Who makes up an IRB?

Federal policy requirements state that an IRB must be comprised of at least five members with varying backgrounds. The members must include physicians, scientists, and at least one member who is unaffiliated with the institution and who is not immediately related to someone affiliated with the institution.

At least one of the members must be involved in a nonscientific area, such as a lawyer, teacher, or ethicist. Additionally, at least one member must represent the general perspective of the research subjects.

The IRB should make an effort to include men and women as well as various ethnicities, although gender and ethnicity should not be the determining factor.

Participating on an IRB is often a very rewarding experience. Part of the appeal of being involved in the approval and review process is being on the frontline of potential medical breakthroughs as well as exciting technology developments, Dr. Palli said. Occasionally the time commitment — reviewing protocols and attending meetings — can make the process challenging.

Another advantage to sitting on an IRB is being able to witness various research trends. One of the current trends, Dr. Palli noted, is related to the field of dermatology. “A significant number of industry-sponsored studies are related to biologics.”

Getting involved in clinical research

Dermatologists who enjoy the academic/research aspect of dermatology might consider organizing clinical research trials. Not only are they a great way to explore your own research questions, but they’re also a positive contribution to society.
Merz Pharmaceuticals proudly supports the American Academy of Dermatology and the *Young Physician Focus* newsletter.
Money, money, money, money … mo-ney

Like the song says, “some people got to have it; some people really need it.” Clinical trials really need it. One of the most critical aspects of preparing for clinical trials is finding funding for the project, which can come from the National Institutes of Health (NIH), pharmaceutical companies, academic institutions, or research-focused medical societies, among others. Before seeking funding, the research question should be firmly in place and a list of agencies and grants should be identified. Researching all funding possibilities as early as possible will make creating schedules and meeting deadlines much more manageable. Just like college application deadlines, funding deadlines should be taken seriously.

The NIH website, www.nih.gov, is a good starting point for locating available grants and funding, however, there are many other options to look into as well. Use search engines and take advantage of mentors’ experiences — exhaust all possibilities for funding.

After the IRB reviews the protocol, they will accept, reject, or request modifications to the research plan. Once the IRB and other necessary approvals have been given, the clinical research trials can begin, although the principal investigators will still have to report to the IRB from time to time. For more information about complying with Federal Policy regulations and other investigator instructions, visit www.clinicaltrials.gov.

While clinical trials can be time consuming, Dr. Palli found that with the help of a well-trained support staff, dermatologists may choose to work in a clinical practice setting or pursue other academic interests in addition to the clinical research.
ETHICAL CONSIDERATIONS: THE DERMATOLOGIST/PHARMACEUTICAL INDUSTRY INTERFACE
By Karen Scully, MD, MA, Ethics

This is the second in a series of articles devoted to ethics for young dermatology physicians. This issue's topic covers dermatology and the pharmaceutical industry.

The pharmaceutical industry presently supports medical research and medical education to a significant degree. There has been growing concern in recent years that this may cause bias and not be in patients' best interests.

Pharmaceutical companies a pervasive element

Pharmaceutical companies engage physicians in a number of ways, including having its representatives visit physician offices marketing their products, paying physicians to speak to other groups of physicians, having physicians sit on company advisory boards, and so on. Physicians' financial ties to industry may place them in a conflict in which professional judgment concerning a primary interest (care of the patient) may be unduly influenced by a secondary interest, in this case, financial gain. Significant ethical issues revolve around the relationship between dermatologists and the pharmaceutical industry, the cosmetic industry, and device makers. Although this relationship may result in positive and important advances in medicine, it can also test the integrity of the dermatologist and medicine as a profession. Patients need to be able to trust that their physicians are making decisions with their best interests at heart. Can the dermatologist advocate for his/her patient and, at the same time, be a paid consultant for a pharmaceutical company?

Can influence be objectively judged?

Let's look at physicians' interactions with pharmaceutical representatives. Studies show that the more frequent the contacts between physicians and pharmaceutical representatives, the greater the likelihood that the physician will prescribe that company's product preferentially. Not only will physicians deny this influence, but they are also poor judges of the extent of that influence on their prescription writing. Even small gifts can influence the behavior of the recipient in ways the recipient does not always realize, according to social science studies. One study looked at prescriptions of two drugs, before and after the pharmaceutical company's funded conference at a resort. There was a significant increase in prescriptions written for both drugs by the attendees at that conference, which was statistically significantly different from the national usage pattern. These authors concluded that physicians' relationships with the pharmaceutical industry conflict with their duty to act in the best interests of their patients. Another conclusion could be that the attendees became more familiar with these particular drugs and felt more comfortable prescribing them.

Beneficence

The ethical issue here is not only whether physicians' prescribing habits are influenced by these contacts (as they certainly are), but whether the relationship is beneficial or harmful to patients. Referring to ethical principles, beneficence dictates that it is the physician's duty to act in his/her patients' best interests and avoid potential harm. Pharmaceutical representatives inform physicians about risks and benefits of their company's drugs and products, which is certainly biased. Physicians can take this bias into account and supplement the representatives' information with educational information from other sources.

Assessing samples

Another means by which industry might influence prescribing habits is through sampling. Providing samples to patients may be helpful in a number of ways. Giving patients samples may ensure that the drug is well tolerated and is effective in that patient. Samples may be given in bulk to indigent patients to defray the cost of the drug. On the one hand, samples being used in these ways would help the patient financially and therapeutically. On the other hand, samples distributed by pharmaceutical representatives are usually of newer, heavily marketed drugs, which may be convenient but not necessarily best for the patient.

In an attempt to limit pharmaceutical bias, physicians may restrict giving samples to patients who cannot afford them in a situation in which no generic alternatives are available.

Transparency an important element of awareness

It is important that dermatologists are aware that there are conflicts of interest in relationships with pharmaceutical companies. These ties need to be disclosed in a transparent fashion. This is one way to manage the dermatology/industry relationship. Some would argue that these relationships should not be a part of medical residency education. Several residency programs prohibit pharmaceutical representatives from visiting hospitals and bar companies from having any interaction with residents. However, newly graduated dermatologists and young physicians may choose to interact with pharmaceutical representatives with a view that there may be other ways to manage this interface and retain integrity. Yet they will have had no experience dealing with the pharmaceutical industry.

There is some evidence that pharmaceutical companies are being accountable and more...
Awards for Young Investigators

The AAD Awards for Young Investigators in Dermatology recognize outstanding basic and clinical/translational research by dermatologists-in-training in the United States and Canada, and the residency programs that support their efforts. The purpose of the award is to acknowledge research contributions that further the improvement of diagnosis and therapeutics in the practice and science of dermatology.

Two outstanding young investigators will be selected as recipients of the award, which is presented during the AAD’s Annual Meeting. Clinical researchers are encouraged to apply.

Each winner will receive an engraved plaque and a $6,000 prize that is shared between the investigator and the nominating residency program on a 50/50 basis.

For online submission information and further details, visit www.aad.org/young-investigators-award.

Nomination Deadline
September 30, 2012
EXPLORE THE WORLD OF DERMATOLOGY: INTERNATIONAL SOCIETY MEETING TRAVEL GRANTS AVAILABLE FOR 2013

Application deadline Sept. 28

Through mutual arrangement with several international dermatological societies, travel grants are available to young dermatologists from the United States and Canada to attend the 2013 annual meetings of select societies. Participating societies include the Brazilian Society of Dermatology, the British Association of Dermatologists, Chilean Society of Dermatology, European Academy of Dermatology and Venereology, French Society of Dermatology, Indian Association of Dermatologists, Venereologists and Leprologists, The Irish Association of Dermatologists, Israel Society of Dermatology and Venereology, Italian Society of Dermatology, Scottish Dermatological Society and Dermatological Society of Singapore. Each Society has different requirements and provisions, as well as meeting dates and locations. For specifics and to submit an application, visit AAD International Society meeting Travel Grants.

Applicants must:
• be within 5 years of completing residency at the time of the meeting,
• have completed at least 1 year of training at the time of the meeting, and
• attach a letter of recommendation to the online application

All potential scheduling conflicts must be resolved to avoid last-minute cancellations. The deadline to apply for the 2013 meetings is September 28, 2012. Applicants will be notified by November.

WHAT A WONDERFUL WORLD: TRAVEL GRANT RECIPIENTS SPEAK OUT

The international experience is different for everyone, but shares one commonality, to wit, an appreciation for a unique and memorable opportunity. Here are some comments from recent travel grant recipients:

“The conference was tightly organized and heavily focused on medical dermatology. This opportunity reinforces the importance that dermatology can expand in great ways if we stay in touch with our international colleagues.” Jennifer Y. Lin, MD (attended British Association of Dermatologists Annual Meeting).

“Despite all our professed differences between nations, perhaps we are more similar than we realize! Outside of the lectures, I also had many memorable experiences. I enjoyed mingling with my British colleagues, and I will always remember our conversations fondly.” Catherine Chen, MD (attended British Association of Dermatologists Annual Meeting).

“I attended several ‘test yourself’ sessions including dermatopathology and dermoscopy, which I especially enjoyed because they were interactive sessions using turning point technologies. I was able to participate in these sessions and definitely learned clinical pearls that I will be able to use in the future when treating patients as well as some good tips for board exams.” Elizabeth Farhat, MD (attended EADV in Lisbon, Portugal).

“It was an enjoyable, educational experience. An additional perk is that I made some new, lifelong Chilean friends in the process. I have gained newfound respect and knowledge of Chilean dermatology through this experience and would recommend that other residents take advantage of the various AAD International Travel Grant opportunities.” Marcelyn K. Coley, MD (attended the SOCHIDERM meeting in Pucón, Chile).

“I will undoubtedly remain in contact with several of these dermatologists over the years, which will hopefully bring more wonderful experiences and collaborations in the future. Once again, thank you for this unique opportunity.” Brian Kleker, MD (attended the SOCHIDERM meeting in Pucón, Chile).

“I was surprised at the magnitude of the meeting and the many conferences available. I targeted conferences related mostly to tropical diseases such as leprosy in order to deepen my knowledge about these diseases that are rarely encountered in North America. I learned much about the different clinical presentations of Hansen’s disease, but also how to deepen my skin examination by adding the neurological examination to it.” Mélissa Nantel-Battista, MD (attended Brazilian Society of Dermatology 2011 meeting in Florianopolis, Santa Catarina).
YOUNG PHYSICIANS TAKE PART IN RECORD-BREAKING SAN DIEGO MEETING

Despite some overcast weather, American Academy of Dermatology’s 70th Annual Meeting, March 16 – 20, in San Diego, was a huge success. Perhaps that’s because all the best events happened indoors. Who needed Sea World when there was a bright, lively atmosphere reverberating throughout the San Diego Convention Center? Many young physicians flocked to Southern California to network with colleagues, attend educational sessions, and learn more about skin disease. And this year’s meeting set multiple attendance records that made San Diego the biggest meeting ever.

At the Sharing Mentoring Experiences Breakfast, young physicians learned ways to further their career and the specialty of dermatology. Guest speakers (shown in center photo) included Brian Sperber, MD, Dirk Elston, MD, Marta Van Beek, MD, Jean Bolognia, MD, and Amit Garg, MD.

On Friday evening, March 16, the Academy hosted the Young Physician and New Member Welcome Reception, at the San Diego Marriott. The event was well-attended and the reception offered an opportunity to share good times with peers. Thanks to those that ‘struck a pose’ for the camera.

Registration is now open for the American Academy of Dermatology’s Summer Academy Meeting 2012, Aug 15 – 19 in Boston. Meeting news and information will be available via the AAD’s home page, www.aad.org. Additional news and information about the meeting can also be found at: www.aadmeetingnews.org.

Want to learn more about all that Boston has to offer? Check out the new Summer Academy Meeting promos featuring Academy President Dan Siegel, MD, on YouTube: www.youtube.com/watch?v=ZwvlbwXvGQ. There’s also an alternate version of the video here: www.youtube.com/watch?v=WvPK_BebE08. Or you can view the videos by going to YouTube and searching for “AAD Siegel.” We’re sure that you will recognize the man with the lobster.

BOSTON HAS EVERYTHING YOU COULD POSSIBLY NEED!

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MEET THE NEW CHAIR

This chair’s message is a bit different than the usual chair’s messages — namely, because this one isn’t written by the chair of the Young Physician Committee (YPC). Young Physician Focus (YPF) is excited to welcome Amit Garg, MD, as the new chair of the YPC. Since Dr. Garg has come onboard so close to press time, we didn’t press him for a column, and instead we want to welcome him to his new position and introduce him to YPF readers.

Dr. Garg is an associate professor and residency director at the Boston University School of Medicine. He and his beautiful wife Alpa have adorable 3-year-old twins. Dr. Garg’s specialty is medical dermatology, and his research interests include education and training outcomes, psoriasis, and health disparities in dermatology.

Dr. Garg is excited to help spearhead new YPC initiatives as well as continue to improve upon others: “This year the YPC will be focusing on the application of technology and social media to support peer-to-peer education, document sharing, and online communities and discussion groups. The committee will continue to support young physician involvement in the Academy’s advocacy efforts. We are also considering initiatives to support young physicians in preparing for maintenance of certification requirements,” Dr. Garg said.

Dr. Garg is a highly active member of the Academy. He’s a member in the mentoring work group; a mentor in the Academic Dermatology Leadership Program; an editor of the Dermatology Self-Assessment Program v5; a member of the Enduring Materials Committee; and he’s on the editorial board for DERMCLIPS. He’s also been the Alex Trebek of Resident Jeopardy at Annual Meetings since 2009.

We couldn’t be happier that Dr. Garg carved out room in his busy schedule to be the new YPC chair, and look forward to his leadership as we forge ahead this year! ☺