

Best board tips ... ever!

If you were drawn to this article, it probably means you are craving any and all information about preparing for your board examination. But if you are reading this article, it also means you are not, at this moment, preparing for the boards. We don't want that. So we've attempted to compile a concise overview of what you need to know and give you the resources you need to further your studies. Absorb this article, remember it. Save it. Pass it on to another anxious resident if you think it'll help. And then get back to prepping for your boards.

Exam format - what to expect

The test is one day and there are three sections: a dermatopathology test, a written multiple choice test, and an image-associated test (Kodachromes). You will receive a single, pass/fail score.

The **dermatopathology section** will encompass the entire spectrum of dermatopathology, both neoplastic and inflammatory, including: 36 slides at two minutes per slide. For each of the 36 slides, you will be asked to select the correct answer from either five possible choices or 26 possible choices.

The 36 slides will be divided into six boxes, each containing six slides. You will be given 15 minutes to review and formulate answers for each box of six slides. At the end of 15 minutes, you will be required to pass your box to the next person. You cannot return to a given box once your time allotment for that box has expired.

The **written examination** portion consists of 132 questions; you are allotted about 40 seconds per question. It will cover basic science and clinical dermatology, medical ethics, photobiology, anatomy, physiology, genetics, radiation therapy, pharmacology, and electron microscopy. Considerable emphasis is placed on



comprehensive knowledge of the literature.

The image-associated examination in clinical and laboratory dermatology and dermatologic surgery (**Kodachromes**) will include 160 projected digital images; you are allotted approximately one minute per question. This portion of the exam will include:

- Patient images
- Diagrams, illustrative drawings (example: laser chromophores)
- Skin scrapings, smears, histochemistry, fluorescence photomicrographs, electron micrographs
- Microbiology images
- Surgical procedures (flaps, anatomy)

See **Board Tips** on p. 3

AMA Update



Sara Brooks, M.D., is a medicine-dermatology resident at Washington Hospital Center and Georgetown University Hospital.

Residents at the table: Report from the AMA

by Sara Brooks, M.D.

The air was buzzing with the sound of health system reform during the 33rd Interim Meeting of the American Medical Association Resident and Fellows Section in Houston, Texas, held Nov. 5-7. Health system reform, however, was not the only issue discussed. Our section passed a number of noteworthy resolutions. Of the six resolutions and two reports that were entertained, four resolutions were passed and one report was approved.

The first and second resolutions were related, and pertained to the US

military's "don't ask, don't tell" policy. The first pointed out the fact that currently, if a patient in the military tells his or her physician that he or she is homosexual, that is grounds for dismissal. This resolution seeks to prevent this so as to not impede the physician-patient relationship. The second, related resolution seeks to provide the same benefits to dependent children and spouses of legal same-sex marriages as are afforded to heterosexual military dependents.

See **AMA UPDATE** on p. 6

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How and what to study

Stick to a study system that you know and that works for you. Your studies should include these core texts:

- *Andrews' Diseases of the Skin*
- Fitzpatrick's *Dermatology in General Medicine*
- *Dermatology* (Bologna, et al.)

Because the written multiple choice exam places "considerable emphasis on comprehensive knowledge of the literature", former residents recommend that you supplement your core texts with literature from *JAAD*, *Archives of Dermatology*, and *Journal of Investigative Dermatology*.

Dermatopathology

First, review as many slides as you can, using slides from a variety of sources to avoid memorizing individual slides. Practice driving the slides on the scope; it's a skill that needs to be practiced in order to maximize your use of the time given for each slide. The microscopes used for the boards do not have a 20X objective; study using only the 4X and 10X objectives. Also, use the 40X objective to confirm fine details only; be careful about "losing the forest for the trees."



The Barron Board Review

Barron's list (list of 192 diagnoses tested on recent exams) is considered very helpful. The Barron Board Review is only open to third-year dermatology residents and attending dermatologists who plan to take the 2010 American Board of Dermatology exam. It's held at the Cincinnati Marriott. More than 270 third-year dermatology residents throughout the country attended the 2009 review, and feedback suggests that most cases on the American Board of Dermatology exam were covered in the course. The first session, (May 2010) has 192 micro-

scope cases with a multiple choice exam, and a follow up case-by-case review and discussion. The second session, traditionally at the end of July, is a review of digital slides only. For more information, go to www.dermopathdiagnostics.com.

Other great resources for dermatopathology:

- www.dermopathdiagnostics.com
- Virtual Dermpath – www.virtualdp.com
- MDLive.net – online lectures, www.mdlive.net

Dermatologic surgery

A thorough review of anatomy will serve you well when preparing for surgical aspects of the exam. Pay particular attention to the ear, nasal cartilages, facial nerves, arteries, veins, foot and hand nerves and vessels.

Also review flaps, chemical peel agents, and lasers. The MDLive.net lecture series, at www.mdlive.net is a good resource for dermatologic surgery.

Kodachromes

Kodachromes are an essential element of your studies and ending each day with 30 minutes of reviewing images may help them stick in the brain. The following texts are highly recommended:

- Fitzpatrick's *Dermatology in General Medicine*
- *Dermatology* (Bologna et al.)
- *Atlas of Clinical Dermatology* (du Vivier)
- *Genodermatoses* (Spitz)
- *Lever's Histopathology of the Skin* (for electron micrographs)
- *Atlas of Microbiology of the Skin* (Leshner)
- *Surgery of the Skin* (Robinson et al.)

Questions and Lectures

Reviewing sample board questions and lectures are of great value when studying for the exam. The two most highly recommended sources are:

Survivor tips!

We've collected a few quotes from dermatologists who have "survived" their board exams and offer a range of tips for preparing for the overall exam, and facing down specific sections.

- "My classmates and I did practice dermpath exams. We practiced in a timed format with unknown slides — six slides in 15 minutes. By the time I took the actual test, the timing, reading, and passing of slides was second nature."
– Ginger Mentz, M.D.

- "The best advice I can give is to pace yourself and start studying early. There is way too much information to cram for the exam."
– Josh Zeichner, M.D.

- "I reviewed previous Miami Review books of previous board questions which was very helpful. I also looked at a number of dermpath slides, so I felt comfortable interpreting the specimens."
– Priya Zeikus, M.D.

- Miami Review
 - older paper review books
 - online lectures via Skin & Aging www.skinandaging.com/sa/miamireview
- Dermatology In-Review (ETAS, Stiefel)
<http://dermatology.etasonline.com>
In addition to the quotes and comments provided by our "boards survivors," much of the information from this article was drawn, with kind permission, from a presentation given by Bethanee Schlosser, M.D., at the 2009 Chief Academy Annual Meeting, sponsored by the Dermatology Education Foundation. Dr. Schlosser is a frequent contributor to AAD's Young Physician Focus. The Chief Academy was started by Ashish Bhatia, M.D., as a means of educating rising dermatology chief residents and preparing them for their chief year as well as life after residency. For more information, go to www.chiefacademyonline.org.

Important Immunohistochemical stains in dermatology

Sheila M. Valentin Nogueras, M.D.

Neoplasm/disorder	Stain	Comment
<i>Atypical fibroxanthoma</i>	Vimentin+ CD99+ CD10+ Pro-collagen-1+ LN-2 (CD74)-	CD68+ (57-62%) α1 anti-trypsin and α1 anti-chymotrypsin + in >50%
<i>Malignant fibrous histiocytoma</i>	LN-2 (CD74)+	Weak staining for CD99
<i>Basal cell carcinoma</i>	bcl-2+ (diffuse staining) peanut agglutinin+ (band-like peritumorous reaction) Ber-Ep4+ CD34-	Clinically aggressive BCCs have low labeling with <i>bcl-2</i>
<i>Trichoepithelioma</i>	bcl-2+ (only in basal layer) peanut agglutinin- Ber-Ep4+ (~75% of desmoplastic TE) CD34+ (peritumoral fibroblasts)	Desmoplastic trichoepitheliomas are CK20+ due to the presence of Merkel cells (uncommon in BCC)
<i>Dermatofibroma</i>	CD34- FXIIIa+ Stromelysin-3+	
<i>Dermatofibrosarcoma protuberans</i>	CD34+ FXIIIa- Stromelysin-3-	
<i>Epithelioid sarcoma</i>	Cytokeratin (CK8, CK19)+ EMA+ Vimentin+	~50% are CD34+
<i>Granular cell tumor</i>	S100+ NSE+ Granules are: PAS+ PTAH+	Myelin basic protein staining variable
<i>Hemangioma of infancy</i>	GLUT-1+	
<i>RICH</i> <i>NICH</i> <i>Vascular malformations</i> <i>(capillary, lymphatic, venous, and arteriovenous)</i>	GLUT-1-	
<i>Infantile digital fibromatosis</i>	Eosinophilic cytoplasmic inclusion bodies are: PTAH+ Masson trichrome+ actin+ PAS-	
<i>Kaposi's sarcoma</i>	HHV-8+	Variable staining for CD31, CD34, <i>Ulex Europaeus</i> , and factor VIII-related antigen
<i>Leiomyosarcoma</i>	Vimentin+ Desmin+ Smooth muscle actin+	
<i>Mastocytosis</i>	Giemsa+ Toullidine blue+ Leder (chloracetate esterase)+ c-kit (CD117)+	CD25+ on cutaneous mast cells from adult patients with UP is predictive of systemic mastocytosis
<i>Melanoma</i>	S100+ HMB-45+ MART-1+	Desmoplastic melanoma: S100+ p75 Neurothrophin receptor (p75 NPR) + HMB-45- MART-1-



Sheila M. Valentin Nogueras, M.D., is an assistant professor in the department of dermatology at the University of Puerto Rico.

Important Immunohistochemical stains in dermatology

Sheila M. Valentin Nogueras, MD

Neoplasm/disorder	Stain	Comment
Merkel cell carcinoma	CK20+ : paranuclear dot staining CK7- Thyroid transcription factor (TTF-1) -	neuron-specific enolase (NSE), EMA, synaptophysin, and chromogranin + CD44+ may indicate metastatic potential
Metastatic small cell lung carcinoma	CK20- CK7+ TTF-1+	
Microcystic adnexal carcinoma	CEA+ EMA+ Ber-Ep4-	Morpheaform BCC and desmoplastic trichoepithelioma are Ber-Ep4+
Mycosis fungoides	CD2, CD3, CD4, and CD45RO+ CD8- CD30-	Loss of CD7 (non-specific)
Mammary Paget's disease	CK7, CEA, EMA, low molecular weight cytokeratins (Cam 5.2), PAS, Alcian blue, and mucicarmine +	
Primary extra-mammary Paget's disease	CK7 +/CK20-/GCDFP-15+	Both are CEA, EMA, low molecular weight cytokeratins, PAS, Alcian blue, and mucicarmine +
Secondary extra-mammary Paget's disease (Associated with an underlying visceral CA)	CK7 +/CK20 +/GCDFP-15-	
Spitz nevus	S100A6+ p16+	vs Melanoma: weak staining with p16 and S100A6

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The third adopted resolution asks that the AMA encourage physicians to keep in mind the impact of unmet legal needs on the health of patients, as well as give doctors resources related to screening for these needs. It also calls upon hospitals and community health care organizations to develop medical-legal partnerships in order to meet this unmet demand. The fourth adopted resolution asks that the AMA works with the ACGME to develop standards for the use of 360 degree resident evaluations, including making sure they are valid and confidential.

Health system reform

Although these were the specific topics discussed in the Resident and Fellows Section, the overarching theme of the entire AMA House of Delegates meeting was health system reform, and the AMA's support of the US House of Representatives health system reform bills HR 3961 and HR 3962. Although many feel the bills are far from perfect, the AMA realized that health system reform would proceed with or without the organization's input, and felt it was better to have a seat at the table than to immediately discount any reform measures, a position that would, in the end, leave doctors without a say.

This is a fast-moving issue, and the Senate bill is currently being discussed. Unfortunately, this bill is much less favorable to doctors than the recently passed House version. A great resource for dermatologists regarding the latest developments in the debate and legislation is the Academy's online Health System Reform Resource Center, accessible at: www.aad.org/gov/index.html.

How any of this legislation would affect us as dermatologists is yet to be seen. However, in a recent letter to key House members including Speaker Nancy Pelosi, as well as Chairmans Charles Rangel, Henry Waxman and George Miller, the American Academy of Dermatology Association supported the bill, and specifically appreciated the fact that the bill does not immediately impose a new physician payment model, which could potentially be devastating to the 73 percent of dermatologists who are either solo or small group practitioners. Also positive for dermatologists was the

Race for the Case by Andrew Krakowski, M.D.



This otherwise healthy appearing 6-month old Hispanic male presents to you with "two bumps on his face" that were present at about 1 month of age and a third lesion on his left lateral thigh that appeared at about four months of age. The patient's mother says the lesions have turned a little more yellow and she admits to squeezing them without effect. On physical exam, you note three discrete, round, firm papules, about 1 cm in size, with a waxy, yellowish-pink hue. Importantly, there is no hepatosplenomegaly and further work-up reveals no extracutaneous involvement. A punch biopsy reveals a dense dermal infiltrate of foamy histiocytes and numerous giant cells

with a central wreath of nuclei and a peripheral rim of eosinophilic cytoplasm. Special staining reveals the histiocytes are S100 negative and CD1a negative.

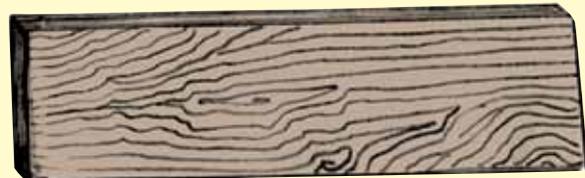
Submit the diagnosis to dmonti@aad.org. The first person to nail the diagnosis will receive a Starbucks gift card. The answer and the name of the winner will appear in our next issue.

The answer to last issue's Race for the Case is **acroangiodermatitis (pseudo-kaposi)**.

The first person across the finish line was Abdel Kader El Tal, M.D., dermatology chief resident, Wayne State University, department of dermatology, Dearborn, Mich. Congratulations and enjoy your coffee. 

Skin Deep

Question 8: Identify:



a) oak b) cedar c) knotty pine d) cherry

Dr. Marpole realized too late that he was taking the wrong board exam.

fact that the final bill bolstered primary care services without taking away funding from specialists. In addition, eliminating, or at least addressing, the issue of the sustainable growth rate (the complex Medicare physician payment formula which creates much confusion and the potential for severe payment cuts) appears to be a step in the right direction. The House addressed this in a second bill passed on Nov. 19.

The AADA joined the AMA in its support of the House bills. The

AADA opposes the Senate bill in its current form. The endorsement of influential groups like the AMA and the AARP was considered critical to the House bills' passage. Even if one does not like the AMA's current position on various issues, it is still so important to join and have your voice heard. If you don't like things, speak up! You may be the one to change their policy. Join the AMA at the following Web site, www.ama-assn.org; it could be the most important thing you do today. 

Plan ahead for Miami 2010

Advance registration for the American Academy of Dermatology's 68th Annual Meeting in Miami Beach opened for dermatology residents on Nov. 24. The meeting features a rich program covering all aspects of dermatology practice. Many sessions have been designed with residents in mind. The program includes these session listings (available at press time):

C05A-D	Basic Self-Assessment of Dermatopathology	Friday, March 5	7:00am-5:00pm
U009	High Yield "Power Hour" for Residents	Friday, March 5	7:15am-8:45am
C011	Basic Dermatopathology	Friday, March 5 & Saturday, March 6	9:00am-5:00pm
F023	Resident Jeopardy	Saturday, March 6	9:00am-11:00am
F037	Resident Transitions	Saturday, March 6	3:00pm-5:00pm
F038	Careers in Academic Dermatology: Beer & Wine	Saturday, March 6	3:00pm-5:00pm
F023	Residents & Fellows Symposium	Sunday, March 7	11:00am-2:00pm
U126	An Approach to Cultural Diversity in Dermatology	Monday, March 8	12:15pm-1:45pm

Check your program book (or online at www.aad.org) to view the full listing of Resident Track courses (including course numbers and CME credits) available when you register for the meeting. Watch the AAD Web site, www.aad.org, for more information as it becomes available. 

Important change in resident travel stipend

New for the 2010 Annual Meeting, each qualifying resident will receive one \$790 reimbursement check to assist with hotel and air travel expenses (local residents who book a hotel will receive \$500). This new process allows residents the flexibility to stay at the hotel of their choice and to also book their own air travel arrangements. The program will once again provide support for three years of residents (those completing their programs in 2010, 2011, and 2012). The deadline for both programs is 12 p.m. (CT) on Wednesday, Jan. 29, 2010. Due to the large volume of participants, this deadline cannot be extended under any circumstances. 

Save the Date!

Resident Reception
Friday, March 5, 2010
5 – 6 p.m.
Lowes Miami
Beach Hotel
Americana
Ballroom – Salon 1

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5:00pm – 7:00pm

For more information please contact the Member Resource Center at (866) 503-SKIN (7546).

message from the chair



Jennifer Lucas, M.D.

It's hard to believe that it is once again time to think about the AAD Annual Meeting. Please check out page 7 for important meeting information. In particular I would like to draw your attention to the information on the AAD resident grant program for travel and housing at the meeting in Miami. And don't delay; register now for the courses you desire!

It's been a busy year, and I'd like to update you some of the exciting projects that the RFC is currently working on for you.

- We are working toward an updated, user-friendly and pertinent AAD Web page dedicated to dermatology residents. We will be incorporating tools and resources to help you transition to your future career or fellowship, give you access to study materials and tips for the ABD certification exam.
- At present we are working to provide you with additional study materials for your ABD certification and mock board exam. Current projects include the creation of a board study tool kit.
- Not only are we working to identify mentors to help with career choice on the resident Web page, we are also piloting a project with the RFC to create a more formalized mentorship program to foster future leaders in the field.

As I know you're aware, we are in the midst of an important health sys-

tem reform. Visit the AADA Health System Reform Resource Center at www.aad.org/gov/index.html to keep apprised of the latest developments. Your input on this matter is important to us, as well, so please e-mail your questions and concerns to govtaffairs@aad.org. The AADA will be sending periodic updates on our position and a grass roots campaign will be seeking help from residents. Watch your e-mail for updates. And if you haven't already done so, consider joining DAN and Skin PAC.

As you can see, your committee has been very active, working to identify and address your needs. Thank you to all of this year's committee members for their enthusiasm and hard work to date. I would also like to congratulate Andrew Krakowski, M.D., on the great job he is doing as the physician reviewer for this publication. Please enjoy the new features he has helped to implement. Should you have any questions on our projects or if you have other suggestions feel free to contact me or the other committee members. We would love to hear your input! Otherwise, when you get the chance please thank them for all the hard work they are doing for you! Stay tuned for updates on our current projects and let us know of any issues or concerns that you may have. Have a great winter! 

Flash! New technology for Directions on the Web

Directions in Residency is on the Web with a new Flash PDF technology that allows you to virtually turn the pages of the newsletter, and also make use of hyperlinks and e-mail addresses within each issue. Check it out on the Residents/Fellows section of the Academy's Web site, www.aad.org. If you have other ideas for interactive content or just want to let us know what you think, contact Dean Monti, senior editor at dmonti@aad.org. 



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Directions in Residency

Winter 2009

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