have expert speakers give 30-minute capsules on topics ranging from immune therapies for melanoma to an update on laser therapy. During the registration phase of the meeting, every resident will have the opportunity to select from a list of available topics. Based on your selections we will design the syllabus and contact each faculty member involved in the symposium.

The RFC will also host the 2007 Residents Colloquium under the leadership of Christine DeWitt, M.D. This session is an exciting opportunity for dermatology residents, fellows and other physicians to learn

about the various subspecialties in dermatology from current leaders in the field. Each speaker will discuss their day-to-day activities, training requirements for the subspecialty, as well as their own personal career development. In the past, this session has been very well received among our members.

Lastly, the RFC is making progress with the Scientific Assembly Committee to increase the number of seats available to residents in various courses at the Annual Meeting. This will increase resident exposure to the various programs at the meeting. They are very receptive to our needs and are working to address this issue.

As always, please feel free to contact me or any of the other committee members for guidance or new ideas on how to improve your experience in the Academy. You can always log into our Web site ([www.aad.org](http://www.aad.org)) and check out the Resident section for up-to-date information. As you mark your calendars and plan your trip to Washington, I challenge you to be proactive and participate in these interesting seminars at the 2007 Annual Meeting. 

*The American Academy of Dermatology would like to thank Connetics Corporation for providing an educational grant in support of the Directions in Residency newsletter.*



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Fall 2006

### Residents & Fellows Committee

|                                    |      |
|------------------------------------|------|
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| Isaac Brownell, MD                 | 2007 |
| Ross Campbell, MD                  | 2007 |
| Christine DeWitt, MD               | 2007 |
| Mark E. Hutchin, MD                | 2007 |
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| Shan Pai, MD                       | 2008 |
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| Priya Zeikus, MD                   | 2007 |

Editor: Dean Monti

### Questions or Comments?

Contact the AAD Member Resource Center (MRC) toll-free at (866) 503-SKIN (7546) or [mrc@aad.org](mailto:mrc@aad.org).

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### Mission Statement

*Directions in Residency* is published by the American Academy of Dermatology Association to provide a forum for information concerning resident dermatology physicians, and providing news, views and actions of the Academy, the Residents & Fellows Committee, and the American Board of Dermatology.

## next issue

### 2007 Annual Meeting Picks

#### Boards' Fodder:

Dermatologic manifestations of underlying endocrinopathy by Sharon E. Jacobs, M.D.

#### Reflections

Ray Cornelison, M.D.