Greetings from Cleveland! It is a privilege to serve as the chair of the Residents and Fellows Committee (RFC) of the American Academy of Dermatology for the upcoming year. As a new year begins, I am eager to address topics that are important to residents and fellows throughout the country. Our main goal for this year is to reach out and reconnect with as many residents as possible.

I had the pleasure of meeting many of the RFC committee members in San Francisco. We have a great team on board with lots of enthusiasm and leadership. If you are not familiar with your resident representatives, log into the RFC Web page at www.aad.org/professionals/Residents/ and find the contact information for all committee members.

For this year, I have several ideas to enhance the communication lines between residents and the RFC. This newsletter is always a great resource for posting our current projects. I am sure you will enjoy the new format and content coming with the next issue. In future issues, we will introduce new features relevant to residency and fellowship training. We will also be working on updating the design and content of our Web page. In the future, this page will include updated links for fellowships, electives and upcoming events.

My pledge to you is to communicate with the RFC members frequently and to represent you at the Board of Directors meetings and other Academy functions diligently and with integrity. For that reason, I am asking all RFC representatives to make contact with programs in surrounding areas to identify relevant issues to discuss in future meetings. Lastly, if you would like to become involved or just want to share ideas, please do not hesitate to contact me by e-mail at Jorge.Garcia-Zuazaga@uhhs.com. I look forward to a great year.

Message from the Outgoing Chair
By Eva A. Hurst, M.D.

I hope you all had a great and educational time at the Academy’s recent meeting in San Francisco! As I write my last column, I want to update you on recent RFC activities. We had a very well-attended and productive national meeting attended by your representatives and our Canadian colleagues. Many representatives expressed fairly universal concerns regarding both timing of and access to many educational courses at the recent meeting. With that in mind, I brought forth a motion at the Council on Member Services meeting to encourage the Academy to invite more resident representatives to various strategy and leadership meetings. I recently represented the RFC at the Issues in Dermatology/Synergy Summit in Orlando, which I found to be very educational and productive. However, the RFC would like to see more resident representatives from across the country invited to attend future strategic and problem solving meetings.

Starting with the next issue, this newsletter will have a new name — Directions in Residency — and a new look. The Academy’s staff has put in countless hours “revamping” our already successful newsletter. The RFC aided the staff with new ideas for features, one of which is Horizons, highlighting great accomplishments of dermatology residents across the country. Please feel free to nominate your colleagues for future issues.

Finally, new chair Jorge Garcia-Zuazaga, M.D., and your future RFC have many great ideas and goals for the coming year, including an informative Web page and regional teleconferences/meetings to assess resident concerns on a more personal level.

In conclusion, it has been my distinct pleasure to serve as your representative and chair of the Residents and Fellows Committee. I wish you all the best and look forward to many years of interactions with you all in the future.
Connetics®

I S P R O U D T O S U P P O R T
THE AMERICAN ACADEMY OF DERMATOLOGY
2006 PRACTICE MANAGEMENT SYMPOSIUM FOR RESIDENTS,
SOCIETY OF INVESTIGATIVE DERMATOLOGY RESIDENT’S RETREAT,
VIRTUAL DERMSPATH AND
THE DERMATOLOGY RESIDENT ROUNDUP NEWSLETTER

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Volunteers Abroad

At the Volunteers Abroad Course, held at the Academy’s 64th Annual Meeting in San Francisco, course participants received a wealth of valuable information, including an overview of medical humanitarian assistance, personal preparation for work in austere environments, dermatologic formularies in the international settings, and cultural and political influences on the skin. During the luncheon, participants ate Humanitarian Daily Rations (HDRs) and learned first-hand about the reality of subsistence-level resources available during humanitarian crises, as well as the politics of food aid, nutritional relief, and nutritional diseases.

For more information, please contact Jennifer Miller, member services specialist via e-mail at jmiller@aad.org.

Course participants learn about the values of volunteerism (left). During the luncheon (right), participants ate Humanitarian Daily Rations (HDRs) and learned first-hand about the reality of subsistence-level resources available during humanitarian crises.

Practice Management Symposium for Residents

The daylong Practice Management Symposium for Residents was held March 2, in conjunction with the Academy’s 64th Annual Meeting in San Francisco. Included among the speakers and topics, Keith Borglum (left) presented “Practice Options” and Victor Marks (right) presented “Dermatology is a Service Business!”

Fox Award Recipients for 2006 Named

Following another informative Residents/Fellows Symposium, held March 5 at the AAD Annual Meeting in San Francisco, the 2006 Everett C. Fox Award was given in two categories — lab-based research and clinic-based research.

For clinic-based research, the award was conferred to Gregory J. Fulchiero Jr., M.D., M.S.B.E., from Penn State University for “Alanyl-tRNA Antisynthetase Syndrome in a 58-year-old Woman.”

For lab-based research, the award was given to Marina O’Kane, M.B., from the department of dermatology, Adelaide and Meath Hospital, Dublin, Ireland for “Transcriptional Events Modulated by Corticotrophin Releasing Hormone (CRH) — Receptor Mediated Responses in Psoriasis.”

Jashin J. Wu, M.D., was the first of many who gave informative presentations at the Resident and Fellows Symposium.

Live AAD CME Activities At A Glance

To view a list of all the activities online, go to www.aad.org/professionals/MeetingsEvents/LiveAADCME activities.htm
Dr. Stone Seeks to Improve iPLEDGE Program

Academy President Stephen P. Stone, M.D., has contacted the heads of the drug companies that manufacture isotretinoin via letter to demand that they take immediate action to improve the management and performance of the iPLEDGE program. Because these companies created iPLEDGE and hired the Covance firm to design and run the program, the Academy believes that it is their duty to ensure that it runs smoothly and efficiently — but that they have failed to do so. To read Dr. Stone’s letter, go to the Academy’s Web site at www.aad.org. Under “Featured Items,” click on “Academy’s iPLEDGE Information Page.”

FAQs on the iPLEDGE Program

A list of FAQs for patients, prescribers, and pharmacies are now posted on the iPLEDGE Web site. These documents were created by Covance and help to explain basic tasks required by iPLEDGE and address technical issues, such as resetting passwords. The FAQs are available to program users after they log into the online iPLEDGE system at www.ipledgeprogram.com.

Contact Your Legislator

The Academy believes that elected officials need to hear from dermatologists about the ongoing problems with the iPLEDGE program. Academy members are being asked to contact their senators and members of Congress to ask that they insist that the FDA improve the program immediately. Contact information for elected officials can be identified using the “Find your Legislators” tool on the Academy Web site. Members are asked to e-mail, phone or write their elected officials, share with them the problems they are experiencing with the program, and ask that they contact the FDA.

Getting Patients Involved

Also, if dermatologists have patients willing to share their experiences with iPLEDGE, they are being asked to submit their stories to the Academy by e-mail at isotretinoin@aad.org or by fax to (202) 842-4355. Patients must include their name, address, and phone number in the statement and give the Academy permission to share their story with the public. The Academy will forward patients stories to their legislators.

Password Assistance Available Online

In response to advocacy by the American Academy of Dermatology, the iPLEDGE program has been modified to simplify the process for resetting forgotten or misplaced passwords online. To learn more about resetting passwords, go to the Academy’s Web site at www.aad.org and click on “Academy’s iPLEDGE Information Page” to be taken to this information. Getting passwords to female patients of childbearing potential in a timely manner has emerged as an urgent problem with the iPLEDGE program. This timing issue is due in part to the “express registration” of these patients who are transitioning into the iPLEDGE program from previous risk management programs. Beginning March 14, the iPLEDGE program sent all patients of childbearing potential their passwords by overnight delivery. Patients who did not receive their passwords should contact the iPLEDGE program at (866) 495-0654.

Academy Action

The Academy continues its efforts to make this new program more workable and less burdensome for dermatology patients and practices. The Academy will also continue to communicate with members regarding future developments and improvements.

Who Needs the “Other” Book, When You’ve Got the AAD’s Electronic Membership Directory!

The Electronic Membership Directory can easily be installed on your desktop at home, at the office, or on both! All you need is your member ID.

Updated each month, the Electronic Membership Directory includes quick access to:

- Academy membership contact information.
- Key links to Academy products and services.
- Academy resource documents.
- Dermatology World issues.

Visit www.aad.org/professionals/pracmanage/memberdir.htm to update or download a copy of the Electronic Membership Directory or call the MRC toll-free at 866-503-SKIN (7546).
Experience the Benefits of AAD Membership!

For third year residents, your graduate membership and all of its benefits will end June 30, 2006. Some of the benefits that will expire include the *Journal of the American Academy of Dermatology* (JAAD). During your residency and fellowship training, you received a complimentary subscription to JAAD. This subscription will end with the July 2006 issue. Applicants for membership receive JAAD at no charge. Additionally, members receive a considerable discount for registration at Academy meetings. If you apply for membership by Sept. 1, 2006, you can attend the 2007 Annual Meeting for only $60. The non-member rate for this meeting is $1,300.

By applying for membership by Sept. 1, 2006, you will be able to continue to experience the many benefits being an AAD member includes as well as receive a 70 percent reduction of your first year’s dues if you join the Academy in the year in which you complete your training.

The dues for the first year of membership (2007) will be $225. A $100 application fee must be submitted with the application and you will be billed for the balance of $125 in early November. Please note that this offer is only good if you apply before Sept. 1, 2006. If you apply after Sept. 1, 2006, you will be required to pay a $100 application fee plus the full amount of $750 for 2007 dues.

Please take a few minutes to apply online through the AAD Web page: www.aad.org/aad/AADMembership/fellowmember.htm.

Volunteer for Camp Discovery

The American Academy of Dermatology’s Camp Discovery program — founded in 1993 by Mark Dahl, M.D., during his presidency — is a special camp for children with severe skin conditions. Camp Discovery has offered three separate camping experiences for children ages 8-16 years old; two weeks in Minnesota and one week in Pennsylvania. This year the Academy will be offering a fourth week of camp in Minnesota. This is a great opportunity to provide more children with this unique experience.

As you may know, the success of Camp Discovery depends on the involvement and commitment of many people. The AAD is actively reaching out to you for support of the Camp Discovery expansion. Support can come in many ways, including:

**Volunteering**

Camp Discovery offers a teaching experience like no other because the children have skin conditions that many dermatologists do not see every day. It is through the generous commitment of medical staff that Camp Discovery is so successful. If you or another medical person (resident, nurse, physician’s assistant, nurse practitioner, etc.) would like to volunteer time at camp, please contact the Academy office at (847) 240-1737. The camp facilities are equipped with beautiful, air conditioned buildings. Approximately 40 volunteers (counselors and medical staff) are needed for each week of camp.

**Financial Contribution**

It is through generous support that this program is so successful and offers these children an experience of a lifetime. There is no fee for the participants of Camp Discovery; your contribution pays for their travel to the camp grounds, food, lodging, medical supplies and all of the wonderful activities. If you would like to make a donation to the Camp Discovery Endowment Fund please call (847) 240-1450.

If you have any questions or need more information, please contact Janine Mueller at (847) 240-1737 or jmueller@aad.org.
## Boards' Fodder:
### LASERS (Light Amplification by Stimulated Emission of Radiation)

Tamar Zapolanski, B.A., Cindy Rogers, M.D., and Sharon E. Jacob, M.D.

<table>
<thead>
<tr>
<th>Laser Type</th>
<th>Wavelength (nm)</th>
<th>Color</th>
<th>Chromophore</th>
<th>Mode</th>
<th>Cutaneous Applications</th>
<th>Side Effects</th>
<th>Eye Damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argon</td>
<td>418/514</td>
<td>Blue-Green</td>
<td>Hb, melanin</td>
<td>Continuous</td>
<td>Vascular lesions</td>
<td>Scarring, dyspigmentation</td>
<td>Retina &amp; choroid</td>
</tr>
<tr>
<td>Argon-pumped tunable dye</td>
<td>577/585</td>
<td>Red</td>
<td>Porphyrin</td>
<td>Quasi-continuous</td>
<td>Vascular lesions, facial telangiectasias, rosacea, poikiloderma of Civatte, port-wine stains</td>
<td>Hypertrophic scarring, textural changes</td>
<td>Retina &amp; choroid</td>
</tr>
<tr>
<td>Copper vapor/bromide</td>
<td>510/578</td>
<td>Green</td>
<td>Hb, melanin</td>
<td>Quasi-continuous</td>
<td>Pigmented lesions, vascular lesions, facial telangiectasias, port-wine stains</td>
<td>Hypertrophic scarring, textural changes</td>
<td>Retina &amp; choroid</td>
</tr>
<tr>
<td>Potassium-titanyl-phosphate (KTP)</td>
<td>532</td>
<td>Green</td>
<td>Melanin</td>
<td>Quasi-continuous</td>
<td>Pigmented lesions, vascular lesions, facial telangiectasias</td>
<td>Mild erythema, edema, transient crusting (*)</td>
<td>Retina &amp; choroid</td>
</tr>
<tr>
<td>Nd: YAG, frequency-doubled</td>
<td>532</td>
<td>Green</td>
<td>Melanin</td>
<td>Q-switched</td>
<td>Pigmented lesions, red/orange/yellow tattoos</td>
<td>Systemic allergic or localized granulomatous tissue reaction to tattoo ink particles, mild erythema, edema, transient crusting (*)</td>
<td>Lens, retina, vitreous, &amp; choroid</td>
</tr>
<tr>
<td>Pulsed dye</td>
<td>510</td>
<td></td>
<td></td>
<td>Pulsed</td>
<td>Vascular lesions, hypertrophic/keloid scars, striae, verrucae, nonablative dermal remodeling, facial telangiectasias, port-wine stains, hemangiomata, pyogenic granuloma, Kaposi’s sarcoma, poikiloderma of Civatte, facial rhytides</td>
<td>Epidermal damage, pigmentary change, postoperative purpura and edema (*)</td>
<td>Retina &amp; choroid</td>
</tr>
<tr>
<td>Ruby</td>
<td>694</td>
<td>Red</td>
<td>Melanin, tattoo</td>
<td>Q-switched</td>
<td>Pigmented lesions, blue/black/green tattoos</td>
<td>Transient pigmentary alteration, systemic allergic or localized granulomatous tissue reaction to tattoo ink particles</td>
<td>Retina &amp; choroid</td>
</tr>
<tr>
<td>Alexandrite</td>
<td>755</td>
<td>Red</td>
<td>Melanin, tattoo</td>
<td>Q-switched</td>
<td>Pigmented lesions, blue/black/green tattoos</td>
<td>Transient pigmentary alteration, systemic allergic or localized granulomatous tissue reaction to tattoo ink particles</td>
<td>Retina &amp; choroid</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pulsed (normal mode)</td>
<td>Hair removal</td>
<td>Blistering, epidermal crusting, purpura, transient pigmentary alteration (*)</td>
<td>Retina &amp; choroid</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Normal mode</td>
<td>Hair removal, leg veins</td>
<td>Blistering, transient pigmentary alteration</td>
<td>Retina &amp; choroid</td>
</tr>
</tbody>
</table>
**DERMATOLOGY RESIDENT ROUNDUP • SPRING 2006**

<table>
<thead>
<tr>
<th>LASER TYPE</th>
<th>WAVELENGTH (NM)</th>
<th>COLOR</th>
<th>CHROMOPHORE</th>
<th>MODE</th>
<th>CUTANEOUS APPLICATIONS</th>
<th>SIDE EFFECTS</th>
<th>EYE DAMAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diode</td>
<td>800-810</td>
<td>Infr</td>
<td>Melanin, Hb</td>
<td>Q-switched</td>
<td>Hair removal, leg veins, pseudofolliculitis barbae (^)</td>
<td>Pigmentary alterations</td>
<td>Lens, retina, &amp; vitreous</td>
</tr>
<tr>
<td>Nd:YAG</td>
<td>1064</td>
<td>Infr</td>
<td>Nonspecific</td>
<td>Normal mode</td>
<td>Hair removal, leg veins, nonablative dermal remodeling (^)</td>
<td>Crusting blistering, purpura, transient pigmentary alteration, pinpoint bleeding</td>
<td>Retina &amp; cornea</td>
</tr>
<tr>
<td>Nd:YAG, long:pulsed</td>
<td>1320</td>
<td>Infr</td>
<td>Melanin</td>
<td>Nonablative</td>
<td>Nonablative dermal remodeling, atrophic scars, rhytides, pseudofolliculitis barbae (^)</td>
<td>Transient edema, erythema, and edema, bacterial and viral infection, pigmentary alteration, ectropion, hypertrophic scar formation</td>
<td>Retina &amp; choroid</td>
</tr>
<tr>
<td>Diode, long:pulsed</td>
<td>1450</td>
<td>Infr</td>
<td>Melanin</td>
<td>Nonablative</td>
<td>Nonablative dermal remodeling, acne, atrophic scars, facial rhytides, transverse neck lines</td>
<td>Postoperative erythema and edema</td>
<td>Cornea</td>
</tr>
<tr>
<td>Erbium: glass</td>
<td>1540</td>
<td>Infr</td>
<td>Melanin</td>
<td>Nonablative</td>
<td>Nonablative dermal remodeling, rhytides (#)</td>
<td></td>
<td>Cornea</td>
</tr>
<tr>
<td>Erbium: YAG (pulsed)</td>
<td>2940</td>
<td>Infr</td>
<td>Water</td>
<td>Continuous</td>
<td>Ablative skin resurfacing, epidermal lesions, seborrheic keratoses, verrucae vulgaris, xanthelasma, sebaceous gland hyperplasia, adnexal tumors</td>
<td>Postoperative erythema and edema, bacterial and viral infection, pigmentary alteration, ectropion, hypertrophic scar formation</td>
<td>Cornea</td>
</tr>
<tr>
<td>Carbon dioxide</td>
<td>10600</td>
<td>Infr</td>
<td>Water</td>
<td>Continuous</td>
<td>Actinic cheilitis, verrucae, rhinophyma</td>
<td></td>
<td>Cornea</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pulsed</td>
<td>Ablative skin resurfacing, collagen shrinkage, remodeling, epidermal/dermal lesions, seborrheic keratoses, verrucae vulgaris, xanthelasma, sebaceous gland hyperplasia, adnexal tumors</td>
<td>Postoperative erythema and edema, bacterial and viral infection, pigmentary alteration, ectropion, hypertrophic scar formation</td>
<td>Cornea</td>
</tr>
</tbody>
</table>

**KEY:**
* Use is limited in darker skin types.
^ Safer for hair removal of darker skin types.
# Safer for darker skinned patients.

**REFERENCES:**
Tanzi EJ, Lupton JR, and Alster TS. Lasers in dermatology: Four decades of progress. 2003 JAAD
http://www.emedicine.com/derm/topic525.htm

**ABBREVIATIONS:**
CW: Continuous-Wave  Nd: Neodymium  Hb: Hemoglobin
QS: Quality-Switched  YAG: Yttrium-Aluminum-garnet

**Boards’ Fodder Archived Online**
You can view past board fodders at the Residents section of the Academy’s Web site, www.aad.org/professionals/Residents/BoardsFodder.htm. Topics (in PDF format) include:
- Syphilology
- Bones, Eyes, and Nails
- Contact Allergens
- Viruses
- Porphyrias
- Genes
- Bugs and their Vectors
- Histologic Bodies
- Inherited Palmar Plantar Keratodermas
Watch for all-new DIRECTIONS in RESIDENCY, next issue!

When Resident Roundup was first published, in 1999, it began as a four-page, two color publication, produced three times a year. Thanks to the interest of the residents in the publication and the commitment of our sponsors, we now have a four-color, eight-page publication, published it four times a year. It also has several sustaining features, like Boards Fodder, Practice Makes Perfect, and Spotlight on Residency. What was once a little “roundup” newsletter is now becoming a mini-journal for residents.

Accordingly, it’s time to update and improve our newsletter. Next issue you will see the premiere of Directions in Residency. The new name for the publication reflects forward movement — a sense that residents are coming into their own and heading into a new direction as dermatologists. The new publication will continue to carry the features that have been successful. What you’ll see in 2006, apart from the new name, are some updates to the magazine to make it look fresher. We’ll continue to have the features that have been successful, and we’re also adding some new features, like Horizons, spotlighting residents making a difference and Reflections, where Academy leaders will give their thoughts about their residency experience. As we continue to grow, we also want to develop more new features — whether it’s a feature you’d like to see developed or one you’d like to develop yourself, you can send your ideas to the editor at dmonti@aad.org.

In the meantime, watch your mailbox this summer for the all-new Directions in Residency!