

Through the looking glass: Making physician-industry relationships meaningful

By Allison Evans, staff editor

As an early-career dermatologist, navigating a professional course can be challenging. There is a multitude of information to absorb, questions to answer, and decisions to make. In the midst of this, another question will loom — if and how to interact with industry when approached. Since residency programs often limit interactions between residents and physicians, it is important to understand potential conflicts of interest as well as the benefits industry provide the specialty of dermatology.

Open book, Open Payments

Recently, physician-industry relations have endured much scrutiny with the Physician Payments Sunshine Act in effect, part of the 2010 Patient Protection and Affordable Care Act (ACA). The act requires manufacturers of drugs, medical devices, and biologics to report payments and items of value given to physicians and teaching hospitals to the Centers for Medicare and Medicaid Services (CMS). The first disclosures are expected in September 2014 and will cover the period from August to December 2013. The AAD recommends that physicians also keep track of all of their own payments from industry to verify accurate reporting. For more information about the Sunshine Act, visit www.aad.org/SunshineAct.

Currently, the Sunshine Act does not apply to physicians in training and non-physician clinicians.

Moving ahead in one's career, however, greater transparency between practitioners and industry will make it easier to identify potential conflicts of interest. One potential conflict of interest may involve a physician that conducts clinical research trials for a drug company while also accepting payment for speaking or consulting on behalf of the same company. Critics believe that doctors who conduct clinical trials while accepting personal payments from the company can feel beholden to the pharmaceutical company, said Ornstein and Growchowski in a ProPublica article.¹ While this does not automatically make the interaction unethical, the relationship needs to be monitored to ensure potential conflicts of interest don't hinder scientific findings and clinical recommendations.

Industry matters

Despite the negative shadow, or at least thick veil of skepticism, that's been cast over physician-industry involvement, industry is a necessity in health care. According to the Pharmaceutical Research and Manufacturers of America (PhRMA), ethical relationships with health care professionals are critical to developing and marketing new medicines. Although clinicians that market and promote for industry are highly criticized, as they can be perceived as transforming themselves into sales reps, "one role of pharmaceutical research companies is to provide information about their medicines to health care professionals."

For young physicians in particular, industry can provide rewarding career options, said Jeannette Jakus, MD, MBA, inaugural recipient of the AAD's Translational Biotechnology Fellowship at Galderma. "As companies are looking for the new generation of doctors to lead them into the future, young physicians are the perfect candidates to bring fresh new ideas and skills to the table. There is a

strong need for new physician leaders in the pharmaceutical world, and companies are looking and willing to support these careers," she said.

Without industry, innovation would be significantly diminished, said Mary Maloney, MD, chief of the division of dermatology at the University of Massachusetts and deputy chair of the Academy's Professionalism & Ethics Committee. She

points out that industry may or may not share physicians' motivations. Industry must show profit to stay in business and provide a return on investment. However, "approval of new medications and devices require clinical trials and involvement of practicing physicians. So yes, we must partner with industry. The question is how to do this professionally?"

While marketing and promotion may offer its share of financial gain, there are other ways dermatologists can get involved with industry that may leave less room for ethical qualms, said Seemal R. Desai, MD, clinical assistant professor of dermatology at the University of Texas Southwestern Medical Center. "Clinical research trials are one way physicians may

See **Relationships** on page 3





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Relationships from page 1

feel more comfortable getting involved because they deal primarily in research and development as opposed to sales,” he said.

Dr. Desai, president and medical director at Innovative Dermatology in Plano, Texas, suggested that physicians look into investigator-initiated trials (IIT). These clinical trials are proposed by the clinical sponsor-investigator, without industry taking the role as sponsor. And while a pharmaceutical company may not sponsor an IIT, they can provide support to the sponsor-investigator in the form of test articles, grants, services, and advice, said clinical research scientist Surabhi Sharma, MD, in “Working with Pharmaceutical Companies on Investigator-Initiated Clinical Trials” in the *Journal of Clinical Research Best Practices*.²

“We must participate in clinical trials and well-designed studies,” said Dr. Maloney. “We have the expertise to run such studies and deliver the results on cutting-edge therapies. But these studies must be based in real science. Some companies have “pseudo” trials that pay physicians to try their therapy. As this arrangement lacks true scientific investigation, this is not an ethical practice.”

Through her fellowship, Dr. Jakus was introduced to the extensive research and development activities at Galderma. “As a newly graduated resident, with no previous exposure to the pharmaceutical industry, I was surprised by the complexities involved in the process of bringing a drug to market. I have been impressed by the high quality of research taking place and was excited to hear that many of the pathways and targets that I read about in my weekly journal club in residency were being experimented on right here behind these doors. Galderma, like other pharmaceutical companies, is truly interested in the needs of patients and is working hard to bring innovative and novel treatments to our field, beginning with the most

basic and fundamental research of identifying new targets.

“This process is very much dependent on physicians, and dermatologists in particular, to help define the clinical needs of our patients and to be advocates for our specialty,” said Dr. Jakus. “The relationship between physicians and industry is one that should not be overlooked, as who better knows the needs of our patients than we do?”

Make the relationship count

So how should a physician sort through all the confusion when it comes to deciding how to interact with industry? “My one mantra has been to always keep in mind that what you’re doing should be for the betterment of the patient,” Dr. Desai said.

“It’s important that by the time a resident graduates and becomes a young physician, he or she is able to differentiate between what is a valuable industry interaction and what is not a valuable interaction,” he said.

“Going to dinner to talk about a medicine for five minutes while having a five hundred dollar meal is not really meaningful. But going to a CME-accredited talk sponsored by an unrestricted educational grant to the organization that’s presenting is valuable because you’re learning about new technology and how patients can be treated. Yes, you learn about a new drug — but that drug is what we’re interested in because at the end of the day we need drugs to treat patients.”

We need to partner with industry for the benefit of science and the care of our patients, Dr. Maloney said. “We need to be compensated for work when we cannot bill for services. We do not need dinner or gifts. Let us separate science from gifts; let us pay for our own entertainment and rely on industry to develop new treatments that add to our fight for the health and well-being of our patients.”

Know the facts

Dr. Desai recommends that residents and young physicians familiarize themselves with the Academy’s position statement on Physician-Industry Relations.

Academy policies urge dermatologists to help maintain the “highest level of professionalism, ethics, and transparency by minimizing any actual and perceived conflicts of interest.” The Academy’s position statement notes that “there should be substantive, appropriate, and well-managed interactions between industry and physicians, including residents and fellows. ... Appropriate interactions with industry would help to ensure that physicians and residents avail themselves of the latest scientific developments and innovations impacting patient care.” Read the entire position statement at www.aad.org/positionstatements.

Dr. Desai also suggests looking at the big companies in dermatology — the players in the game. Know which ones specialize in research and development and which ones do not. “Is the company only out there to sell a product? Or are there companies that are really dedicated to our specialty?”

With the Sunshine Act in effect, the majority of physician interactions with industry will be visible in a publicly accessible database. “Your reputation is everything. It’s important to be selective in your pharma interactions so that your involvement continues to support what your treatment goals are for your patient and what your career goals are for your specialty,” Dr. Desai said.

References

¹ www.propublica.org/article/double-dip-doctors-paid-to-advise-promote-drug-companies-that-fund-research, Wednesday, March 25, 2014.

² http://oprs.usc.edu/files/2013/01/1108_IIT.pdf, August 2011. ○



Jeannette Jakus, MD, MBA, is an inaugural recipient of the AAD’s Translational Biotechnology Fellowship at Galderma.



Mary Maloney, MD, is chief of the division of dermatology at UMASS and deputy chair of the Academy’s Professionalism & Ethics Committee.



Seemal R. Desai, MD, is a clinical assistant professor of dermatology at the University of Texas Southwestern Medical Center.

HANDLING GOSSIP IN THE WORKPLACE

By Seemal R. Desai, MD

Imagine this situation: The front office staff is constantly gossiping. The check-in staff person is always talking about what they are doing over the weekend, specifically about last weekend when he or she “went out and got drunk at a bar.” However, the physicians are only aware of it after a conversation is overheard by a patient. The gossip has now evolved into other staff talking about what others are doing outside of work.

How would you handle this situation? Are there practical ways to prevent this from occurring?

The example above happened to me in my office while I was in the patient room. While it was embarrassing, it helped me realize that gossip can get out of control quickly, and it's best to be proactive and address it before it becomes a problem.

Set rules, but realize realities

In my office, we have an employee handbook that covers ethical conduct and appropriate office behavior. The handbook clearly states that gossiping and fraternizing in patient settings is strictly prohibited. But gossiping, in particular, is still hard to control. It's difficult to control what someone talks about. The best you can do is put policies and procedures in place that help set a structure and expectations. But realize, however, that gossip may always be a reality on some level.

Taking action

Gossip can have a negative effect on other employees, office morale, team effectiveness, and worst of all, on your patients. That's why it is especially important to confront these issues head on before they escalate. Your office is your professional domain, and anything that threatens the professionalism of your establishment has to be addressed — and addressed quickly.

I always tell my staff: Be careful what you say now, because it may come back to you. Gossip can be hurtful, and our job is to work together and focus on patients, and my job, as the boss, is to oversee staff professionalism while at the same time providing a place for professional development for my staff.

Addressing an uncomfortable situation

I always meet individually with the offender and document the meeting in his or her employee file. If you, as the boss, are getting conflicting stories about what is going on in the office, it is your job to find out the truth as best you can.




As mentioned earlier, I had the experience of a patient confronting me about inappropriate staff behavior. I was in the room with the patient performing a full body skin exam. I listened carefully to what the patient told me, who was not telling me about the staff's conversational topics to be mean, but rather to let me know what was going on. I apologized to the patient — that they had to overhear and experience this, and assured them that this is not normal behavior for our practice, which holds the highest level of professionalism and attempts to achieve this at all times.

Staff management resources:

- Making your employee reviews more effective (*Dermatology World*, May 2011) www.aad.org/dw/EmployeeReviews
- Staff Recruitment, Hiring, and Training eBook www.aad.org/StaffingBook
- Office Policy and Procedure Manual: A Guide for Dermatology Practices www.aad.org/OfficeManual

I acknowledged what had happened and thanked the patient for caring about the practice enough to bring this up. Thanking the patient for sharing the information was probably the most important part of the interaction.

With busy doctors and staff often moving in different directions, it can be hard to keep apprised of everything that's happening. I told the patient that I would personally address the situation. You still need to exercise caution, however, because even patients may not always be in the right. It's always necessary to hear all sides of a story before acting.

Additionally, I always have a nursing staff member with me in each room to assist with procedures, etc., and in this case, it was helpful because the staff member heard firsthand what the patient had said and witnessed the patient's complaint, which helped when discussing this during the staff meeting. Any staff behavior or conversation that negatively impacts the patient experience is an issue that must be swiftly and tactfully addressed. 

Seemal R. Desai, MD, is a clinical assistant professor in the department of dermatology at the University of Texas Southwestern Medical Center. He is the president and medical director of Innovative Dermatology in Plano, Texas, the past president of the Dallas Dermatological Society, and also serves in many AAD leadership capacities.



MAKING THE SKIN CRYSTAL CLEAR

Using x-ray crystallography to determine 3D structures of skin proteins

By Christopher G. Bunick, MD, PhD

Little did I know that as a kid those seemingly routine dinnertime conversations in my household would be the start of my physician-scientist career. On one side of the table was my mother, an endocrinologist, and on the other, my late father, a structural biologist at Oak Ridge National Laboratory (Oak Ridge, Tenn. being one of the “secret” cities involved in the Manhattan Project during World War II); as you might imagine, the conversations were an odd mix between medicine and basic science research.

Around the time of my junior high school science fair project, my father was working with a NASA program sending x-ray crystallography experiments into space in order to take advantage of the microgravity crystal-growing environment aboard the MIR and international space stations. Naturally, my first foray into structural biology was a science fair project investigating ways to mimic the microgravity environment on earth in order to grow better quality crystals. To me, the visualization of crystals under the microscope was both beautiful and magical. Approximately 20 years later, I am using x-ray crystallography to determine 3D-structures of proteins relevant to skin function and disease.

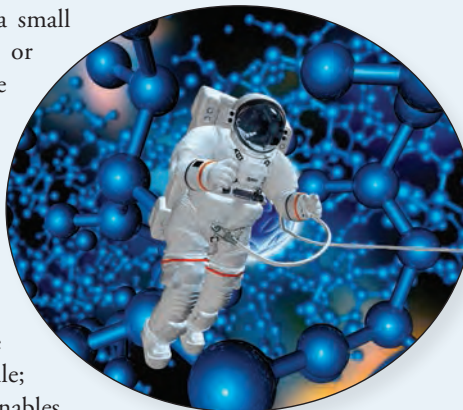
A brief definition of crystallography

Crystallography is a discipline in which a molecule of interest,

usually denoted as either a small molecule (e.g., a ligand or drug) or macromolecule (e.g., protein, RNA, DNA), is precipitated in a controlled manner from a soluble state in solution to a solid state in the form of a crystal. The crystal represents a highly ordered, repetitive array of the same molecule; this repetition and order enables diffraction of x-rays (or neutrons) to generate diffraction patterns. The specific reflections (diffraction spots) making up a diffraction pattern encode the critical information needed to ultimately determine the high resolution structures of molecules, such as proteins found in the epidermis or dermis.

Becoming a crystallographer — the Vanderbilt years

When I began my undergraduate studies at Vanderbilt University in 1996, I, like most freshmen, did not know where my career was headed. I was focused on playing varsity soccer and surviving pre-med classes. My father suggested I get involved in biomedical research, and he recommended his friend and colleague Professor Gerald Stubbs. The Stubbs lab was interested in the atomic structure of plant viruses. For the next three years Professor Stubbs would mentor me in x-ray crystallography and fiber diffraction while I investigated potato virus X, particularly its coat



protein (PVX-CP). This project is a great example of the highs and lows that may occur in crystallographic research: I was able to grow large PVX-CP crystals using a new technique we developed called evaporative microdialysis (the high), but the crystals were never able to diffract x-rays to the resolution needed for determining a structure (the low). Hence, x-ray crystallography is not just about having the beautiful crystal under the microscope, rather the lattice composing the crystal must be highly ordered in order to diffract x-rays.

After college graduation I entered the Medical Scientist Training Program (MSTP) at Vanderbilt

See **Crystallography** on page 6



Christopher G. Bunick, MD, PhD, is an instructor at Yale Dermatology, where he also completed his residency. His studies are currently being conducted in the laboratory of Thomas Steitz, PhD, winner of the 2009 Nobel Prize in Chemistry.

Crystallography from page 5

University School of Medicine. I performed PhD research in the laboratory of Professor Walter Chazin studying the biochemistry and structural biology of xeroderma pigmentosum C (XPC) protein; this protein is one of the key DNA damage recognition proteins involved in nucleotide excision repair. While this research was inherently dermatologic in nature, at the time I did not know that I would pursue dermatology as a profession. What became the single most influential factor in my decision to choose a dermatology career was the breadth of the specialty; I viewed a specialty that could interweave adult and pediatric medicine, surgery, histology, and biomedical research as a field with endless intellectual satisfaction.

In addition to studying xeroderma pigmentosum, I also investigated the structure and function of calcium-binding proteins, including S100 proteins. First, I determined the x-ray crystal structure of “calbindomodulin,” a rationally engineered calcium binding protein designed to have a more calmodulin-like conformational opening upon binding calcium. Second, I investigated the target binding site diversity of S100 proteins. This groundwork in calcium binding proteins proved crucial

(and fortuitous) for my current dermatologic research.

Establishing a crystallography niche in dermatology

Matching into the 2+2 dermatology residency track at Yale University was a blessing to my interests in x-ray crystallography. For a specialty that has, to the best of my knowledge, no American board-certified dermatologists doing primary structural biology research, Yale Dermatology’s approach to developing physician-scientists was important for my career development. Specifically, Yale Dermatology encourages young researchers to have a primary research mentor outside the department and a secondary research mentor inside the department. Performing one’s main research outside the department offers a way to keep research new, cutting-edge, and unique within the field of dermatology. This philosophy enabled me to join the laboratory of Professor Thomas Steitz, PhD, recipient of the 2009 Nobel Prize in Chemistry for structural studies of the ribosome.

For two years I have been performing crystallization studies of epidermal proteins in the laboratory of Professor Steitz.

One early success of my work has been determining the x-ray crystal structure of the calcium-binding domain of profilaggrin. My background in calcium binding proteins from my PhD work allowed me to understand the potential implications of an S100-fused type calcium-binding domain at the N-terminus of profilaggrin. The structure I determined offers molecular insights into dimerization and target binding of this domain of profilaggrin; my hope is this knowledge translates into new therapeutic approaches for atopic dermatitis and ichthyosis vulgaris. This structure represents my beginning to fulfilling a vision of molecular dermatology.

Vision of molecular dermatology

I envision the concept of “molecular dermatology,” where dermatologic conditions and/or diseases can be explained not only by genotype or phenotype, but also by the molecular characteristics of the proteins central to any specific disease. In essence, can the field of dermatology strive to understand the genotype — atomic structure — phenotype correlations for all of its diseases? As more atomic resolution structures are determined for epidermal and dermal proteins, the more our specialty will truly learn about the function of the skin. 🌐

5 TIPS ON HOW TO BECOME A SPEAKER AT AN ACADEMY MEETING

By *Bethanee J. Schlosser, MD, PhD*

Young physicians often want to speak at Academy meetings and are encouraged to submit session proposals. And despite the call for submissions, the reality is that there are a finite number of sessions and speakers that any Academy meeting can accommodate. I don’t envy the task set before the members of the Scientific Assembly Committee (SAC) — the people that decide who speak on what topic for Annual and Summer Meetings.

If you want to present at an Academy meeting, but haven’t yet received a chance — don’t give up! Here are few tips on how you can get your foot in the door.

1. If you are a newcomer, apply first to speak at Summer Academy Meeting. Summer Meeting is the place where new speakers and sessions are road-tested. If you apply only to

Annual Meeting, you’re setting yourself up for disappointment. Deadline for submission of session information for Summer Academy Meeting 2015 is Oct. 6, 2014. Apply to present at www.aad.org/faculty/sam2015/application.

2. Don’t go at it alone! Focus sessions (the most common type of session for new speakers) no longer require one speaker to spew all they know for 90 minutes. Focus sessions now allow two speakers. Pair up with another young physician and/or a more senior colleague to give your session more bang for its buck.
3. Identify a gap — and fill it. Review past meeting programs and try to identify what’s missing. If a topic is missing and you’re passionate about it, submit a session on this new content. There are definitely areas



Bethanee J. Schlosser, MD, PhD, chair of the YPC.

of dermatology that are underserved and underrepresented at our meetings, e.g., mucosal dermatology, phototherapy, etc.

See **Speaker** on page 7

YOUNG PHYSICIANS SHINE AT ANNUAL MEETING IN DENVER



"Young Physician Pearls and Pitfalls" was presented March 23 at the AAD's 72nd Annual Meeting in Denver. The session was led by Gary Goldenberg, MD, and co-directed by Caroline C. Kim, MD, (shown above). The session offered young physicians the tools needed to be successful, including coding, mentoring, and lessons learned by other young physicians.



The Young Physician/New Member Reception, March 21, at the Hyatt Regency was another stellar success. At this year's reception, young physicians networked and socialized with each other and new members from across the country. They also had the opportunity to chat with Academy leadership and staff.



YOUNG PHYSICIANS COMMITTEE



The Young Physicians Committee (YPC) met in Denver during the 72nd Annual Meeting. Among those who attended the YPC meeting were (left to right): John Harris, MD, PhD; Roopal Kundu, MD; Danette Bentley, MD; Bethanee Schlosser, MD, PhD (chair); Sabrina Newman, MD; Lisa Chippis, MD; and resident member Brian Hinds, MD.

Speaker from page 6

4. Investigate who has directed forums and symposium sessions at past Summer and Annual Meeting sessions. Often these sessions are continued with the same director for up to three years. Reach out to these individuals and offer up your services as a new speaker on slightly different content that still fits the session's theme.
5. Be persistent and seek feedback. If your session is not accepted, ask for feedback from the Academy's education department and SAC. Accept the feedback constructively and put it to good use for future submissions.

Once you're selected to speak at an Academy meeting, give it your all. SAC takes session evaluations very seriously, and given the high demand and relatively low supply of speaking slots, you can guarantee that everyone will be putting their best foot forward. ☺

MESSAGE FROM THE CHAIR

Bethanee J. Schlosser, MD, PhD
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The 2014 Annual Meeting in Denver was a smashing success for young physicians (YPs) and the Young Physicians Committee! The Young Physician/New Member Reception was the place to be on Reception Row. We would again like to thank our sponsors, Amgen and Medicis, for their generous support. Under the watchful eyes of the convention center's big blue bear, the Young Physicians Forum, co-directed by Drs. Gary Goldenberg and Caroline Kim, was well-attended and greatly appreciated based on evaluations. The 2015 YP Forum in San Francisco will be co-directed by Drs. Danette Bentley and Lisa Chipps and is sure to bring new and exciting information to the attention of YPs. Planning for next year is already under way so please tell us what content you want to see and hear.

The election results are in ...

Participation in the 2014 Academy election decreased from 2013 with 30.3 percent of all eligible AAD members casting ballots (compared to 34.3 percent in 2013). But YPs continue to lag behind in their voter participation rate — only 25 percent of YPs voted in 2014 compared to 28 percent in 2013. The big question is why? I've asked myself that very question several times over the past year, and I would love to hear from you why you think that YPs participate in the Academy election at such low rates. And more importantly, what can we do to increase voter participation by YPs and across all Academy demographics.

And the opportunities just keep coming!

Register NOW to participate in the Academy's 2014 Legislative Conference in Washington, D.C., Sept. 7-9, 2014.

www.aad.org/2014LegislativeConference

June 30 – The deadline to submit an application for an AAD council, committee, or task force appointment. If you're interested in learning more about an Academy committee, council, or task force, consider reaching out to the committee/task force chair and/or staff liaison and ask to attend a meeting as a guest observer. It's a great way to learn more about a committee/task force's mission and ongoing activities and also to put a face to your name for future appointment applications. Names of chairs and Academy staff liaisons can be found on the Academy website at www.aad.org/forms/cctf/default.aspx. Click on 2015 Appointment Application to apply.

Aug. 1 – Deadline to apply for a scholarship to attend the World Congress of Dermatology Meeting in Vancouver, BC, June 8–13, 2015.
www.aad.org/WorldCongress

Aug. 8 – Leadership and Mentoring Reception at Summer Academy Meeting.
www.aad.org/SAM14

Oct. 6 – Deadline to submit session proposals for Summer Academy Meeting 2015.
www.aad.org/faculty/sam2015/application

The Academy's Summer Meeting is a great educational event with fewer distractions than Annual Meeting, where you can learn a ton and get those pesky CME hours and MOC tasks checked off your list. And who doesn't love Chicago in the summer? Hope to see you there! ☺

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SUMMER 2014

VOL. 12, No. 2

American Academy of Dermatology

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Caroline C. Kim, MD	2015
Sabrina Newman, MD	2017
Brian Hinds, MD, <i>Resident Member</i>	2015

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The American Academy of Dermatology would like to
thank Amgen for supporting the publication of
this issue of Young Physician Focus.