Final Program & Abstracts

Featuring...

Hands-on Training with High-fidelity Cutaneous Models:
- Tumor Excision/Wound Repair and Injectables
- Fillers & Injectables

Exhibit Hall Highlights:
- 128 exhibiting companies
- Complimentary breakfast, lunch & beverage breaks
- Wine and Cheese Reception
- RESIDENT KNOWLEDGE BOWL

A Capital Welcome Reception and Silent Auction

A Star-Spangled Soirée: ASDS Sixth Annual Gala
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One woman at a time

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And we’ve only just begun.

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Please extend a special thank you for their support while visiting the technical exhibits.
We cordially welcome you to our capital city for the 2011 ASDS Annual Meeting. A stellar event filled with unsurpassed medical content, global presenters, state-of-the-art tradeshow and a full schedule of networking and social events awaits you. The 2011 meeting claims an increase in international registration, an unprecedented 200 residents and many new faces on the educational program.

Before the main meeting even begins, we have three pre-conference sessions covering health care reform, practice start-up for residents, and hands-on experience in tumor excision/wound repair and injectables. Thursday starts four days of fast-paced learning and networking.

An inspirational and thought-provoking keynote lecture begins each day, with RADM Boris D. Lushniak, MD, MPH, US Deputy Surgeon General discussing prevention strategies on Thursday, Michael McMillan teaching us how to reframe problems into solutions on Friday, and Mohit Bhandari, MD, PhD, FRCSC making evidence-based medicine easier to understand on Saturday.

The 2011 “You Asked for It Session” will cover the latest in sun-screen regulations, the economic future of dermatologic surgery, and the next step in light based technology. The Reconstructive Challenge track covers repairs of key anatomical regions such as lip, eyes, nose and more. The Core Curriculum in Cosmetic Dermatologic Surgery track ensures participants will obtain the basics of fillers, lasers, peels, etc. to ensure maintenance of critical base-line knowledge. And, for the fourth year, we present the ever popular Iron Surgeon.

The hands-on workshops featuring high-fidelity cutaneous surgical training models will offer the most realistic hands-on experience possible without cadavers or live patients. Also debuting during the workshops and in the exhibit hall will be the just invented Diaphanous translucent model for filler injections. These models will change the paradigm in hands-on experience for dermatologists.

The exhibit hall will feature 122 companies offering products and services to keep your practice state-of-the-art. Do not forget about the 8am open on Friday and Saturday offering light breakfast fare so that attendees have ample time to view all the available booths. Don’t miss the high energy jeopardy-style Resident Knowledge Bowl.

Face-to-face meetings are NOT the thing of the past with ASDS. Much is learned from colleagues and industry and we have ensured ample networking and social opportunities. From the Wednesday YDS and Residents receptions to the Welcome Reception, Silent Auction, Resident Hospitality Suite, Wine and Cheese Reception, Wine Tasting and finally the Star Spangled Soirée Gala on Saturday ASDS offers inclusivity, camaraderie and community.

We would like to thank all the members of the Annual Meeting, Tradeshow, Development and other related Work Groups for their participation. All this would not be possible without the tireless effort from the ASDS staff. We would like to especially thank Kim Santaniello, Shonnie Shelton, Dana Brown, Tara Azzano and all the ASDS staff for their extraordinary skills.

We are pleased you have chosen to join us in Washington and look forward to your feedback.

Dee Anna Glaser, MD  
Ken K. Lee, MD  
ASDS Annual Meeting Co-Chairs
Important Safety Information

Oracea® (doxycycline, USP) is indicated for the treatment of only inflammatory lesions (papules and pustules) of rosacea in adult patients. In clinical trials, the most common adverse events reported were gastrointestinal upsets, nasopharyngitis/pain, and nasal congestion/sinusitis. Oracea® should not be used to treat microbial infections, and should be used only as indicated. This drug is contraindicated in people who have shown hypersensitivity to any of the tetracyclines, and, like other tetracycline drugs, may cause fetal harm when administered to a pregnant woman. Oracea® should not be used during pregnancy, by nursing mothers, or during tooth development (up to the age of 8 years). Although photosensitivity was not observed in clinical trials, Oracea® patients should minimize or avoid exposure to natural or artificial sunlight. All contraindications, warnings, and precautions associated with tetracyclines must be considered before prescribing Oracea®. The safety of Oracea® treatment beyond 9 months has not been established.
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Order the ASDS Live Learning Center!

24/7 ACCESS
to Annual Meeting sessions, including Q&As

ACCESS ONLINE OR DOWNLOAD TO YOUR IPOD/MP3 PLAYER
Bookmark sections
Highlight key information
Search key areas of interest

Visit the ASDS Learning Library Sales Desk
(across from registration)

Save $50 when you order onsite!
ASDS member $129 • Non-member $179

(Content subject to faculty agreement.)
The American Society for Dermatologic Surgery is an organization whose primary purpose is to promote optimal quality care for patients as well as support and develop investigative knowledge in the field of dermatologic surgery. The Society carries out this mission in order to further the interests and needs of the specialty, with the underlying purpose of contributing to the delivery of quality care in the ambulatory setting.

Purpose
The purpose of the Society's overall CME program includes the following:
• To provide physicians performing dermatologic surgery with a forum for the exchange of ideas and methodologies in dermatologic surgery and related medical and basic sciences
• To increase the body of knowledge existing in the field of dermatologic surgery
• To provide educational opportunities to members in all aspects of dermatologic surgery and its practices
• To promote the highest possible standards in clinical dermatologic surgery practice that foster increased physician competence, optimal procedural performance, and/or patient outcomes.

Content Areas
The scope of the Society’s educational program includes consideration of both the medical/surgical aspects of the specialty as well as basic science principles related to dermatologic surgery. The Society also includes selected socio-economic, legal, and ethical content within the overall scope of the program.

Audience
The primary target audience of the ASDS CME program includes the more than 5,200 members of the Society. Secondary audiences include members of the American Academy of Dermatology and other membership organizations who are dermatologists, but not ASDS members. The ASDS does not educate non-physicians with the exception of subject matter such as general dermatologic surgery or practice management.

Activities and Services
The following live learning activities are sponsored by the Society for CME credit:
• The Annual Scientific and Clinical Meeting;
• Periodic regional educational programs and courses conducted by the Society;

Other collateral learning resources not designated for CME include:
• Video, DVD and CD-ROM educational tools;
• A special core curriculum for dermatologic surgery appropriate as a reference for physicians in training as well as practicing dermatologic surgeons;
• The Dermatologic Surgery journal published by the Society;
• Funding research to promote the goals of the Society and the interests of the specialty, and
• Preceptorships.

Expected Results
The expected results of the American Society for Dermatologic Surgery’s (ASDS) CME program are:
1. Enhance the ability for dermatologic surgeons to demonstrate
   a. increased competence - measured through increased ability to identify and define the latest dermatologic surgery developments from pre-activity to post-activity;
   b. improved performance of dermatologic procedures – measured by comparison of immediate post-activity commitment to change responses to 6-month post-activity change responses; and/or
   c. improved health outcomes - measured by learner surveyed responses in areas including but not limited to lower complication/recurrence rates, faster acting or longer acting results, higher patient satisfaction.
2. Foster broader base-line competence in the cosmetic and surgical aspects of the Core Curriculum in Dermatology and related basic sciences. The ASDS must ensure that the content of its educational activities are scientifically based, accurate, current, and objectively presented. The ASDS has developed policies that will resolve all conflicts of interest prior to the educational activity being delivered to participants.
3. Achieve at least a mean score of 4.0 from aggregate learner population of entire CME program regarding learners’ assessed educational value and impact on practice.

RESOLUTION OF CONFLICTS OF INTEREST
The ASDS is committed to providing an open forum for the exchange of ideas and methodology for dermatologic surgery and related basic sciences. The ASDS must ensure that the content of its educational activities are scientifically based, accurate, current, and objectively presented. The ASDS has developed policies that will resolve all conflicts of interest prior to the educational activity being delivered to participants.

EDUCATIONAL ACTIVITY DISCLAIMER
The views expressed and the techniques presented by the speakers at ASDS sponsored educational meetings are not necessarily shared or endorsed by the organization. Speakers are required to disclose all relevant conflicts of interest and any unapproved or “off-label” uses of medical devices or pharmaceutical agents that they discuss, describe or demonstrate during their presentations. Registrants must use their independent judgment in applying the information discussed in these educational sessions in the treatment of patients. It is the responsibility of any presenter to obtain all necessary consent forms for use of patient or other images in their presentations. Any and all handout materials are prepared and submitted for distribution by the presenters who are solely responsible for their content. Attendees are required to use their best judgment when participating in any panel discussions.
2011 ASDS ANNUAL MEETING TARGET AUDIENCE:
The primary target audience for the ASDS Annual Meeting is its members; board-certified dermatologists practicing dermatologic surgery. Secondary audiences for the ASDS Annual Meeting include dermatologists who have an interest in dermatologic surgery and allied health personnel who are employed by a dermatologic surgeon.

2011 ASDS ANNUAL MEETING MISSION/LEARNING OBJECTIVES:
The ASDS Annual Meeting’s mission is to provide dermatologic surgeons with an educational forum that fosters increased competence to perform current medical procedures and techniques, expands the ability to apply today’s issues to practice management, and enhances physicians’ interpersonal and communication skills for the betterment of surgical and cosmetic outcomes and patient care. We ask that all accepting faculty members incorporate the ASDS Annual Meeting’s objective within their content development process.

Upon completion of the ASDS Annual Meeting, participants will:
• Understand and identify new techniques and advances in general, cosmetic and reconstructive dermatologic surgery;
• Identify areas of improvement in clinical practice resulting in improved patient care and health outcomes;
• Comprehend the results of current and evolving research and their applicability to patient care;
• Identify areas of improvement in practice management which can be immediately applied.

HIGHLIGHTS OF THE AS DS ANNUAL MEETING:
• Hands-on workshops for residents and young dermatologic surgeons covering reconstructive and cosmetic procedures
• Mohs surgery, cancer treatment, dermatopathology, tumor oncology and research
• Reconstructive dermatologic surgery including flaps, scar and vein treatment patient demonstrations in fillers/injectables and vein therapy and reconstructive diamonds
• Lasers and light-based technology
• General dermatologic surgery
• Fillers and injectables; facial and body rejuvenation/sculpting; hair transplantation
• Coding, social networking, documentation, and other practice management and socio-economic issues

FACULTY AND ATTENDEE DISCLOSURE OF FINANCIAL RELATIONSHIPS:
All faculty members are required to complete a faculty disclosure form of their financial relationships. All faculty members are required to disclose their relevant financial relationships both verbally and through a PowerPoint first-slide at the beginning of their presentation. Faculty disclosures are also printed in this Final Program Book. Attendees are required to disclose any commercial interests before asking a question or making any statements within a session.

ACCREDITATION STATEMENT AND CME CREDIT DESIGNATION:
The American Society for Dermatologic Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Society for Dermatologic Surgery designates this live activity for a maximum of 24.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credit is designated separately for ASDS Annual Meeting Pre-conferences and Workshops. Please see pages 35 and 37 for credit designation for those activities.

Post-graduate Credit for Other Medical Societies: Appropriate credit for attendance should be ascertained and reported by the individual physicians to the particular state or medical society to which he or she belongs.

Verification of Attendance: Certificates of attendance will be available adjacent to the registration desk. Certificates will reflect the maximum amount of credit designated for the annual meeting, and physicians are on their honor to report credit according to their actual participation in sessions.

CORE CURRICULUM IN COSMETIC DERMATOLOGIC SURGERY TRACK:
The ASDS is committed to providing education on the breadth of dermatologic surgery. A particular focus is providing learning opportunities to fill the gap in cosmetic dermatology. Attendees can select a special track of courses under the heading of Core Curriculum in Cosmetic Dermatologic Surgery, identified with the symbol mark. Please reference full details of these courses within the program description pages. Each of the designated courses is comprised of the basic, need to know content in their specific topic area. These courses will provide additional learning, as well as an up-to-date refresher, for the younger and veteran dermatologic surgeon respectively.

ACGME/ABMS DESIRABLE PHYSICIAN ATTRIBUTES/COMPETENCIES:
Demonstration of the ACGME/ABMS published list of core competencies is critical to a well-rounded physician. Based on Criterion #6 of the Accreditation Council for Continuing Medical Education’s Provider Requirements for CME, the ASDS has developed the 2011 Annual Meeting educational program to address the 6 core competencies as outlined below. Each session within the program pages is marked with the core competency(ies) addressed in the content of that session.

1 Patient Care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health

2 Medical Knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social behavior) sciences and the application of this knowledge to patient care

3 Practice-based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care

4 Interpersonal & Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals

5 Professionalism as manifested through a commitment to carry out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

6 Systems-based Practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value
ANNUAL MEETING SESSION RECORDINGS:
All sessions at the 2011 ASDS Annual Meeting will be captured via synchronized slide and audio (based on presenter permission), including question and answer sessions, and made available for internet download for a fee. Attendees may purchase the recordings at the on-site price of $129 member/$179 non-member. Please see the Promotion on page 6 for more information.

REGISTRANT CODE OF CONDUCT:
Camera/Video Recording Policy: Use of cameras/photography, camera phones and video equipment is strictly prohibited in all of the educational sessions. Violations of this policy will result in immediate removal from the session and confiscation of the equipment.

Session Content and Patient Confidentiality: Patient images are an essential element of continuing medical education to demonstrate conditions, treatments, and outcomes in dermatologic surgery. It is the responsibility of all presenters to maintain the necessary consent forms for use of patient or other images in their presentations at ASDS, and presenters must take full responsibility for the content of their presentations. It is the responsibility of all educational session faculty AND participants to maintain a patient's right to privacy and keep confidential all discernable patient information disseminated during the meeting and in any collateral materials. Photographing, copying, downloading or any other capture or transfer of presentation images is against ASDS policy and strictly prohibited.

Cell Phone Policy: Cell phone usage and/or disruption are prohibited in all of the educational sessions. Please remember to turn off your cell phone or place it on vibrate. Violations of this policy will result in immediate removal from the session.

Misuse of Name Badges: Under no circumstance is an attendee with an individual name badge permitted to give the badge to another individual who is or is not a paid attendee at the meeting. Fraudulently allowing an individual to gain access to educational sessions, social events and/or exhibits by using another's credentials is grounds for immediate removal of all parties from the meeting.

Disclosure of Commercial Interest: All participants in presentations AND discussion sessions are required to disclose any commercial interests prior to speaking. This includes attendees who participate in question and answer sessions as well.

Code of Conduct: The American Society for Dermatologic Surgery expects all Annual Meeting attendees to maintain high standards of professional conduct and uphold the policies and procedures set forth for the annual meeting. To the degree that an attendee, individually or collectively, purposefully and fraudulently circumvents the Society’s rules, regulations and ethical standards, the Society views such conduct as a serious violation that will jeopardize attendance at the meeting and could jeopardize attendance at future Society meetings.

AMERICANS WITH DISABILITIES ACT:
The ASDS wishes to take steps to ensure that no individual with a disability is excluded, denied services, segregated, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. If you require any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to attend any ASDS program, please contact the ASDS office prior to arrival.

State of the Art Cosmetic and Reconstructive Anatomy Course and Cadaver Laboratory
Optimize your cosmetic and reconstructive outcomes with a thorough understanding of facial anatomy and this review of advanced techniques. You will become more aware of the underlying anatomy and how it affects procedures, master surgical techniques with tips from the experts, and develop a sense and appreciation for facial aesthetics. DVD is PowerPoint synced to audio, with one video presentation.

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Stephen H. Mandy, MD
PanFacial Volume Restoration
Stephen H. Mandy, MD
Facelifting Techniques
Ronald L. Moy, MD
Lax Lids: Cosmetic Blepharoplasty
Ronald L. Moy, MD
Anatomy of Facial Aging and Facial Aesthetics
Tiffani K. Hamilton, MD
Anatomical Structures of the Face
(video presentation with cadaveric specimen)
Thomas H. Champney, PhD

See it at the ASDS Booth #108
Or order today at www.asds.net or call 847-956-0900.

NEW DVD!

State of the Art Cosmetic and Reconstructive Anatomy Course and Cadaver Laboratory
EDUCATIONAL DVD-ROM

$149.95 ASDS members
$209.95 Non-member dermatologists
U.S. shipping and handling included. Sales tax for Illinois residents and international shipping will be added to applicable orders.
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<td>CS110 Surgical and Non-surgical Body Sculpting (Salon 2 &amp; 3)</td>
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<td>Mathew M. Avram, MD, JD; Gary Lask, MD</td>
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<td>PM129 Patient Images and Consents: Protecting Your Practice and Your Patients (Salon 1)</td>
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<td>RX112 Medical Treatment of Skin Cancer (Salon 3)</td>
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<td>Whitney D. Tope, MD; Scott W. Fosko, MD</td>
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<td>11:30 am – 12:30 pm</td>
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<td>Lisa M. Donofrio, MD; Seth L. Matarasso, MD</td>
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<td>GD114 You Asked for It Session (Salon 1)</td>
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<td>Ken K. Lee, MD; Dee Anna Glaser, MD</td>
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<td>CS114 If You Could Only Buy Two Types of Lasers Which Would You Buy? (Salon 3)</td>
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<td>12:30 - 2:00 pm</td>
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<td>RESIDENTS LUNCHEON (Maryland A &amp; B)</td>
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<td>2:00 - 3:15 pm</td>
<td>SCIENTIFIC SESSIONS</td>
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<td>CS128 Lasers: The Pulsating Truth on the Latest and Greatest (Salon 3)</td>
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<td>RX114 Pathology Babble: What Does My Dermatopathologist Mean? (Salon 3)</td>
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<td>4:00 - 5:30 pm</td>
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<td>GD130 Iron Surgeon: Reconstructive and Cosmetic (Salon 2 &amp; 3)</td>
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<td>Andrew J. Kaufman, MD; Thomas E. Rohrer, MD</td>
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<td>5:30 – 7:00 pm</td>
<td>A CAPITAL WELCOME: RECEPTION AND SILENT AUCTION (Complimentary beverages served)</td>
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<td>A New Wave of Radiofrequency: Breakthrough Technologies for Evidence Based Face and Body Rejuvenation (Virginia C)</td>
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<td>Lavio: The First and Only FDA Approved Cell Therapy for Personalized Aesthetics (Maryland A &amp; B)</td>
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<td>Richard G. Glagau, MD; Hedli A. Waldorf, MD</td>
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<tr>
<td>9:00 - 9:40 am</td>
<td>OPENING SESSION (Salon 2 &amp; 3)</td>
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<td>9:00 am President and Program Co-chairs Remarks</td>
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<td>9:08 am Session Teasers</td>
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<td>9:17 am Future Leaders Network Presentations</td>
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<td>9:40 – 10:30 am</td>
<td>SCIENTIFIC SESSIONS</td>
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<td>KEYNOTE SPEAKER: RADM BORIS D. LUSHNIAK, MD, MPH, U.S. DEPUTY SURGEON (Salon 2)</td>
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<td>Graciously supported by Merz Aesthetics (Salon 2 &amp; 3)</td>
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<td>10:45 – 11:30 am</td>
<td>SCIENTIFIC SESSIONS</td>
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<td>CS110 Surgical and Non-surgical Body Sculpting (Salon 2 &amp; 3)</td>
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<td>Mathew M. Avram, MD, JD; Gary Lask, MD</td>
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<td>11:30 am – 12:30 pm</td>
<td>SCIENTIFIC SESSIONS</td>
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<td>CS113 Advanced Fillers (Salon 2)</td>
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<td>Lisa M. Donofrio, MD; Seth L. Matarasso, MD</td>
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<td>GD114 You Asked for It Session (Salon 1)</td>
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<td>Ken K. Lee, MD; Dee Anna Glaser, MD</td>
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<td>CS114 If You Could Only Buy Two Types of Lasers Which Would You Buy? (Salon 3)</td>
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<td>12:30 - 2:00 pm</td>
<td>EXHIBIT HALL OPENING (Complimentary light lunch)</td>
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<td>RESIDENTS LUNCHEON (Maryland A &amp; B)</td>
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<td>Graciously supported by Allergan, Inc.</td>
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<td>12:30 – 1:30 pm</td>
<td>ANNUAL MEMBERS BUSINESS MEETING LUNCH (Members ONLY) (Salon 3)</td>
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<td>2:00 – 3:15 pm</td>
<td>SCIENTIFIC SESSIONS</td>
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<td>CS128 Lasers: The Pulsating Truth on the Latest and Greatest (Salon 3)</td>
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<td>3:15 – 4:00 pm</td>
<td>NETWORKING BREAK IN EXHIBIT HALL (Complimentary beverages served)</td>
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Posters, including a special resident section, are available for viewing in the exhibit hall during hall hours.
11:30 am - 12:30 pm SCIENTIFIC SESSIONS

PM313 How to Enter the Social Media Age (Salon 3) Daniel S. Rigel, MD; Alysa R. Herman, MD
RX314 Commonly Seen Defects: How Would You Reconstructive It? (Salon 2) Glenn D. Goldman, MD; George J. Hruza, MD
CS312 Late-breaking Oral Abstracts (Salon 1) Qvenida Erickson, MD; Joel Kaufman, MD

12:30 – 2:00 pm NETWORKING BREAK IN EXHIBIT HALL
(Complimentary light lunch; Hall closes at 2:00 pm)

YOUNG DERMATOLOGIC SURGEONS LUNCHEON (Hoover)
WOMEN'S DERMATOLOGIC SURGEONS LUNCHEON (Advance registration through WDS required (Wilson A-C))
INDUSTRY ADVISORY COUNCIL LUNCHEON (Open to IAC members only) (Madison)

2:00 – 3:30 pm SCIENTIFIC SESSIONS

CS309 Cosmetic Chaos - How to Stay Coherent Following Complications (Salon 2) Vic A. Narurkar, MD; Douglas G. Hamilton, MD
CS310 Managing Common Medical Mishaps (Salon 3) Abel Torres, MD; Jenny Kim, MD, PhD

2:00 - 3:30 pm AFTERNOON TEAS WITH THE MASTERS
(Additional fee and registration required)
MC321 Getting Started in Facelifts and Browlifts (Virginia A) Steven M. Rotter, MD; Greg S. Morganroth, MD
MC322 Core Curriculum in Cosmetic Dermatologic Surgery: Neurotoxins (Virginia B) Vincenzo Bertucci, MD; Vivian W. Bucay, MD; Mary P. Lupo, MD
MC323 PDT: Blue Light, Red Light, No Light? A Comprehensive Review (Virginia C) Macrene Alexiades-Armenakas, MD; Mitchel P. Goldman, MD; Peter K. Lee, MD, PhD
MC324 Protecting Your Practice: Employee Management, Theft and More (Maryland C) David A. Laub, MD; Allan Wirtzer, MD; Steven Levinring CPA

3:30 – 4:55 pm SCIENTIFIC SESSIONS

CS311 Repair of Repairs (Maryland A) Grace S. Munavalli, MD; Robert A. Weiss, MD
AB301 Patient Safety (Maryland B) Conway C. Huang, MD; Carl F. Schanbacher, MD
AB302 Aesthetic and Ethnic Skin (Virginia B) Pearl E. Grimes, MD; Jeanine B. Downie, MD; Jonith Y. Breadon, MD
CS333 Cosmetic Oral Abstracts (Salon 1) Rebecca Kazi, MD; Rebecca C. Tung, MD

5:30 – 7:00 pm WINE AND CHEESE RECEPTION IN EXHIBIT HALL
Graciously supported by Revance Therapeutics

SATURDAY, NOVEMBER 5, 2011

7:15 – 8:45 am MORNING COFFEE TALKS

AB303 Facial Shaping (Maryland A) Derek H. Jones, MD; Novell J. Solish, MD
AB304 Patient Safety (Maryland B) Conway C. Huang, MD; Carl F. Schanbacher, MD
AB305 How to Build and Manage a Cosmetic Practice (Virginia B) Paul M. Friedman, MD; Vic A. Narurkar, MD
AB306 Blepahroplasty Basics: How to Get Started (Virginia C) Sorin Eremia, MD; Steven C. Dresner, MD
AB307 The International Dermatologic Surgery Mentorship Exchange Program – An Endowed Teaching Program (Hoover) Lawrence M. Field, MD

7:15 – 8:15 am ALLERGAN

RESIDENTS/POST-RESIDENCY TRAINEES/YOUNG DERMATOLOGIC SURGEONS HOSPITALITY SUITE (Harding) Graciously supported by Allergan, Inc.

8:00 – 9:00 am TRANSITION BREAK FROM COFFEE TALKS

9:00 – 9:50 am SCIENTIFIC SESSIONS

AB301 Patient Safety (Maryland B) Conway C. Huang, MD; Carl F. Schanbacher, MD
AB305 How to Build and Manage a Cosmetic Practice (Virginia B) Paul M. Friedman, MD; Vic A. Narurkar, MD
AB306 Blepahroplasty Basics: How to Get Started (Virginia C) Sorin Eremia, MD; Steven C. Dresner, MD
AB307 The International Dermatologic Surgery Mentorship Exchange Program – An Endowed Teaching Program (Hoover) Lawrence M. Field, MD

7:15 – 8:45 am ALLERGAN

RESIDENTS/POST-RESIDENCY TRAINEES/YOUNG DERMATOLOGIC SURGEONS HOSPITALITY SUITE (Harding) Graciously supported by Allergan, Inc.

8:00 – 9:00 am TRANSITION BREAK FROM COFFEE TALKS

9:00 – 9:50 am SPECIAL KEYNOTE SPEAKER: Mohit Bhandari, MD, PhD, Coolidge Graciously supported by Merz Aesthetics

9:50 – 10:00 am ITMP PRESENTATION: Lawrence M. Field, MD

10:00 – 10:45 am TRANSITION BREAK FROM COFFEE TALKS

10:45 – 11:30 am SCIENTIFIC SESSIONS

CS327 What’s New in Fat Transfer (Salon 2) Naimo Lawrence, MD; William P. Coleman, III, MD
PM310 Practice Management Pointers for the Perfectionist (Salon 3) Mary L. Maloney, MD; Elizabeth I. McBurney, MD
RX311 General Dermatologic Surgery Abstracts (Salon 1) Deborah MacFarlane, MD; Kee Yang Chung, MD

Program participants and timing subject to change. Social functions are subject to change based on participation levels.
2011 COMMERCIAL SUPPORT

It is through the participation and generous contributions of our commercial supporters that we are able to offer you quality educational programming.

The ASDS would like to express sincere appreciation and thanks to the following companies for their support.

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Please extend a special thanks to these generous supporters while visiting the technical exhibits.

ASDS is extremely grateful for the support of industry partners. The provision of support does not in any way imply commercial input into the educational content of this meeting. All content has been developed to be fair and balanced and the result of content oversight that is free of bias.

*As of October 18, 2011*
HOT TOPIC SESSIONS

Thursday, November 3 • 7:00 – 9:00 pm

Everyone is welcome to attend the following Hot Topic Sessions hosted by members of Industry to learn new developments and technologies.

Laviv: The First and Only FDA Approved Cell Therapy for Personalized Aesthetics
Hosted by Fibrocell
Maryland A & B

Mastering Fractional Co₂ Treatments with the SmartXide Dot
Hosted by DEKA Medical, Inc.
Virginia A

New Wave of Radiofrequency: Breakthrough Technologies for Evidence Based Face and Body Rejuvenation
Hosted by Syneron/Candela
Virginia C

The above sessions are independent of the 2011 ASDS Annual Meeting with regard to topic, planning, and available CME credits.
ASDS Sixth Annual Gala

Don’t Miss the Biggest Celebration of the Year at the ASDS Annual Meeting!

Saturday, November 5, 2011 • 7:00 pm - Midnight
Washington Marriott Wardman Park • Thurgood Marshall Ballroom

Dinner, dancing and entertainment by the Right On Band – the World’s Greatest 70’s Show Band

This promises to be the talk of the meeting!

$125 per person — a limited number of tickets are available at the Onsite Registration Desk.
Providing the fastest fractional resurfacing options in the industry – full face coverage in as little as 5 minutes.

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ATTENTION:

• Residents
• Post-residency Trainees
• Young Dermatologic Surgeons

Welcome to the Premier Educational Forum for Dermatologists who specialize in Cosmetic, Mohs Micrographic and General Dermatologic Surgery!

2011 Annual Meeting features:

• Diverse scientific sessions
• Intimate instructional morning Coffee Talks and afternoon Teas with the Masters
• Live patient demonstrations
• Dynamic keynote lectures
• Reconstructive Challenge track
• The now popular “You Asked for It” session and the unopposed Iron Surgeon Competition
• Networking via luncheon and social events including the Sixth Annual Fundraising Gala Reception and Dinner: A Star-Spangled Soirée
• Expansive exhibits featuring over 110 companies
• And more!

Special resident/Post-residency trainee focused offerings:

• Resident/Post-residency Trainee Practice Management Pre-conference
  Supported by a grant from Medicis Aesthetics
• Wednesday Industry Advisory Council reception to network and learn the latest information
• Hands-on Workshops: Tumor Excision/Wound Repair and Injectables, and Fillers and Injectables
  Supported by ETHICON, Inc. and a grant from Merz Aesthetics
• Morning Hospitality Suite
  Graciously supported by Allergan, Inc.
• Resident Luncheon
  Graciously supported by Allergan, Inc.
• ASDS Resource Center — information on offerings with reduced rates for Residents
• Core-curriculum in Cosmetic Dermatologic Surgery Track

Visit the ASDS Resource Center, Booth # 108 in the Exhibit Hall for a complete overview of offerings!

NEW! Attend the Resident Knowledge Bowl and cheer on your favorite resident

The first-ever Resident Knowledge Bowl will be held in the exhibit hall at the 2011 ASDS Annual Meeting. Resident teams from across the country will meet fierce competitors as they battle in a Jeopardy-style competition to win cash prizes and test their knowledge in surgical and procedural dermatology, as well as current events. There will be several rounds of competition during lunches and the Wine & Cheese Reception in the exhibit hall. The grand prize winners will walk away with $1,000 cash, a trophy, and bragging rights as the first ever ASDS Resident Knowledge Bowl Grand Champions!

COMPETITION SCHEDULE IN BOOTH #100 IN THE EXHIBIT HALL:

- Thursday, Nov. 3 1:00 pm - 1:30 pm
- Friday, Nov. 4 6:00 pm - 6:30 pm
- Saturday, Nov. 5 1:00 pm - 1:30 pm

Supported by a grant from Medicis Aesthetics

Special young dermatologic surgeon-focused offerings:

• Hands-on Workshops: Tumor Excision/Wound Repair and Injectables, and Fillers and Injectables
  Supported by ETHICON, Inc. and a grant from Merz Aesthetics
• Wednesday reception to network and learn the latest information
  Graciously supported by NeoStrata Company, Inc.
• Morning Hospitality Suite
  Graciously supported by Allergan, Inc.
• Young Dermatologic Surgeon Luncheon
• Core-curriculum in Cosmetic Dermatologic Surgery track

From the myriad continuing medical education sessions, to exhibits to social events, you’ll find the perfect balance of content and networking for professional growth and information you can apply to your practice and patient care. Sessions are coded based on the ACGME/ABMS Core Competencies to which they are relevant.

For more information, contact the ASDS Headquarters office via the web at www.asds.net or by phone at (847) 956-0900.
INTRODUCING A PORTFOLIO OF PRODUCTS EXCLUSIVELY DEVELOPED FOR PHYSICIAN OFFICES

Jan Marini Skin Research is a leading manufacturer of clinically validated skin care and aesthetic products for the professional marketplace. Jan Marini Skin Research is known for creating breakthrough product solutions and dramatic technological advancements. Over the years, the company has established a portfolio of proprietary formulas that reflect its ongoing commitment to be the preeminent developer of skin care products that produce measurable clinical results. Continuing the tradition of innovation, Jan Marini Skin Research introduces four new products exclusively for the physician market...

**The Skin Care Management System MD™** is formulated for all skin types and is designed for prolonged use with little to no irritation or acclimation. It utilizes synergistic layered technology to measurably improve the appearance of common skin conditions such as:

- Acne
- Fine Lines & Wrinkles
- Hyperpigmentation
- Rosacea

**Age Intervention® Retinol Plus MD** is a unique technology that maximizes the affect of retinol to significantly improve the appearance of fine lines and wrinkles with minimal irritation and little to no acclimation period. Especially formulated to utilize the maximum amount of all-trans-retinol PLUS anti-aging and collagen boosting peptides, antioxidants, hydrators and skin soothing ingredients.

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**Age Intervention® Duality MD™** is a breakthrough anti-aging acne solution. The unique dual chamber dispensing solution combines the maximum allowed percentage of benzoyl peroxide and a concentrated retinol. The gentle formulation also includes powerful anti-aging technologies, including multiple peptides, anti-inflammatory agents and antioxidants.
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How? The Dermasurgery Advancement Fund (DSAF) supports three areas of great importance to the specialty:

- Research
- Public Awareness about the scope of our practice
- Patient Education

You can help shape the future of dermatologic surgery. Give to the Dermasurgery Advancement Fund today…

because our future depends on it.

To make a donation, call ASDS at 847-956-0900, or contribute online at www.asds.net.
The ASDS Board of Directors is pleased to recognize the 2011 contributors to The Dermasurgery Advancement Fund.

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$25,000 over 5 years

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**AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY**

The Dermasurgery Advancement Fund
The American Society for Dermatologic Surgery gratefully acknowledges the following corporate partners and ASDS members for providing support to the 11th Annual ASDS Silent Auction

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Be sure to visit the exhibit booths with balloons to see their donated silent auction items and to place your bids.

Join us Thursday, November 3 from 5:30 pm -7:00 pm for the ASDS Welcome Reception and Silent Auction  
Marriott Foyer, Mezzanine Level

*As of October 18, 2011*
All registered attendees are invited to enjoy cocktails, hors d’oeuvres, entertainment and fun at the 11th Annual ASDS Silent Auction & Welcome Reception.

**Thursday, November 3, 2011 • 5:30 pm - 7:00 pm**

Marriott Foyer, Mezzanine Level

Bid on exciting items such as restaurant, hotel and department store gift certificates, concert & sporting event tickets, “day with a doctor,” electronics, artwork, gift baskets, fine wines, collectibles, surgical instruments and educational offerings, to name a few!

Proceeds from the Silent Auction benefit ASDS programs and educational initiatives.

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KEYNOTE SPEAKERS

THURSDAY, NOVEMBER 3  9:40 – 10:30 am • Salon 2 & 3
Opening Keynote  
RADM Boris D. Lushniak, MD, MPH, U.S. Deputy Surgeon General

RADM Boris D. Lushniak, MD, MPH is the Deputy Surgeon General, assisting the Surgeon General in articulating the best available scientific information to the public regarding ways to improve personal health and the health of the Nation. He also oversees the operations of the U.S. Public Health Service Commissioned Corps comprising approximately 6,600 uniformed health officers who serve in locations around the world to promote, protect, and advance the health and safety of the American People.

Dr. Lushniak’s career includes a position with the CDC during which he was part of the CDC/NIOSH team at Ground Zero (World Trade Center) and part of the team investigating the anthrax attacks in Washington, DC. He later served as Chief Medical Officer of the Office of Counterterrorism and then Assistant Commissioner with the FDA. While at the FDA, he was deployed to serve as the DHHS representative in San Antonio during Hurricane Katrina. Dr. Lushniak was promoted in 2006 to Rear Admiral, Lower Half and in 2010 to Rear Admiral, Upper Half. Dr. Lushniak recently completed his work with the FDA as the Assistant Commissioner, Counterterrorism Policy and Director of the Office of Counterterrorism and Emerging Threats within the Office of the Commissioner.

FRIDAY, NOVEMBER 4  9:10 – 10:15 am • Salon 2 & 3
Special Keynote  
Michael McMillan, Best-Selling Author, Speaker, and Innovation and Creativity Consultant

Michael McMillan has a reputation for creative thinking and delivering innovative results. Early in his career, his visual communications firm counted among its client roster Fortune 100™ corporations, sports and music legends, non-profit organizations and more. His creative direction on Michael Jordan’s New York Times best-selling pictorial autobiography Rare Air established a new niche in retail publishing. Award-winning books Mario Andretti, The NBA at 50, and John Deer’s Genuine Value followed. Michael’s work has been recognized by every major design, advertising and communication organization around the world.

After 20 consecutive years of growth, Michel sold his firm to share his unique insight on creative thinking, innovation and making a positive change. He is a perception catalyst and truth seeker, inspiring others to question, think differently, and take action. As an accomplished author, some of his books include Pink Bat: Turning Problems into Solutions; Paper Airplane: A Lesson for Flying Outside the Box; and, Jonny the Bagger: The Simple Truths of Service.

Michael McMillan’s breadth of knowledge and experience, combined with his story-telling ability, allow his messages to resonate with audiences. Hear Michael’s keynote and leave highly motivated and committed to embracing a future of endless possibilities.

SATURDAY, NOVEMBER 5  9:00 – 9:50 am • Salon 2 & 3
Special Keynote  
Mohit Bhandari, MD, PhD, FRCSC, Academic Professor and Chair, Department of Orthopaedic Surgery, McMaster University, Toronto

Mohit Bhandari MD, PhD, FRCSC, Professor and Academic Chair, Orthopaedic Surgery, McMaster University extensive research broadly focuses upon clinical trials, meta-analyses, methodological aspects of surgery trials and the translation of evidence into surgical practice. Specific areas of interest include identifying optimal management strategies to improve patient-important outcomes in patients with multiple injuries, lower extremity fractures and severe soft tissue injuries.

Dr. Bhandari has been a leader in the area of fostering understanding of evidence-based medicine so that clinicians wishing to use today’s medical literature will have a solid understanding of the validity and rigor upon which the information is based. He is a sought after speaker, as well as a prolific author of many articles including “Challenges to the Practice of Evidence-Based Medicine during Residents’ Surgical Training: A Qualitative Study Using Grounded Theory.” He has edited several textbooks in surgical research and is senior editor of the textbook Evidence-based Orthopaedics. Join us as Mohit Bhandari, MD, makes evidence-based medicine understandable and even exhilarating.

Keynote Lectures graciously supported by MERZ AESTHETICS™
11AMPM: Jeffrey S. Dover, MD, George J. Hruza, MD and Ella L. Toombs, MD have no commercial interest to disclose. Eric F. Bernstein, MD has a consulting relationship with Syneron and TriA Beauty; ownership interest with TriA Beauty; has equity with American Medical Media; received discounted or free equipment from Cynosure, Deka and Syneron and has received research funding from Cutera, Cynosure and Syneron. Brett M. Coldiron, MD has received research funding from the ASDS. Jeanine B. Downie, MD has a consulting relationship with Allergan, Galderma, GSK/Stiefel, Intendis, Johnson & Johnson, Medicis, Merz, Novantis, Photocure, Sanofi-aventis, SkinMedica, Theraplex; received honoraria from Allergan, Galderma, GSK/Stiefel, Intendis, Johnson & Johnson, Medicis, Merz, Novantis, Photocure, Sanofi-aventis, SkinMedica and has received funding from Allergan, GSK/Stiefel, Johnson & Johnson and Photocure. Derek Jones, MD has a consulting relationship with and received honoraria from Allergan, Galderma, Kythera and Merz; received research funding with Allergan, Galderma and Merz. Gary D. Monehte, MD has a consulting relationship with Allergan, Dermik, Contura, Electro-Optical Sciences, Genzyme, Revance, Kythera, Galderma, Mentor and Merz; received honoraria from Galderma, Ipsen and Merz and research funding from Allergan, Dermik, Contura, Electro-Optical Sciences, Galderma, Genzyme, Ipsen/Medicis, Kythera, Mentor, Merz and Revance. Page S. Piland has received writing honoraria from Allergan and Stiefel. Kristal Polder, MD has received honoraria and discounted or free equipment from Solta Medical. Michael Sacopulos, JD has a consulting relationship with Medical Justice. Hema A. Sundaram, MD has a consulting relationship with ColorScience, Johnson & Johnson Consumer Products, Medicis, Mentor, Merz, SkinMedica, Suneva, Syneron/Candela, Ulthera and has received research funding from Merz, SkinMedica, Syneron/Candela, Ulthera and has received discounted or Free Equipment from Syneron/Candela.

11WS330: John M. Soderberg, MD has no commercial interest to disclose. Alastair Carruthers, FRCPCC has a Consulting relationship and has received funding from Allergan and Merz. Lisa M. Donofrio, MD is an Investigator with Allergan, Cynosure, Galderma, Medicis, Merz; Clinical Grading Canfield, PhotoFinder; Ad Board Medicis; Clinical Trials Allergan, Medicis, Mentor, Medicis; has consulted for Medicis, Merz, Naidyne, Unilever, Vichy and has received honoraria from Canfield, PhotoFinder, Ipsen, L’oreal, Medicis, Mentor, Naidyne. Dee Anna Glaser, MD has a consulting relationship with Allergan, BioForm Medical, Connetics, Johnson & Johnson, Proctor and Gamble, Stiefel Laboratories and Unilever; has received honoraria from Allergan, received research funding from Allergan, Altana, Anika Therapeutics, Novartis and Valeo Pharma, ongoing relationship with SkinMed; On Going Journal Relationship. Seth L. Mataarasso, MD has a consulting relationship with Allergan and Medicis. Rhoda S. Narins, MD has a consulting relationship with Contura, Merz/BioForm and Revance and has been an investigator for Allergan, Contura, Galderma, Merz/BioForm, Revance and Suneva. Melanie Palm, MD, MBA has received honoraria from Lumenis, Medicis and Sanofi-aventis.

11WS410: Murad Alam, MD, Allison Hanlon, MD and Daniel I. Wasserman, MD have no commercial interest to disclose. Jeremy S. Bordeaux, MD, MPH has received research funding from Dermatology Foundation. Kimberly J. Butterwick, MD – has a consulting relationship and received honoraria from Allergan and Sanofi-aventis, has ownership interest in SkinMedica and has received funding from Allergan and SkinMedica. Rebecca C. Tung, MD – has received honoraria from Medicis and Merz.

11WSYDS: Ryan W. Ahern, MD, Jonathan L. Bingham, MD, Naomi Lawrence, MD, Patrick K. Lee, MD, Juan-Carlos Martinez, MD, Chad L. Prather, MD and Teresa Soriano, MD have no commercial interest to disclose. Joseph F. Greco, MD has received honoraria from Sciton.

KeyNote: Boris Lushniak, MD has no commercial interest to disclose.

Keynote: Michael McMillan has no commercial interest to disclose.

Keynote: Mohit Bhandari, MD, PhD, FRCSC has no commercial interest to disclose.

AB101: Richard G. Glogau, MD has a consulting relationship with Allergan, Liposonix, Lumenis, Medicis, Myoscience, Revance, Skin Map, Tautona and ownership interest in Skin Map. Heidi A. Waldorf, MD has received honoraria from Merz Aesthetics, has a relationship as consultant to Medicis, Allergan, Biopelle, Unilever, Proctor & Gamble, Valeant, Athenal and Solta, Board of Directors for WDS as well as co-chair of fundraising and a member Volunteers Council with AAD.

AB102: Joel Cook, MD and Christopher J. Miller, MD have no commercial interest to disclose.

AB103: Kyle Coleman, MD and Norma H. Kassardjian, MD have no commercial interest to disclose.

AB104: Erica M. Lee, MD, Vicki J. Levine, MD and Kishwer S. Nehal. MD have no commercial interest to disclose.

AB105: Arielle N.B. Kauvar, MD has received research funding from Candela and Palomar. Suzanne L. Kilmer, MD, has a consulting relationship and received honoraria from Candela, Cutera, Cooltouch, Cynosure, Iriderm, Lumenis, Miramar, Palomar, Sciton, Solta, Ulthera and Zeltiq.

AB107: Marc R. Avram, MD has a consulting relationship and ownership interest with Biolux. Dow B. Stough, IV, MD is a Non-Paid consultant for Transderm Cap Inc, a Laser Hair Growth Device Company.

AB201: Rachael Moore, MD, Isaac M. Neuhaus, MD and Andrea Willey, MD have no commercial interest to disclose.

AB202: Mathew M. Avram, MD, JD has a consulting relationship with Merz and Zeltiq and stock options with Biolux and Zeltiq. Adam M. Rotunda, MD has a consulting relationship with Kythera Biopharm and Luthera, ownership interest with Kythera Biopharm and honoraria with Luthera.
CME DISCLOSURES OF INTEREST

AB203: Dee Anna Glaser, MD has a consulting relationship with Allergan, BioForm Medical, Connetics, Johnson & Johnson, Proctor and Gamble, Stiefel Laboratories and Unilever; has received honoraria from Allergan; has received research funding from Allergan, Altana, Anika Therapeutics, Novartis and Valeo Pharma and has relationships with American Academy of Cosmetic Surgery: Board Member, American Academy of Dermatology: Committee Member, American Board of Cosmetic Surgery: Board Member, Archives of Dermatology: Ongoing Journal Relationship, Cosmetic Surgery Foundation: Board Member, International Hyperhidrosis Society: Board Member, Missouri Dermatology Society: Board Member, Practical Dermatology: Ongoing Journal Relationship, SkinMed: On Going Journal Relationship. Michael S. Kaminer, MD has a consulting relationship with Cabodian, Miramar, Solta and Zeltiq, has ownership interest with Cabodian, Miramar and Zeltiq, has received honoraria from Zeltiq and research funding from Cabodian, Miramar, Solta and Zeltiq.

AB204: Chrysalyn Schmults, MD has no commercial interest to disclose. Fiona O’Reilly Zwald, MD has received funding from Derm Foundation.

AB205: Doris J. Day, MD has a consulting relationship and has received honoraria from Allergan, Medicis and Merz. Rebecca Fitzgerald, MD – has a consulting relationship with Sanofi-aventis and has received honoraria from Allergan, Medicis and Merz.

AB206: George J. Hruza, MD has no commercial interest to disclose. Brett M. Coldiron, MD has received research funding from the ASDS.

AB207: Zoe D. Draelos, MD has no commercial interest to disclose. Patricia Farris, MD has a consulting relationship and has received honoraria from Beiersdorf, Guthy-Renker, Medicis, Neostatra, Neutrogena and receives Royalties from Guthy-Tenker.

AB301: Derek Jones, MD – has a consulting relationship with and received honoraria from Allergan, Galderma, Kythera and Merz; has received research funding with Allergan, Galderma and Merz; serves on the Editorial Board of JDS and JCLT. Nowell J. Solish, MD has a consulting relationship and has received research funding from Allergan, Medicis, Allergan and has research funding from Allergan, Medicis, Allergan and has research funding from Allergan, Medicis and Medicis.

AB302: Andrew A. Nelson, MD and William Stebbins, MD have no commercial interest to disclose. Carl F. Schanbacher, MD has a consulting relationship and has received honoraria from Ethicon.

AB303: Hugh M. Gloster, Jr., MD and Tatyana R. Humphreys, MD have no commercial interest to disclose. Marc D. Brown, MD has a consulting relationship and has received honoraria from Graceway and Novartis.

AB304: Scott Isenhath, MD, Juan-Carlos Martinez, MD and Joseph Sobanko, MD have no commercial interest to disclose.

AB305: Paul M. Friedman, MD has received honoraria from Solta Medical. Vic A. Narurkar, MD has a consulting relationship with Allergan, has ownership interest in Cobochon Aesthetics, Cosmetic Boot Camp, Myosence and Revance, has received honoraria from Allergan, Cosmetic Boot Camp, Palomar Medical and Solta Medical, received funding from Allergan, Myosence, Palomar Medical, Solta Medical and Zeltiq and has received discounted or free equipment from Palomar Medical.

AB306: Steven C. Dresner, MD and Sorin Eremia, MD have no commercial interest to disclose.

AB307: Lawrence M. Field, MD has no commercial interest to disclose.

CS110: Mathew M. Avram, MD, JD has a consulting relationship with Merz and Zeltiq and stock options with Biolux and Zeltiq. Jeffrey A. Klein, MD. MPH has ownership interest in HK Surgical and Liposuction.Com, has received free or discounted equipment from Cynasure, HK Surgical and Sciton and has received research funding from AM Asc Cosmetic Surgery. Adam M. Rotunda, MD has a consulting relationship with Kythera Biopharm and Lithera, ownership interest with Kythera Biopharm and honoraria with Lithera. Robert A. Weiss, MD has received honorarium, grant funding, equipment, was an investigator and speaker for Palomar. Christopher B. Zachary, FRCP has a consulting relationship with Alma, Medicis, Solta and Suneva, has received honoraria from Allergan, Alma, Medicis, Merz, Solta and Suneva, has received discounted or free equipment from Iridex and Solta and has received research funding from Alma and Suneva.

CS113: Sue Ellen Cox, MD has a consulting relationship with Allergan, Johnson & Johnson, Medicis and Revance; has ownership Interest in Allergan; and has received funding from Allergan, Coapt, Johnson & Johnson, Medicis and Revance. Lisa M. Donofrio, MD is Assistant EditorJournal of Dermatologic Surgery; Advisory Board Health Magazine, Investigator Allergan, Cynosure, Galderma, Medicis, Merz; Clinical Grading Canfield, FotoFinder; Ad Board Medicis; Clinical Trials Allergan, Medicis, Mentor, Medicis; has consulted for Medicis, Merz, Niadyne, Unilever, Vichy and has received honoraria from Canfield, FotoFinder, Ipsen, L’Oreal, Medicis, Mentor, Niadyne. Derek Jones, MD – has a consulting relationship with and received honoraria from Allergan, Galderma, Kythera and Merz; has received research funding with Allergan, Galderma and Merz; serves on the Editorial Board of JDS and JCLT. Seth L. Matarasso, MD has a consulting relationship with Allergan and Medicis. Mark G. Rubin, MD has a consulting relationship with Medicis, The Dermatology Company, has received honoraria from AGI, Kythera Biopharmaceuticals, Revance, SkinMedica and has relationships with Cosmetic Dermatology: Editorial Board, Crown Laboratory: Medical Advisory Board, LipoSoniX: Medical Advisory Board, Lutronic: Medical Advisory Board. Nowell J. Solish, MD has a consulting relationship and has received research funding from Allergan, Medicis, Allergan and has received honoraria with Allergan and Medicis.
CS114: Melanie Palm, MD, MBA – has received honoraria from Lumenis, Medicis and Sanofi-aventis. E. Victor Ross, MD – has a consulting relationship and received honoraria from Cutera, Lumenis, Palomar and Syneron, has received discounted or free equipment from Cutera, Lumenis, Palomar and Sciton and has received funding from Cutera, Palomar, Sciton and Syneron. Elizabeth Tanzi, MD has a consulting relationship with Medicis, Uthera and Zeltiq; has received research funding from Lumenis, Palomar, Solta and Syneron.

CS128: Tina S. Alster, MD, Jeffrey S. Dover, MD, FRCP and Lori A. Brightman, MD have no commercial interest to disclose. Roy G. Geronemus, MD is a stockholder of Solta Medical; has served as Medical Advisor for Candela, Cynosure, Lumenis, Photomedex, Syneron and Zeltiq; has been Investigator for Cutera, Cynosure, Palomar, Solta Medical and Syneron. Thomas E. Rohrer, MD has a consulting relationship with Allergan, Candela, Julia Therapeutics, Radiance, has received honoraria from Candela, Radiance, has received funding from Allergan, Candela, Julia Therapeutics, Merz, Radiance and has received discounted or free equipment from Candela and Radiance.

CS211: Murad Alam, MD has no commercial interest to disclose. Hayes B. Gladstone, MD has received discounted or free equipment from Sciton. Leonard H. Goldberg, MD, FRCP has received research funding from Rochel Genentech. Derek Jones, MD – has a consulting relationship with and received honoraria from Allergan, Galderma, Kythera and Merz; has received research funding with Allergan, Galderma and Merz; serves on the Editorial Board of JDS and JCLT. Ellen S. Marmur, MD has a consulting relationship with Allergan, Candela, Julia Therapeutics, Radiance, has received honoraria from Candela, Radiance, has received funding from Allergan, Candela, Julia Therapeutics, Merz, Radiance and has received discounted or free equipment from Candela and Radiance. Roberta D. Sengelmann, MD has a consulting relationship with Allergan, Genentech and Merz. Ava T. Shamban, MD has a consulting relationship with Allergan, Galderma, Medicis and Merz, ownership interest in Allergan and Merz, has received honoraria from Allergan, Galderma, Medicis and Merz and has received research funding from Allergan, Galderma, Kythera and Medicis. Elizabeth Tanzi, MD has a consulting relationship with Medicis, Uthera and Zeltiq; has received research funding from Lumenis, Palomar, Solta and Syneron and is on the board of directors for ASLMS. John A. Zitelli, MD has a consulting relationship with Genentech.

CS228: Davi de Lacerda, MD has received honoraria from Galderma and Springer, has received free or discounted equipment from Allergan and has received research funding from Colbar. Hassan Galadari, MD has received honoraria from Merz and discounted or free equipment from Allergan and Teoxane. Gregory J. Goodman, MD has a consulting relationship with Allergan, C3, Dermatech, Galderma, Neutrogena and Peplin, has received honoraria from Allergan and has received research funding from Allergan, Kythera, Galderma and Peplin. Doris Hessel, MD has a consulting relationship with Galderma, Ipsen, Medicis and Revance, has received honoraria from Galderma and Ipsen and research funding from Allergan, Galderma, Ipsen, Medicis and Revance. Marina Landau, MD has a consulting relationship with Croma, L’Oreal and Viora, has received honoraria form Allergan, Alma Lasers, Croma, L’Oreal, Qmed and Syneron, has received free or discounted equipment from Viora and has received research funding form Croma. Susan H. Weinkle, MD has a consulting relationship with Allergan, BioForm Medical, Johnson & Johnson, Kythera Biopharmaceuticals, Medicis, The Dermatology Company, Procter & Gamble, Stiefel Laboratories, has received research funding from Allergan and has relationships with American Academy of Dermatology: Board of Directors. Nowell J. Solish, MD has a consulting relationship and has received research funding from Allergan, Medicis, Allergan and has honoraria with Allergan and Medicis. Sabine Zenker, MD has a consulting relationship with L’Oreal and Merz, has received honoraria and research funding with Artes and Merz.

CS233: Rebecca A. Kazin, MD has consulting relationships and has received honoraria from Medicis and Merz.

CS309: Steve C. Dresner, MD has no commercial interest to disclose. Jean Carruthers, MD has a consulting relationship, received honoraria and research funding from Allergan, Lumenis and Merz. Roy G. Geronemus, MD is a stockholder of Solta Medical; has served as Medical Advisor for Candela, Cynosure, Lumenis, Photomedex, Syneron and Zeltiq; has been Investigator for Cutera, Cynosure, Palomar, Solta Medical and Syneron. Pearl E. Grimes, MD has a consulting relationship with Allergan, Combe, Galderma, Inamed, Steifel, has received honoraria from Allergan, Galderma and Steifel and has funding from Allergan, Galderma, Skin Medica, Steifel and Young Pharma. Douglas G. Hamilton, MD has a consulting relationship with 302 Skin Care, Deep Skincare, Merz, Sunova, has received honoraria from Allergan, Sunova and has received funding from 302 Skin Care, Galderma, Merz, Sunova. Vic A. Narurkar, MD has a consulting relationship with Allergan, has ownership interest in Cobochon Aesthetics, Cosmetic Boot Camp, Myoscience and Revance, has received honoraria from Allergan, Cosmetic Boot Camp, Palomar Medical and Solta Medical, received funding from Allergan, Myoscience, Palomar Medical, Solta Medical and Zeltiq and has received discounted or free equipment from Palomar Medical.

CS310: Patrick K. Lee, MD, Sandra Read, MD and Andrew A. Nelson, MD have no commercial interest to disclose. Jenny Kim, MD, PhD has consulting relationships with Allergan, Galderma, Herbalife, Medicis and Stiefel/GSK and has received funding from Dong Sung Pharm. Abel Torres, MD has a consulting relationship with 3M, Collagenex, Graceway, Pharmaderm, Steifel, has received honoraria from 3M, Collagenex, Galderma, Graceway, Pharmaderm, Steifel, has received funding from Graceway and Lucid, Inc and has been a speaker for Galderma, Graceway, Pharmaderm and Steifel.

CS312: Quenby Erickson, MD has no commercial interest to disclose. Joely Kaufman, MD has a consulting relationship with Cutera, Elizabeth Arden and Mentor and has received research funding from Medicis, Revance and Teoxane.
CME DISCLOSURES OF INTEREST

CS314: David G. Brodland, MD, Galen H. Fisher, MD, Glenn D. Goldman, MD, Ali Hendi, MD, Juan-Carlos Martinez, MD and Steven M. Rotter, MD have no commercial interest to disclose. Jonathan L. Cook, MD – has a consulting relationship and has received honoraria from Ethicon. Hayes B. Gladstone, MD has received discounted or free equipment from Sciton.

CS327: Aerlyn G. Dawn, MD and Naomi Lawrence, MD have no commercial interest to disclose. William P. Coleman, III, MD has received research funding from Allergan, Merz, Miramar, Ultrashape. Sydney R. Coleman, MD has a consulting relationship with Armed Forces Institute of Regenerative Medicine, Intellicell Biosciences and Mentor Worldwide, ownership interest in Intellicel.

CS401: Tina S. Alster, MD and Naomi Lawrence, MD have no commercial interest to disclose. Fredric S. Brandt, MD has received funding from Allergan, Anika Therapeutics, Contura, Fibrocell, Galderma, Medicis, Mentor, Merz, Revance, Sanofí-aventis, Suneva and Teoxane. Kimberly J. Butterwick, MD – has a consulting relationship and received honoraria from Allergan and Sanofi-aventis, has ownership interest in SkinMedica and has received funding from Allergan and SkinMedica. Jean Carruthers, MD has a consulting relationship, received honoraria and research funding from Allergan, Lumenis and Merz. Timothy Flynn, MD has ownership interest in Allergan and has received funding from Merz. Stephen H. Mandy, MD has a consulting relationship and has received honoraria from BioForm Medical, Inc (Merz Pharmaceuticals), Dermlk a business unit of Sanofi-aventis -Aventis and Proctor & Gamble for and has received honoraria from Dermlk, Proctor and Gamble, and BioForm (Merz), has a relationship with the American Academy of Dermatology: DAN Committee, Co-Chair Candidate for Board of Directors. Robert A. Weiss, MD has received honorarium, grant funding, equipment, was an investigator and speaker for Palomar. Patricia S. Wexler, MD has ownership in Bath and Body Works.

GD114: Brett M. Coldiron, MD has received research funding from the ASDS. Dee Anna Glaser, MD has a consulting relationship with Allergan, BioForm Medical, Connetics, Johnson & Johnson, Proctor and Gamble, Stiefel Laboratories and Unilever; has received honoraria from Allergan; has received research funding from Allergan, Altana, Anika Therapeutics, Novartis and Valeo Pharma and has relationships with American Academy of Cosmetic Surgery: Board Member, American Academy of Dermatology: Committee Member, American Board of Cosmetic Surgery: Board Member, Archives of Dermatology: Ongoing Journal Relationship, Cosmetic Surgery Foundation: Board Member, International Hyperhidrosis Society: Board Member, Missouri Dermatology Society: Board Member, Practical Dermatology: Ongoing Journal Relationship, SkinMed: On Going Journal Relationship. Ken K. Lee, MD has received research funding from Allergan, Medicis, The Dermatology Company, Graceway Pharmaceuticals and NIH; Darrell S. Rigel, MD has a consulting relationship with Beiersdorf, Graceway, Mela Sciences, Neutrogena, Procter & Gamble; has received honoraria from Beiersdorf, Graceway, Johnson & Johnson, Mela Sciences, Neutrogena, Procter & Gamble and has received funding from Beiersdorf. Christopher B. Zachary, FRCP has a consulting relationship with Alma, Medicis, Solta and Suneva, has received honoraria from Allergan, Alma, Medicis, Merz, Solta and Suneva, has received discounted or free equipment from Iridex and Solta and has received research funding from Alma and Suneva.

GD120: Murad Alam, MD, Diana Bolotin, MD, Douglas Fife, MD, Sherrif Ibrahim, MD and Suzanne Olbricht, MD have no commercial interest to disclose. Mathew M. Avram, MD, JD has a consulting relationship with Merz and Zeltiq and stock options with Biolux and Zeltiq. Jeffrey A. Klein, MD. MPH has ownership interest in HK Surgical and Liposuction.Com, has received free or discounted equipment from Cynasure, HK Surgical and Sciton and has received research funding from AM Asc Cosmetic Surgery. Michael E. Ming, MD has received research funding form NIH. Jeffrey S. Orringer, MD is editorial board for Journal of the American Academy of Dermatology.

GD130: Tatyana R. Humphreys, MD, Christopher B. Harman, MD and Andrew J. Kaufman, MD have no commercial interest to disclose. Fredric S. Brandt, MD has received funding from Allergan, Anika Therapeutics, Contura, Fibrocell, Galderma, Medicis, Mentor, Merz, Revance, Sanofi-aventis, Suneva and Teoxane. Marc D. Brown, MD has a consulting relationship and has received honoraria from Graceway and Novartis. Brett M. Coldiron, MD has received research funding from the ASDS. Lisa M. Donofrio, MD is Assistant Editor/Journal of Dermatologic Surgery; Advisory Board Health Magazine, Investigator Allergan, Cynosure, Galderma, Medicis, Merz; Clinical Grading Canfield, FotoFinder; Ad Board Medicis; Clinical Trials Allergan, Medicis, Mentor, Medicis; has consulted for Medicis, Merz, Niadyne, Unilever, Vichy and has received honoraria from Canfield, FotoFinder, Ipsen, L’Oreal, Medicis, Mentor, Niadyne. Thomas E. Rohrer, MD has a consulting relationship with Allergan, Candela, Julia Therapeutics, Radiesse, has received Honoraria from Candela, Radiancy, has received funding from Allergan, Candela, Julia Therapeutics, Merz, Radiancy and has received discounted or free equipment from Candela and Radiancy.

GD231: Eva A. Hurst, MD has a consulting relationship with Cutera and Genentech, received honoraria from Genentech and discounted or free equipment from Cutera. Siegrid Sisin Yu, MD has a consulting relationship with Hoffman, Horst, Wagner LCP, has received honoraria from Dermatology Nurses Association and Guidepoint and has received research funding from ASDS, NIH, Derm Foundation and UCSF.

GD400: Chrysalyne Schmults, MD, John Carrucci, MD and Carl V. Washington, MD- have no commercial interest to disclose. Fiona O’Reilly Zwald, MD has received funding from Derm Foundation.

MC121: Jeffrey S. Dover, MD, FRCP has no commercial interest to disclose. Elizabeth Tanzi, MD has a consulting relationship with Medicis, Uthera and Zeltiq; has received research funding from Lumenis, Palomar, Solta and Syneron.

MC122: Jeremy S. Bordeaux, MD, MPH has received research funding from Dermatology Foundation. Ken K. Lee, MD has received research funding from Allergan, Medicis, The Dermatology Company, Graceway Pharmaceuticals and NIH; has relationships with American College of Mohs Surgery (ACMS):Program Committee, Chair, Association of Academic Dermatologic Surgeons: Board of Directors.
MC123: Cheryl M. Burgess, MD has honoraria with Allergan, Merz Aesthetics and Sanofi-aventis and has received research funding from Allergan. Stephen H. Mandy, MD has a consulting relationship and has received honoraria from BioForm Medical, Inc (Merz Pharmaceuticals), Dermik a business unit of Sanofi-aventis -Aventis -Aventis & Proctor & Gamble for and has received honoraria from Dermik, Proctor and Gamble, and BioForm (Merz), has a relationship with the American Academy of Dermatology: DAN Committee, Co-Chair Candidate for Board of Directors. Melanie Palm, MD, MBA – has received honoraria from Lumenis, Medicis and Sanofi-aventis.

MC221: Douglas Fife, MD and Christopher B. Harmon, MD have no commercial interest to disclose. Gregory J. Goodman, MD has a consulting relationship with Allergan and has received research funding from Allergan and Suneva. Girish S. Munavalli, MD has a consulting relationship and received honoraria from Merz and is a Medical Director Merz Product Adverse Events Reporting.

MC224: Alastair Carruthers, FRCP has a consulting relationship and has received funding from Allergan and Merz. Joel L. Cohen, MD has a consulting relationship with Allergan, Biopelle, DUSA, Graceway, Medicis, Merz and SkinMedica; has received honoraria from Allergan, Biopelle, DUSA, Graceway, Guthy-Renker, Medicis, Merz and SkinMedica and has received funding from Allergan, Biopelle, Graceway, Medicis, Merz and SkinMedica. Sue Ellen Cox, MD has a consulting relationship with Allergan, Johnson & Johnson, Medicis and Revance; has ownership Interest in Allergan; and has received funding from Allergan, Coapt, Johnson & Johnson, Medicis and Revance.

MC225: Jonith Y. Breadon has a consulting relationship with Dermik/Sanofi-aventis, Medicis and Suneva; has ownership Interest with Suneva and has honoraria with Dermik/Sanofi-aventis and Medicis. Jeanine B. Downie, MD has a consulting relationship with Allergan, Galderma, GSK/Stiefel, Intendis, Johnson & Johnson, Medicis, Merz, Novantis, Photocure, Sanofi-aventis, SkinMedica, Theraplex; has received honoraria from Allergan, Galderma, GSK/Stiefel, Intendis, Johnson & Johnson, Medicis, Merz, Novantis, Photocure, Sanofi-aventis, SkinMedica and has received funding from Allergan, GSK/Stiefel, Johnson & Johnson and Photocure. Pearl E. Grimes, MD has a consulting relationship with Allergan, Combe, Galderma, Inamed, Steifel, has received honoraria from Allergan, Galderma and Steifel and has funding from Allergan, Galderma, Skin Medica, Steifel and Young Pharma.

MC226: Allan S. Wirtzer, MD has no commercial interest to disclose. Mark S. Nestor, MD, PhD has a consulting relationship with Erchonia, Galderma, GSK Stiefel Labs, HumanMed and Transdermal, has received honoraria and research funding from Erchonia, Galderma, GSK Stiefel Labs, HumanMed, Medicis and Transdermal and has ownership interest in Advanced Dermatology Management and Skin & Cancer Associates.

MC321: Greg S. Morganroth, MD and Steven M. Rotter, MD have no commercial interest to disclose.

MC322: Vivian W. Bucay, MD has no commercial interest to disclose. Vince Bertucci, MD, FRCP has a consulting relationship with Allergan, Medicis and Proctor & Gamble and has received honoraria from Allergan, Medicis, Merz and Proctor & Gamble. Mary P. Lupo, MD has a consulting relationship with Philosophy, ownership interest in Cosmetic Boot Camp, has received honoraria from Allergan, Botox National Educational Faculty, Dermik a business unit of Sanofi-aventis, Lumenis, Merz, Theraplex and has relationships with BioForm Medical.

MC323: Peter K. Lee, MD, PhD has no commercial interest to disclose. Mitchel P. Goldman, MD has a consulting relationship and has received research funding from Lumenis and Photocure, has ownership interest with Lumenis, has discounted or free equipment from Cynosure, DUSA and Lumenis. Steven E. Leininger, CPA has no commercial interest to disclose. Amy F. Taub, MD has a consulting relationship and has received honoraria from DUSA; has received research funding from DUSA and Medicis and is a consultant for DUSA.

MC324: David A. Laub, MD and Allan S. Wirtzer, MD have no commercial interest to disclose.

MC330: Harold J. Brody, MD and Seaver Soon, MD have no commercial interest to disclose. Gary D. Monheit, MD has a consulting relationship with Allergan, Dermik, Contura, Electro-Optical Sciences, Genzyme, Revance, Kythera, Galderma, Mentor and Merz, has received honoraria from Galderma, Ipsen and Merz and research funding from Allergan, Dermik, Contura, Electro-Optical Sciences, Galderma, Genzyme, Ipsen/Medicis, Kythera, Mentor, Merz and Revance.

MC331: Peter R. Shumaker, MD has no commercial interest to disclose. Kenneth A. Arndt, MD has received honoraria from Allergan and Medicis. Suzanne L. Kilmer, MD has a consulting relationship and received honoraria from Candela, Cutera, Cooltouch, Cynosure, Irdierm, Lumenis, Miramar, Palomar, Sciton, Solta, Ulthera and Zeltiq.

MC332: Katie Rodan, MD has no commercial interest to disclose. Patricia S. Wexler, MD has ownership interest in Bath and Body Works.

PD240: Cheryl M. Burgess, MD has honoraria with Allergan, Merz Aesthetics and Sanofi-aventis and has received research funding from Allergan. Jean Carruthers, MD has a consulting relationship, received honoraria and research funding from Allergan, Lumenis and Merz. Miriam P. Cummings, MD has no commercial interest to disclose. Hema A. Sundaram, MD has a consulting relationship with ColorScience, Johnson & Johnson Consumer Products, Medicis, Mentor, Merz, SkinMedica, Suneva, Syneron/Candela, Ulthera and has received research funding.
CME DISCLOSURES OF INTEREST

from Medicis, Merz, SkinMedica, Syneron/Candela, Ulthera and has received discounted or Free Equipment from Syneron/ Candela. Robert A. Weiss, MD has received honorarium, grant funding, equipment, was an investigator and speaker for Palomar. Girish S. Munavalli, MD has a consulting relationship and received honoraria from Merz and is a Medical Director Merz Product Adverse Events Reporting. Margaret A. Weiss, MD has a consulting relationship with Bioniche, Cooltouch, Cynosure, Medicis, Merz and VNS, has received honoraria from Allergan, Bioniche, Cooltouch, Cynosure, Exllis, Fivrocell, Neutrogena/Johnson and Johnson, Lumenis, Medicis, Merz, Palomar, Solta, VNSUS and Zeltiq. has received research funding from Cynosure, Galderma, Fibrocell, Lumenis, Polarmar, Revance, Solta, Ultrashape and Zeltiq, has received free or used equipment from Cooltouch, Cynosure, Lumenis, Palomar and Solta, has stockholding interest with Cooltouch, has been a speaker or investigator for Allergan, Cooltouch, Cynosure, Exllis, Galderma, Fibrocell, Neutrogena/Johnson and Johnson, Medicis, Palomar, Revance, Solta, Ultrashape and Zeltiq.

PD340: Girish S. Munavalli, MD has received research funding from Fibrocell Technologies. Margaret A. Weiss, MD has a consulting relationship with Bioniche, Cooltouch, Cynosure, Medicis, Merz and VNS, has received honoraria from Allergan, Bioniche, Cooltouch, Cynosure, Exllis, Fivrocell, Neutrogena/ Johnson and Johnson, Lumenis, Medicis, Merz, Palomar, Solta, VNSUS and Zeltiq, has received research funding from Cynosure, Galderma, Fibrocell, Lumenis, Polarmar, Revance, Solta, Ultrashape and Zeltiq, has received free or used equipment from Cooltouch, Cynosure, Lumenis, Palomar and Solta, has stockholding interest with Cooltouch, has been a speaker or investigator for Allergan, Cooltouch, Cynosure, Exllis, Galderma, Fibrocell, Neutrogena/Johnson and Johnson, Medicis, Palomar, Revance, Solta, Ultrashape and Zeltiq. Robert A. Weiss, MD has received honorarium, grant funding, equipment, was an investigator and speaker for Palomar.

PM129: Cheryl M. Burgess, MD has honoraria with Allergan, Merz Aesthetics and Sanofi-aventis and has received research funding from Allergan. Jeanine B. Downie, MD has a consulting relationship with Allergan, Galderma, GSK/Stiefel, Intendis, Johnson & Johnson, Medicis, Merz, Novantis, Photocure, Sanofi-aventis, SkinMedica, Theraplex; has received honoraria from Allergan, Galderma, GSK/Stiefel, Intendis, Johnson & Johnson, Medicis, Merz, Novantis, Photocure, Sanofi-aventis, SkinMedica and has received funding from Allergan, GSK/Stiefel, Johnson & Johnson and Photocure. Abel Torres, MD has a consulting relationship with 3M, Collagenex, Graceway, Pharmaderm, Stiefel, has received Honoraria from 3M, Collagenex, Galderma, Graceway, Pharmaderm, Stiefel, has received funding from Graceway and Lucid Inc and has been a speaker for Galderma, Graceway, Pharmaderm and Stiefel.

PM310: Kyle Coleman, MD. Naomi Lawrence, MD, Mary E. Maloney, MD and Elizabeth I. McBurney, MD have no commercial interest to disclose. Cheryl M. Burgess, MD has honoraria with Allergan, Merz Aesthetics and Sanofi-aventis and has received research funding from Allergan. Elizabeth Tanzi, MD has a consulting relationship with Medicis, Uthera and Zeltiq; has received research funding from Lumenis, Palomar, Solta and Syneron.

PM313: Alysa Herman, MD has no commercial interest to disclose. Darrell S. Rigel, MD has a consulting relationship with Beiersdorf, Graceway, Mela Sciences, Neutrogena, Procter & Gamble; has received honoraria from Beiersdorf, Graceway, Johnson & Johnson, Mela Sciences, Neutrogena, Procter & Gamble and has received funding from Beiersdorf. Tom Seery has ownership interest in RealSelf, Inc which is partnered with other medical organizations including ASAPS, ISAPS and CSAPS and has received honoraria from ASPS. Daniel M. Siegel, MD has a consulting relationship with DUSA, Encite, EOS, Leerink Swann, LES Logical Images, MD Solar Sciences, MedaCorp and Telederm Solutions, has stock options with DermFirst, Logical Images, Photomedex, Quinova, Remote Derm and Telederm Solutions, has received honoraria from Dermik, DUSA, EOS Leerink Swann and MedaCorp, has received research funding from Derm Tech, Estee Lauder and Galderma and has other relationships with Elsevier, Michelson and Vivacare. Robert A. Weiss, MD has received honorarium, grant funding, equipment, was an investigator and speaker for Palomar.

PM332: Barry Leshin, MD, Saadia Raza, MD and Marta J. VanBeek, MD, MPH have no commercial interest to disclose. Ashish Bhatia, MD has a consulting relationship with Mentor, OrthoDermatologics and Suneva, has received honoraria from OrthoDermatologics.

RS213: Monica Halem, MD and Allison Hanlon, MD have no commercial interest to disclose.

RX112: Christopher J. Arpey, MD and Patricia Missall, MD, PhD have no commercial interest to disclose. Scott W. Fosko, MD has received funding from Saint Louis University Cancer Center. Jeffrey E. Petersen, MD has a consulting and received honoraria from DUSA. Whitney D. Tope, MD has received honoraria and funding from Cutera.

RX114: Zeina Tannous, MD and Valencia D. Thomas, MD have no commercial interest to disclose. Kenneth Y. Tsai, MD, PhD has received research funding from DX Biosciences and is Associate Editor for Journal World Dermatology.

RX229: Christopher J. Arpey, MD, John Carrucci, MD, Christian Baum, MD, Daniel B. Eisen, MD, Larisa Ravitskiy, MD and Marta VanBeek, MD, MPH have no commercial interest to disclose. Jeremy S. Bordeaux, MD, MPH has received research funding from Dermatology Foundation. Jerry D. Brewer, MD has received research funding from Dermatology Foundation; Board Member of International Transplant Skin Cancer Collaborative and an AAD Committee member. Hayes B. Gladstone, MD has received discounted or free equipment from Sciton.

RX311: Kee-Yang Chung, MD has no commercial interest to disclose.

RX314: Glenn D. Goldman, MD, Todd E. Holmes, MD, George J. Hruza, MD and Stephen N. Snow, MD have no commercial interest to disclose. Leonard H. Goldberg, MD, FRCP has received research funding from Rochel Genentech.
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Attend and cheer on your favorite resident!

Come to the exhibit hall to cheer on your favorite residents in the first-ever Resident Knowledge Bowl! Resident teams from across the country will meet fierce competitors as they battle in a Jeopardy-style competition to win cash prizes and test their knowledge in surgical and procedural dermatology, as well as current events.

There will be several rounds of competition during lunches and the Wine & Cheese Reception in the exhibit hall. The grand prize winners will walk away with $1,000 cash, a trophy, and bragging rights as the first-ever ASDS Resident Knowledge Bowl Grand Champions!

Competition Schedule in Booth #100 in the Exhibit Hall:

- Thursday, Nov. 3  1:00 pm - 1:30 pm
- Friday, Nov. 4    6:00 pm - 6:30 pm
- Saturday, Nov. 5  1:00 pm - 1:30 pm

Supported by a grant from

MEDICIS AESTHETICS®
MANAGING CHANGE: Practice Management in a Changing Health Care Environment

Wednesday, November 2 • 9:00 am – 4:15 pm

Fee: $400 Members; $200 Residents; $750 Non-member.

See registration desk to register.

Pre-conference Director: Derek H. Jones, MD, Education Work Group Chair

The ADS is committed to providing dermatologic surgeon learners with fair and balanced continuing medical education.

Course Learning Objectives: Upon completion of this symposium, participants should be able to:

- Evaluate the impact of changes in health care on dermatologic surgery practice
- Explore the future practice of dermatologic surgery and the forces driving its evolution
- Identify new techniques, tools and strategies for managing change
- Incorporate these new tools into practice in the changing environment

Core Competencies: The ADS acknowledges the need for CME content to be designed within the context of desirable physician attributes as expressed by the ACGME/ABMS Core Competencies and the Dermatology Residency Committee. This course content addresses ACGME/ABMS Core Competencies as indicated below:

- Medical Knowledge
- Professionalism
- Interpersonal & Communication Skills
- Systems-based Practice

8:30 – 9:00 am  Continental Breakfast and Networking
9:00 – 9:10 am  Welcome and Course Introduction
Derek H. Jones, MD
9:10 – 9:30 am  What is the Future of Dermatologic Surgery?
Derek H. Jones, MD
9:30 – 9:50 am  Common Issues in Coding
Sharon Andrews, RN, CCS-P
9:50 – 10:10 am  Cost Control Tips and Tricks
Jeffrey S. Dover, MD
10:10 – 10:30 am  Dermatologic Surgery Financial Benchmarks
Page S. Piland
10:30 – 10:40 am  Discussion
10:40 – 10:50 am  Networking Break
10:50 – 11:10 am  H.R. 3962, The Affordable Health Care Act: What it is and Isn’t
Elia L. Toombs, MD
11:10 – 11:30 am  Health Care Reform and what it Means to the Dermatologic Surgery Specialty
George J. Hruza, MD
11:30 – 11:50 am  Delivering High Quality Customer Service
Page S. Piland
11:50 am – 12:00 Noon  Discussion
12:00 Noon – 1:00 pm  Networking Lunch with Residents/Post-residency Trainees
1:00 – 1:20 pm  Stress Reduction and Physician Wellness
1:20 – 1:40 pm  The Cyber Professional: Addressing Legal Issues of Physician Website Content and Use Rating Sites, and Social Media Policies for Your Practice
Michael J. Sacopoulos, JD
1:40 – 2:00 pm  The Future of Medical Practice Marketing
Eric F. Bernstein, MD
2:00 – 2:20 pm  From Ordinary to Extraordinary: Rewarding Employees to Promote Productivity, Build Cohesion and Build Your Practice
Kristel Polder, MD
2:20 – 2:30 pm  Discussion
2:30 – 2:50 pm  Financial Management for your Practice in an Uncertain Economy
Page S. Piland
2:50 – 3:10 pm  Delivering High Quality Customer Service
Page S. Piland
3:30 – 3:50 pm  The Present and Future of Imaging for Practice and Practice Management
Hema Sundaram, MD
3:30 - 3:50 pm  The Present and Future of Aesthetic Medicine
Gary D. Monheit, MD
3:50 – 4:15 pm  Wrap-up Discussion
4:15 pm Pre-Conference Course Adjournment

ACCREDITATION STATEMENT AND CREDIT DESIGNATION: The American Society for Dermatologic Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Society for Dermatologic Surgery designates this live activity for a maximum of 6 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in this activity.

As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), the ADS must adhere to the ACCME Guidelines throughout its overall CME program. The ADS must ensure balance, independence, objectivity, and scientific rigor in all its educational activities. The ADS is committed to providing dermatologic surgeon learners with fair and balanced continuing medical education, and requires that all faculty members complete the Disclosure of Interest and Faculty Attestation forms. Our accreditation is important to us. We look forward to working together to provide CME of the highest standard.
WEDNESDAY, NOVEMBER 2

RESIDENTS/POST-RESIDENCY TRAINEES PRE-CONFERENCE:
STARTING YOUR PRACTICE:
Advance Knowledge is Power

Wednesday, November 2, 2011 • 12:00 pm – 5:15 pm
Fee: $75 – lunch included. See registration desk to register.

Pre-conference Directors: Kavita Mariwalla, MD and George J. Hruza, MD, Members, Annual Meeting Work Group

The ASDS is committed to providing dermatologic surgeon learners with fair and balanced continuing medical education.

Course Learning Objectives: Upon completion of this activity, participants should be able to:

- Differentiate between the benefits of academic and private practices
- Identify details that require focus to ensure efficient practice start-up
- Select from the myriad examples given those which will be best suited for implementation in a new practice
- Describe the various aspects of office automation, both required (such as EMR) and suggested that will foster higher levels of practice efficiency
- Implement tactics to ensure smooth practice start-up

12:00 Noon Networking Lunch with Practice Management Pre-conference Attendees and YDS Committee Members
1:00 – 1:15 pm Opening Remarks: The Table of Contents for Today’s Book of Knowledge
Kavita Mariwalla, MD and George J. Hruza, MD
1:15 – 1:30 pm Self-respect and Respect Received from Others is Hard-earned: How You Can Evolve Toward Being a “Guiding Light” from Today Onward
Lawrence M. Field, MD
1:30 – 1:45 pm Why Do We Have to Discuss Electronic Medical Records Again?
Daniel M. Siegel, MD
1:45 – 2:00 pm Discussion
2:00 – 2:15 pm Practice Efficiency Using Digital and Office Automation
Ashish Bhatia, MD
2:15 – 2:30 pm The Cyber Professional: Addressing Legal Issues of Physician Website Content and Use, Rating Sites, and Social Media Practices for your Practice
Michael J. Sacopulos, JD
2:30 – 2:45 pm 10 Minute Discussion and Break
2:45 – 3:00 pm ICD-10 & Dermatological Surgical Procedures
Sharon Andrews, RN, CCS-P
3:00 – 3:15 pm Different Types of Practice Settings for the Dermatologic Surgeon
George J. Hruza, MD
3:15 – 3:30 pm Starting a Dermatologic Surgery Practice: Pearls and Pitfalls
Tina S. Alster, MD
3:30 – 3:45 pm Tips and Tales for an Optimal Practice in an Academic Center
Jeremy S. Bordeaux, MD, MPH
3:45 – 4:00 pm The Common Cents of Starting a Practice
Page S. Piland
4:00 – 4:15 pm Creating an Extraordinary Practice
Adam J. Rotunda, MD
4:15 – 4:30 pm What You “Really” Need to Do to Secure a Fellowship
Kavita Mariwalla, MD
4:30 – 4:45 pm Fellowship: What It’s Really Like
Daniel T. Wasserman, MD
4:45 – 5:00 pm Where’s the Education? What You Need to Learn to Augment Your Residency Education
Kavita Mariwalla, MD
5:00 – 5:15 pm Wrap-up Discussion
5:30 – 6:15 pm Industry Advisory Council Reception for Residents and Post-residency Trainees

This pre-conference is made possible in part by a generous educational grant from Medicis Aesthetics.
HANDS-ON WORKSHOP:
Tumor Excision/Wound Repair and Injectables

Wednesday, November 2, 2011 • 1:00 pm – 5:30 pm
Registration for this course has reached capacity

Moderators: Naomi Lawrence, MD; Patrick K. Lee, MD
Faculty / Monitors: Theresa Soriano, MD; Ryan W. Ahern, MD; Johnathan Bingham, MD; Chad Prather, MD; Joseph Grecco, MD; Juan Carlos Martinez, MD

Hands-on Workshop Using High-fidelity Cutaneous Surgical Training Models**

Learning Objectives: Specifically targeted for young dermatologic surgeons, this live CME activity offers hands-on experience featuring new high-fidelity cutaneous surgical models. These models accurately simulate anatomy, including sub-mucosa structure, allowing for realistic hands-on practice. In order to maximize hands-on experience with models, all didactic materials will be available electronically in the anatomy lab for self-directed learning. In addition, all attendees will receive a pre-course survey prior to the meeting. Based on survey results, attendees will be grouped based on their specific educational interests and focus. At the conclusion of this course, attendees should be able to: increase their competence in patient positioning and instrument handling for all procedures; properly excise tumors using both standard and Mohs techniques; execute complex linear closures, Z-plasty repairs, rotation and advancement flaps; finesse closure techniques they already know with pearls from experts in the field, and; gain an understanding of facial anatomy in order to correctly perform injection techniques for hyaluronic acid fillers and neurotoxins.

Core Competencies: The ASDS acknowledges the need for CME content to be designed within the context of desirable physician attributes as expressed by the ACGME/ABMS Core Competencies and the Dermatology Residency Committee. This course content addresses ACGME/ABMS Core Competencies as indicated below:

1. Patient Care
2. Medical Knowledge
3. Practice-based Learning and Improvement

Accreditation Statement and Credit Designation:
The American Society for Dermatologic Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Society for Dermatologic Surgery designates this live activity for a maximum of 4.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

As a sponsor accredited by the Accreditation Council for Continuing Medical Education (ACCME), the ASDS must adhere to the ACCME Guidelines throughout its overall CME program. ASDS must ensure balance, independence, objectivity, and scientific rigor in all its educational activities. ASDS is committed to providing dermatologic surgeon learners with fair and balanced continuing medical education, and requires that all faculty members complete the Disclosure of Interest and Faculty Attestation forms. Our accreditation is important to us. We look forward to working together to provide CME of the highest standard.

*84 percent of residencies still using pig’s feet which represent low fidelity experience and do not accurately simulate skin. Only 9 percent of residencies utilize actual cadavers as access and cost is a challenge. Currently, the majority of dermatology residencies are only required to read about cosmetic procedures rather than observe or demonstrate competence. Hands-on practice decreases discrepancies across training methodologies.

**Invented by Keoni Nguyen, DO of DermSurg Scientific).
WEDNESDAY, NOVEMBER 2

**8:30 AM – 4:15 PM PRE-CONFERENCE**

Managing Change: Practice Management in a Changing Healthcare Environment *(see page 36)*
Pre-conference Director: Derek H. Jones, MD, Chair, ASDS Education Work Group

**1:00 – 5:15 PM RESIDENTS/POST-RESIDENCY TRAINEES SYMPOSIUM**

Starting Your Practice: Advance Knowledge is Power *(see page 35)*
Pre-conference Director: Kavita Mariwalla, MD; George Hruza, MD

Supported by a grant from Medicis Aesthetics

**1:00 - 5:30 PM HANDS-ON WORKSHOP**

Tumor Excision/Wound Repair and Injectables *(see page 37)*
Workshop Directors: Naomi Lawrence, MD; Patrick K. Lee, MD

Supported by ETHICON, Inc. and a grant from Merz Aesthetics

**5:30 – 6:15 PM INDUSTRY ADVISORY COUNCIL RECEPTION FOR RESIDENTS/POST-RESIDENCY TRAINEES**

**5:30 - 7:00 PM   RECEPTION FOR YOUNG DERMATOLOGIC SURGEONS**

Graciously supported by NeoStrata

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Become a fan of the American Society for Dermatologic Surgery and the American Society for Dermatologic Surgery Association to get the latest updates right to your news feed.
7:15 – 8:45 AM MORNING COFFEE TALKS
Advance registration is strongly encouraged in order to obtain the Coffee Talk of your choice. Sessions have a cost of $60, are limited by the seating available, and may be closed. See registration desk to register for courses not marked CLOSED.

AB101 Evaluating the Cosmetic Patient 📖
(Maryland C)
Learning Objectives: At the conclusion of this course, attendees should be able to: understand anatomic changes of the aging face; develop a therapeutic plan for rejuvenation and manage patient expectations.
Richard G. Glogau, MD; Heidi A. Waldorf, MD

AB102 Techniques for Flap Success 📖
(Maryland B) Closed
Learning Objectives: At the conclusion of this course, attendees should be able to: learn to critically analyze a surgical defect to design the repair most likely to yield reproducible aesthetic results; understand the limitations of single staged repairs for more complex wounds, and; begin to develop a regional approach to wound closure options – which flaps work best where and why.
Joel Cook, MD; Christopher J. Miller, MD

AB103 Dipping Your Toes into the Liposuction Lake 📖
(Maryland B)
Learning Objectives: At the conclusion of this course, attendees should be able to: plan for the addition of liposuction to their patient care offerings, including but not limited to: required office space, equipment, cost and marketing; describe the techniques including tumescent; identify appropriate patients and select technique for optimal outcome; select and effectively utilize the proper local anesthesia for selected technique; discuss pros and cons, possible risks, and management of complications, properly perform selected liposuction technique, and; evaluate and incorporate new technology as it becomes available.
Kyle Coleman, MD; Norma H. Kassardjian, MD

AB104 Managing Unusual Tumors 📖
(Virginia A)
Learning Objectives: At the conclusion of this course, attendees should be able to: recognize less commonly encountered non-melanoma skin cancers; describe the key clinical features of these unusual tumors; identify challenges in surgical management, and; discuss the diagnostic and treatment pitfalls of these tumors.
Kishwer S. Nehal, MD; Vicki J. Levine, MD; Erica Lee, MD

AB105 Core Curriculum in Cosmetic Dermatologic Surgery Track: Lasers 📖
(Virginia B)
Learning Objectives: At the conclusion of this course, attendees should be able to: understand the latest advances in fractional resurfacing; explore the latest in fat removal and skin tightening devices; explore new approaches with vascular and pigmented lesion lasers, and; identify new devices and their therapeutic advancement to the field. Core topics addressed may include optics of light-skin interactions, selective and fractional photothermolysis, clinical endpoints, vascular and pigmented laser interactions, tattoos, and hair.
Arielle N.B. Kauvar, MD; Suzanne L. Kilmer, MD

8:45 – 9:00 AM TRANSITION BREAK

7:15 – 9:00 AM RESIDENTS/FELLOWS-IN-TRAINING/ YOUNG DERMATOLOGIC SURGEONS HOSPITALITY SUITE
Graciously supported by Allergan, Inc.

CORE CURRICULUM IN COSMETIC DERMATOLOGIC SURGERY 📖
ABMS Competencies:
1. Patient care
2. Medical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice
ALL annual meeting sessions are open ONLY TO DERMATOLOGISTS unless marked with the symbol.

9:00 – 9:40 AM OPENING SESSION (Salon 2 & 3)

9:00 am ASDS President Remarks
Richard G. Bennett, MD

9:05 am Annual Meeting Program Co-chairs Remarks
Dee Anna Glaser, MD; Ken K. Lee, MD

9:08 am Teaser for RX114 – You Really Can Understand the Babble: Come Learn Dermatopathology in Clear Terms
Valencia D. Thomas, MD

9:11 am Teaser for PM129 – Necessary Red Tape: The Ins and Outs of Patient Consents
Abel Torres, MD; Jeanine B. Downie, MD

9:14 am Teaser for CS228 – We Seek it Here, We Seek it There – Dermatologic Surgery Everywhere!
Susan H. Weinkle, MD

9:40 – 10:30 AM OPENING KEYNOTE (Salon 2 & 3)

RADM Boris D. Lushniak, MD, MPH
U.S. Deputy Surgeon General

Welcome: Richard G. Bennett, MD, ASDS President

Introduction: Dennis Condon, President and CEO, Merz Aesthetics

Boris Lushniak is the Deputy Surgeon General, assisting the Surgeon General in articulating the best available scientific information to the public regarding ways to improve personal health and the health of the Nation. He also oversees the operations of the U.S. Public Health Service Commissioned Corps comprising approximately 6,600 uniformed health officers who serve in locations around the world to promote, protect, and advance the health and safety of the American People.

The ASDS is honored to have RADM Boris D. Lushniak, U.S. Deputy Surgeon General, deliver his keynote speech entitled “Prevention Strategy” during the opening session of the Annual Meeting.

Graciously supported by Merz Aesthetics

MERZ AESTHETICS™

10:30 – 10:45 AM TRANSITION BREAK

10:45 - 11:30 AM CONCURRENT SCIENTIFIC SESSIONS

CS110 Surgical and Non-surgical Body Sculpting
(1) (2) (3) (4) (Salon 2)

Learning Objectives: At the conclusion of this session, attendees should be able to: describe invasive and non-invasive body sculpting technologies; assess their efficacy and optimize appropriate patient selection for these devices and techniques.

Moderator(s): Mathew M. Avram, MD, JD; Gary Lask, MD

0:45 am Introductions
Mathew M. Avram, MD, JD; Gary Lask, MD

10:50 am Non-Invasive Treatment of Fat & Cellulite, What’s the Truth?
Mathew M. Avram, MD, JD

10:58 am Radiofrequency for Non-Invasive Fat Removal, Does It Work?
Christopher B. Zachary, FRCP

11:06 am Traditional Tumescent Liposuction: Still the Gold Standard?
Jeffrey A. Klein, MD, MPH

11:14 am Laser Lipolysis, What Does This Add to Traditional Liposuction?
Robert A. Weiss, MD

11:22 am Injectables for Fat Removal: Where Do We Stand?
Adam M. Rotunda, MD

PM129 Patient Images and Consents: Protecting Your Practice and Your Patients
(1) (2) (3) (4) (Salon 1)

Learning Objectives: At the conclusion of this session, attendees should be able to: be familiar with the Medico-Legal implications of clinical photography; know how to review HIPAA regulations concerning clinical images, and recognize examples of consents for obtaining clinical images.

 Moderator(s): Abel Torres, MD; Jeanine B. Downie, MD

10:45 am Informed Consent and Patient Scenarios
Jeanine B. Downie, MD

10:55 am Civil Liability Related to Images: Consents for Obtaining Clinical Images
Hugh F. Hill III, MD, JD

11:05 am Medical-Legal Implications of Photography
Cheryl M. Burgess, MD

11:15 am HIPAA Regulation
Hugh F. Hill III, MD, JD

11:25 am Questions and Answers
Jeanine B. Downie, MD

CORE CURRICULUM IN COSMETIC DERMATOLOGIC SURGERY

ABMS Competencies:

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4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice
RX112  Medical Treatment of Skin Cancer

Learning Objectives: At the conclusion of this session, attendees should be able to: understand the mechanism of action, treatment methods, and adverse events of candidate medical therapies for skin cancer management; evaluate and select patients for non-surgical treatment of cutaneous malignancies and implement medical treatment of skin cancer in appropriate clinical settings.

Moderator(s): Whitney D. Tope, MD; Scott W. Fosko, MD

10:45 am  Imiquimod for the Treatment of Lentigo Maligna and Non-melanoma Skin Cancer
Tricia Missall, MD, PhD

11:00 am  5 FU (Including Chemo-Wraps) and Capecitabine for Non-melanoma Skin Cancer
Jeffrey E. Petersen, MD

11:15 am  Intralesional Therapy for Non-melanoma Skin Cancer
Christopher J. Arpey, MD

CS114  If You Could only Buy Two Types of Lasers Which Would You Buy?

Learning Objectives: At the conclusion of the course, attendees should be able to: understand laser tissue interactions; make decisions on best practices regarding optimal laser purchases and understand which lasers are most likely to work for which indications.

Moderator(s): E. Victor Ross, MD; Melanie Palm, MD, MBA; Elizabeth Tanzi, MD

11:30 - 2:00 PM  EXHIBIT HALL OPENING
(COMPLIMENTARY LIGHT LUNCH)

GD120  Research Luncheon Session: Dermatologic Surgery Procedures: What is Known About Evidence Based Medicine Demonstrated Through Select Topics

(Additional fee and registration required)

Learning Objectives: At the conclusion of this course, attendees should be able to: understand current indications, techniques, and adverse events associated with some common and complex dermatologic surgery procedures, including oncologic and elective surgeries; review high-level evidence pertaining to safety and efficacy of these dermatologic surgery procedures, and; highlight areas where evidence regarding dermatologic surgery procedures is limited and further research is required.

Moderator(s): Murad Alam, MD; Suzanne Olbricht, MD

12:30 pm  Introduction
Suzanne Olbricht, MD; Murad Alam, MD

12:40 pm Treatment of Complex and Resistant Non-melanoma Skin Cancer
Diana Bolotin, MD

12:50 pm  Treatment of Advanced Melanoma
Michael E. Ming, MD

1:00 pm  Treatment of Dermatomiosarcoma Protuberans
Sherif Ibrahim, MD

1:10 pm  Skin Resurfacing
Jeffrey S. Orringer, MD

1:20 pm  Body Contouring
Marc R. Avram, MD; Jeffry A. Klein, MD, MPH

1:40 pm  Acne Scarring
Douglas Fife, MD

1:50 pm  Questions and Answers
Suzanne Olbricht, MD

CS113  Advanced Fillers Beyond the Nasolabial Fold

(Salon 2)

Learning Objectives: At the conclusion of this session, attendees should be able to: become familiar with all commercially available dermal fillers and select the correct product for the underlying anatomic defect; identify new indications and learn the techniques for soft tissue augmentation other than the nasolabial fold; recognize adverse reactions and select an appropriate treatment paradigm, and; learn advanced treatment pearls that can enhance your existing technique.

Moderator(s): Lisa M. Donofrio, MD; Seth L. Matarasso, MD

11:30 am  Course Introduction
Lisa M. Donofrio, MD; Seth L. Matarasso, MD

11:35 am  The Future of Autologous Fat in the World of Hyaluronic Acids
Mark Rubin, MD

11:55 am  Off-label Indications for Fillers
Sue Ellen Cox, MD

12:05 pm  Non-facial Augmentation
Derek H. Jones, MD

12:15 pm  Complications that I Have Seen and How I Have Managed Them
Novell J. Solish, MD

12:25 pm  Questions and Answers

GD114  You Asked for It Session

(Salon 1)

Learning Objectives: At the conclusion of this session, attendees will have a better understanding of some of the most critical issues affecting the specialty of dermatologic surgery and their own practice. Within this session, course faculty will present topics submitted by the membership or as relevant due to current events.

Moderator(s): Ken K. Lee, MD; Dee Anna Glaser, MD

11:30 am  Sunscreen Regulations in the Spotlight
Darrel S. Rigel, MD

11:50 am  The Next Frontier in Light-based Technology
Christopher Zachary, MD

12:10 pm  The Economic Future of Dermatologic Surgery
Brett M. Coldiron, MD

11:30 am - 12:30 PM CONCURRENT SCIENTIFIC SESSIONS

GD114  You Asked for It Session

(Salon 1)

Learning Objectives: At the conclusion of this session, attendees will have a better understanding of some of the most critical issues affecting the specialty of dermatologic surgery and their own practice. Within this session, course faculty will present topics submitted by the membership or as relevant due to current events.

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Brett M. Coldiron, MD
CS128  Lasers: The Pulsating Truth on the Latest and Greatest (Salon 2)

Learning Objectives: At the conclusion of this session, attendees should be able to: describe the advantages and disadvantages of non-invasive devices for body contouring; identify the latest skin resurfacing lasers and devices and their relative clinical efficacy and side effect profiles; determine the best laser techniques for scar revision; be familiar with the at-home market and identify strategies applicable to laser and device treatment in dark skin tones.

Moderator(s):  
Tina S. Alster, MD; Roy G. Geronemus, MD  

2:00 pm  Introduction  
Tina S. Alster, MD; Roy G. Geronemus, MD  

2:05 pm  Body Contouring  
Lori A. Brightman, MD  

2:15 pm  Fractional Laser and RF Skin Resurfacing  
Roy G. Geronemus, MD  

2:25 pm  Laser Scar Revision  
Tina S. Alster, MD  

2:35 pm  Home Laser and Light Devices  
Thomas E. Rohrer, MD  

2:45 pm  Laser Treatment of Difficult Cases  
Jeffrey S. Dover, MD, FRCPC  

2:55 pm  All Panel Discussion  
Tina S. Alster, MD  

MC121  Complications in Light-based Technologies (Virginia A) Closed

Learning Objectives: At the conclusion of this course, attendees should be able to: recognize the most common side effects and complications of cutaneous laser and light-based treatments including ablative and non-ablative fractionated resurfacing, non-invasive skin tightening, hair removal, pigment- and vascular- specific laser treatments; identify methods to reduce the risk of complications after cutaneous laser surgery and understand and implement appropriate therapy for the most common side effects and complications of laser and light-based treatments.

Elizabeth Tanzi, MD; Jeffrey S. Dover, MD  

MC122  Reconstructive Challenge: Eyes and Nose (Virginia B) Closed

Learning Objectives: At the conclusion of the course, attendees should be able to: describe the anatomy of periorbital and nasal region as it applies to reconstruction; develop a logical approach to repair periorbital and nasal defects and select and demonstrate appropriate surgical techniques for performance of safe and effective periorbital and nasal reconstruction.

Jeremy S. Bordeaux, MD, MPH; Ken K. Lee, MD  

MC123  Core Curriculum in Cosmetic Dermatologic Surgery Track: Fillers (Hoover) Closed

Learning Objectives: At the conclusion of this course, attendees should be able to: understand facial aesthetics and changes associated with aging; learn the basics of facial shaping; understand critical facial anatomy and learn which filler, in which patient, for which purpose. Core topics addressed may include molecular structure, mechanisms and properties of different HA’s, CaHA’s, silicone and others; regional uses of soft-tissue fillers; FDA indications, and; complications.

Cheryl M. Burgess, MD; Stephen H. Mandy, MD; Melanie Palm, MD, MBA  

RX114  Pathology Babble: What Does My Dermatopathologist Mean? (Salon 3)

Learning Objectives: At the conclusion of this session, attendees should be able to: identify pathology terms and understand significance in dermatologic surgery; describe difficult melanocytic terminology and describe basal cell carcinoma variants.

Moderator(s):  
Valencia D. Thomas, MD  

2:00 pm  Deciphering the Language of the Dermatopathologist  
Valencia Thomas, MD  

2:20 pm  Tumors and their Mimickers,  
Kenneth Y. Tsai, MD, PhD  

2:40 pm  Post-Laser Dermatopathology  
Zeina Tannous, MD  

3:00 pm  Questions and Answers  

Want more from your Annual Meeting? Complete our Annual Meeting Evaluation and be heard!
THURSDAY, NOVEMBER 3

4:00 - 5:30 PM  SCIENTIFIC SESSION

GD130  Iron Surgeon: Reconstructive and Cosmetic

Learning Objectives: At the conclusion of this session, attendees should be able to: identify new techniques in reconstructive surgery; describe anatomy and reconstructive principles related to repair of surgical defects; select appropriate repairs of surgical defects and demonstrate different approaches to rejuvenation of the face.

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Moderator(s): Andrew J. Kaufman, MD; Thomas E. Rohrer, MD

4:00 pm  Match # 1
Tatyana R. Humphreys, MD; Marc D. Brown, MD

4:30 pm  Match # 2
Christopher B. Harmon, MD; Brett M. Coldiron, MD

5:00 pm  Match # 3
Lisa M. Donofrio, MD; Fredric S. Brandt, MD

5:30 – 7:00 PM  “A CAPITAL WELCOME” RECEPTION AND SILENT AUCTION

(Marriott Foyer) Lobby Mezzanine.

Open to all attendees.

The 11th Annual Silent Auction will kick off on Thursday evening from 5:30-7:00 p.m. in conjunction with the Welcome Reception. All attendees are invited to enjoy the entertainment, hors d’oeuvres and cocktails, and to bid on great auction items. The Silent Auction raises money for ASDS program initiatives.

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7:00 – 9:00 PM  INDEPENDENT INDUSTRY ORGANIZED HOT TOPIC SESSIONS

See page 11 for details.

ALL annual meeting sessions are open ONLY TO DERMATOLOGISTS unless marked with the E symbol.
7:15 – 8:45 AM MORNING COFFEE TALKS

Advance registration is strongly encouraged in order to obtain the Coffee Talk of your choice. Sessions have a cost of $60, are limited by the seating available, and may be closed. See registration desk for to register for courses not marked CLOSED.

AB201 Reconstructive Challenge - Lip and Ear (Maryland A)

Learning Objectives: At the conclusion of this course, attendees should be able to: understand surgical defects of the lip and ears in terms of relevant anatomy; design closure options for the lip and ear; analyze complex reconstructive cases and manage and predict complications of the lip and ear.

Isaac M. Neuhaus, MD; Andrea Willey, MD; Rachel Moore, MD

AB202 Non-invasive Fat Reduction (Maryland B)

Learning Objectives: At the conclusion of this course, attendees should be able to: identify and understand the mechanism of action and clinical applications of novel laser and energy based technologies that selectively remove fat; identify and understand the mechanism of action and clinical applications of novel injectable compounds currently in development that remove fat and understand the available data describing the potential uses, limitations and adverse effects of each of these non-surgical methods and technologies.

Mathew M. Avram, MD, JD; Adam M. Rotunda, MD

AB203 Fillers and Toxins: Maximizing Injections and Minimizing Tools (Maryland C) Closed

Learning Objectives: At the conclusion of this course, attendees should be able to: discuss and implement efficient techniques; recognize potential complications and understand relevant anatomy.

Dee Anna Glaser, MD; Michael S. Kaminer, MD

AB204 Managing Skin Cancers in Organ Transplant Recipients (Virginia A)

Learning Objectives: At the conclusion of this course, attendees should be able to: identify high risk skin cancer as it pertains to the solid organ transplant population; to manage high risk skin cancer appropriately with the use of adjuvant therapies and field therapy in addition to surgical therapy in order to reduce the risk of recurrence and metastatic; institute a multidisciplinary form of patient care and thoroughly understand the role of the dermatologist in reduction of immunosuppression for organ transplant recipients at high risk for aggressive skin cancer.

Fiona O'Reilly Zwald, MD; Chrysalyne Schmults, MD

7:15 – 9:00 AM RESIDENTS/FELLOWS-IN-TRAINING/YOUNG DERMATOLOGIC SURGEONS HOSPITALITY SUITE (Harding)

Graciously supported by Allergan, Inc.

ALLERGAN

THE SCIENCE OF REJUVENATION™

8:00 – 9:00 AM NETWORKING BREAK IN EXHIBIT HALL (COMPLIMENTARY LIGHT BREAKFAST FARE SERVED)

8:45 – 9:00 AM TRANSITION BREAK FROM COFFEE TALKS

AB205 Non-surgical Eye Rejuvenation (Virginia B) Closed

Learning Objectives: At the conclusion of this course, attendees should be able to: review aging of the area/anatomy; have treatment options - topical; have treatment options - devices, and have treatment options - soft filler fillers.

Rebecca Fitzgerald, MD; Doris J. Day, MD

AB206 Comprehensive Coding (Virginia C)

Learning Objectives: At the conclusion of the course, attendees should be able to: identify correct codes and apply more accurately for proper patient encounter documentation; properly apply codes for more complex repairs and new soft-tissue excisions; ensure that coding correctly reflects service/treatment performed; recognize potential audit targets and ensure coding to avoid RAC audits and billing for more than 24 hours of service in a day; describe how CPT codes are valued, and; discern why you must E-prescribe at least 10 times a year – or not.

George J. Hruza, MD; Brett M. Coldiron, MD

AB207 Science of Skin Care (Hoover)

Learning Objectives: At the conclusion of this course, attendees should be able to: identify new trends in skin care; summarize the current science driving skin care product development and select appropriate skin care products.

Patricia Farris, MD; Zoe D. Draelos, MD

Check out the new educational DVDs in ASDS Booth #108.

CORE CURRICULUM IN COSMETIC DERMATOLOGIC SURGERY

ABMS Competencies:

1 Patient care
2 Medical knowledge
3 Practice-based learning and improvement
4 Interpersonal and communication skills
5 Professionalism
6 Systems-based practice
9:00 – 10:15 AM GENERAL SESSION (Salon 2-3)

9:00 am Teaser for CS310 – Nightmares Come True: Medical Mishaps Can Happen to You
Jenny Kim, MD, PhD; Abel Torres, MD

9:03 am Teaser for PM313 – To be Seen or Not to be Seen on the Social Media Scene
Darrel S. Rigel, MD; Alysa R. Herman, MD

9:06 am Teaser for RX314 – The Usual Suspects: Taking Charge of Common Defects
George J. Hruza, MD; Glenn D. Goldman, MD

9:10 am KEYNOTE LECTURE: Michael McMillan
Best-Selling Author, Speaker, and Innovation and Creativity Consultant

Michael McMillan has a reputation for creative thinking and delivering innovative results. Early in his career, his visual communications firm counted among its client roster Fortune 100™ corporations, sports and music legends, non-profit organizations and more. His creative direction on Michael Jordan’s New York Times best-selling pictorial autobiography Rare Air established a new niche in retail publishing. Award-winning books Mario Andretti, The NBA at 50, and John Deer’s Genuine Value followed. Michael’s work has been recognized by every major design, advertising and communication organization around the world.

After 20 consecutive years of growth, Michel sold his firm to share his unique insight on creative thinking, innovation and making a positive change. He is a perception catalyst and truth seeker, inspiring others to question, think differently, and take action. As an accomplished author, some of his books include:

- Pink Bat: Turning Problems into Solutions. This book will turn your thinking upside down and have you seeing problems as solutions.
- Paper Airplane: A Lesson for Flying Outside the Box. This entertaining story provides a profound and lasting impact on the power of creative thinking.
- Jonny the Bagger: The Simple Truths of Service. Working with Ken Blanchard and Barbara Glanz, Michael created this book to illustrate the importance of customer service that comes from the heart.

Michael McMillan’s breadth of knowledge and experience, combined with his story-telling ability, allow his messages to resonate with audiences. Hear Michael’s keynote at 9:10 am on Friday, November 4 and leave highly motivated and committed to embracing a future of endless possibilities.

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10:15 – 11:00 AM NETWORKING BREAK IN EXHIBIT HALL
(COMPLIMENTARY BEVERAGES SERVED)

11:00 AM - 12:15 PM CONCURRENT SCIENTIFIC SESSIONS

CS211 Controversies in Dermatologic Surgery (Salon 3)

Learning Objectives: Following this session, participants will be able to: select whether and for which procedures physician extenders may be appropriate; discern when to provide topical chemophrophylaxis of skin cancers and precancers; recite the indications and contraindications for performing more advanced cosmetic procedures, and; decide when visual examination alone for detection of melanoma is no longer optional.

11:00 am Are physician assistants and nurse practitioners essential and appropriate for dermatologic surgery practices, and can they provide almost any type of care that is delivered in such practices?
Ava T. Shamban, MD; Derek H. Jones, MD

11:20 am Should topical chemophrophylaxis of skin cancers and precancers be provided to all patients with a history of actinic keratoses or skin cancer?
Leonard H. Goldberg, MD; Ellen Marmur, MD

11:40 am To evolve or not to evolve: Perform more advanced cosmetic procedures such as liposuction, endovenous ablations, and face-lifts, or risk becoming glorified aestheticians.
Hayes B. Gladstone, MD; Elizabeth Tanzi, MD

12:00 pm When does visual examination alone for detection of melanoma become a quaint tradition of dubious scientific value?
John A. Zitelli, MD, Thomas E. Rohrer, MD

RS213 Resident Oral Abstracts (Salon 1)

11:00 am Sentinel Lymph Node Biopsy in Cutaneous and Non-cutaneous Cancer
Moderator(s): Monica Hale, MD; Allison Hanlon, MD

11:05 am Clinical Application of FISH in the Management and Diagnosis of Melanoma
Rajiv Nijhawan, MD

11:10 am 1064 Nd:YAG Q-switched Laser for the Treatment of Toenail Onychomycosis
Jason D. Boyd MD

11:15 am Consensus Recommendations and Current Practices for the Reconstitution and Storage of Botulinum Toxin Type A
Austin Liu, MD

11:20 am Safety of Storing and Reusing Hyaluronic Acid Fillers: A Retrospective Chart Review
Patrick Safo, MD, PhD

11:30 am How Accurate is Botulinum Toxin A? Can We Correct for Eyebrow Height Asymmetry?
Jason Sneath, MD

11:35 am Inflammation and Fibrosis on Moh’s Levels, What Does It Mean?
Jason Sneath, MD

11:40 am Is Cryosurgery or Curettage More Effective at Treating Seborrheic Keratoses?
Lance D. Wood, MD

11:45 am Sunscreen Use, Behaviors and Attitudes among NCAA Collegiate Athletes
Ashley Wysong, MD

11:50 am Discussion

11:55 am Clinical Efficacy and Safety Evaluation of the New Monopolar Radiofrequency (mRF) Device with Comfort Pulsed Technology for the Treatment of Facial Skin Laxity: A 10 Month Experience with 64 Patients
Arden Fredeking, MD

12:00 pm Establishing the Safety and Efficacy of Simultaneous Facelift and Intro-operative Full Face and Neck Fractional CO2 Resurfacing
Tyler Hollmig, MD

12:05 pm A Novel Approach to the Treatment of Medial Canthal Webs Using an Ablative Fractional Laser-based Protocol
Tara Dever, MD

12:10 pm Discussion
FRIDAY, NOVEMBER 4

ALL annual meeting sessions are open ONLY TO DERMATOLOGISTS unless marked with the symbol.

12:15 – 12:30 PM TRANSITION BREAK TO MEMBERS BUSINESS MEETING/EXHIBITS

12:30 – 1:30 PM ANNUAL MEMBERS BUSINESS MEETING LUNCH (MEMBERS ONLY) (Salon 3)

12:30 – 1:30 PM NETWORKING LUNCH BREAK IN EXHIBIT HALL FOR NON-MEMBERS (LIGHT LUNCH AVAILABLE FOR PURCHASE) (Exhibit Hall A-B (all))

1:30 - 3:00 PM CONCURRENT SCIENTIFIC SESSIONS

GS228 Dermatologic Surgery Around the World
1 2 3 4 (Salon 3)

Learning Objectives: Following this session, participants will be able to: identify various cosmetic techniques utilized around the globe; compare effectiveness of these techniques to those currently utilized in their own practices, and; recognize areas where patient care can be improved by broadening knowledge of advances made in various countries.

Moderator(s): Susan H. Weinkle, MD

1:30 pm Introduction
Susan H. Weinkle, MD

1:35 pm Neurotoxin Update
Doris Hexsel, MD

1:45 pm Combination Resurfacing
Gregory J. Goodman, MD

1:55 pm The Beauty of Chemical Peels
Marina Landau, MD

2:05 pm Soft Tissue Augmentation with Cannulas
Hassan Galadari, MD

2:15 pm Advanced Dermal Filler Injection Techniques: European Experience
Sabine Zenker, MD

2:25 pm Hyaluronic Acid Full Face-lift
Davi de Lacerda, MD

2:35 pm Innovations from North of the Border
Nozell J. Solish, MD

2:45 pm Discussion

GD231 Cutting Edge Research Grant Award and Research Abstracts (Salon 1)

Moderator(s): Eva Hurst, MD; Sigfried Yu, MD

1:30 pm Cost Comparison of Non-melanoma Skin Cancer (NMSC) Treatment Options: The Actual Global Costs Incurred By One Managed Care Organization
2009 CERG Winner Vanessa A. London, MD

1:36 pm Voriconazole as a Risk Factor for Squamous Cell Carcinoma in Lung Transplant
2010 CERG Winner Andreas Boker, MD

1:42 pm An Investigation of Coagulation Cascade Activation and Induction of Fibrinolysis by Foam Sclerotherapy of Reticular Veins
2010 CERG Winner Sabrina Guillen Fabi, MD

1:48 pm Collagenase-Digested Autologous Fat Transfer
2010 CERG Winner Naomi Lawrence, MD;

1:54 pm Catastrophic Cutaneous Carcinomatosis in the Non-organ Transplant Population
2010 CERG Winner Ellen S. Marmur, MD

2:00 pm Rate of Change in Diagnosis after Excision of Biopsy-proven Atypical Nevi and Examination of risk of Malignant Potential
2010 CERG Winner Kavitha K. Reddy, MD

2:12 pm Combining Field Therapies with Sequential Topical 5-Fluorouracil Followed by 5-Aminolevulinic Acid Photodynamic Therapy for Actinic Keratosis
Edidong Ntuen Kaminska, MD

2:18 pm Efficacy and Safety of the Hedgehog Pathway Inhibitor Vismodegib in Patients with Advanced Basal Cell Carcinoma: A Pivotal Multicenter Trial
Michael R. Migden, MD

2:24 PM Propective, Double-blind, Randomized Pilot Study Comparing Ibuprofen to a Narcotic for Pain Management During Micro-focused Ultrasound Treatment
Hema Sundaram, MD

2:30 Discussion

CORE CURRICULUM IN COSMETIC DERMATOLOGIC SURGERY

ABMS Competencies:

1. Patient care
2. Medical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice
Advance registration is strongly encouraged in order to obtain the Tea of your choice. Sessions are limited by seating available, with a cost of $35, and may be closed. See registration desk to register for courses not marked CLOSED.

**MC221 Acne Scarring (Maryland A) Closed**

**Learning Objectives:** At the conclusion of this course, attendees should be able to: understand how the facial rejuvenation paradigm of cohesive treatment of volume, surface and movement relates to scarring; evaluate and classify acne scars of different morphologies, and develop individualized treatment plans; identify patients who will need combined methods of treatment; prepare the acne scar patient for expected outcomes and possible complications and properly perform the necessary procedures to treat the most difficult forms of scarring.

Gregory J. Goodman, MD; Christopher B. Harmon, MD; Douglas Fife, MD

**MC222 Surgery of the Nail: Hammering Down Your Technique NO (Maryland B)**

**Learning Objectives:** At the conclusion of this course, attendees should be able to: be familiar with the surgical anatomy of the nail unit; select the appropriate surgical approach to various nail lesions, and; demonstrate improved competence regarding the nuances of nail surgery procedures. Case presentations, short video clips and possible cadaver digits demonstration/dissection may be employed.

Phoebe Rich, MD

**MC223 Core Curriculum in Cosmetic Dermatologic Surgery: Veins (Maryland C) Closed**

**Learning Objectives:** At the conclusion of this course, attendees should be able to: discuss relevant venous anatomy and pathophysiology of venous disease; the basics of sclerotherapy and complications of sclerotherapy.

Girish S. Munavalli, MD; Jeffrey T.S. Hsu, MD

**MC224 The State-of-the-Art in Botulinum Toxin Treatments (Virginia A) Closed**

**Learning Objectives:** At the conclusion of this course, attendees should be able to: understand structure and mechanism of action for botulinum toxin; review the regions of treatment for upper face and discuss potential complications; review the regions of treatment for the lower face and discuss potential complications and explain some of the identifying features of currently available formulations.

Joel L. Cohen, MD; Sue Ellen Cox, MD; Alastair Carruthers, FRCPC

**MC225 Aesthetics and Ethnic Skin (Virginia B)**

**Learning Objectives:** At the conclusion of this course, attendees should be able to: identify unique aesthetic considerations with respect to the aging patient with skin of color; expand on specific treatments and considerations when treating skin of color patients; identify common skin aging concerns in patients with skin of color and discuss unique and specific cosmeceutical and procedural cosmetic procedures geared toward the skin of color patient.

Pearl E. Grimes, MD; Jeanine B. Downie, MD; Jonith Y. Breadon, MD

**MC226 “What to Do When a Chart Audit Happens to You” (Harding)**

**Learning Objectives:** At the conclusion of this session, participants will be able to: describe the required components for a complete patient chart; understand the ramifications of chart audit issues, and; demonstrate methods for ensuring preparedness in the event of an audit.

Mark S. Nestor, MD, PhD; Allan S. Wirtzer, MD

All registered attendees are invited to the **Wine & Cheese Reception** in the Exhibit Hall Friday, November 4, 2011 5:30 - 7:00 PM
**ALL annual meeting sessions are open ONLY TO DERMATOLOGISTS unless marked with the [ ] symbol.**

**3:45 - 5:15 PM  CONCURRENT SCIENTIFIC SESSIONS**

**PD240 Patient Demonstration – Fillers and Neurotoxins [ ] (Salon 2)**

**Learning Objectives:** At the conclusion of this session, attendees should be able to: identify the structural and functional anatomy considerations that enable clinicians to achieve safe and efficacious injection of fillers and toxins; discuss how individualized patient assessment can optimize pan-facial rejuvenation with fillers and toxins; describe an evidence-based approach to treatment with fillers and toxins, including selection of the appropriate products and injection strategies and discuss the avoidance and management of potential complications from filler and toxin injections.

**Moderator(s):** Jean Carruthers, MD; Miriam P. Cummings, MD; Hema Sundaram, MD

3:45 pm Introduction
Jean Carruthers, MD

4:00 pm Combining HA and PMMA Fillers
Cheryl M. Burgess, MD - Injecting
Hema Sundaram, MD - Facilitating

4:25 pm Combining HA Fillers
Robert A. Weiss, MD - Injecting
Jean Carruthers, MD - Facilitating

4:50 pm Combining HA, CaHA and PLLA Fillers
Hema Sundaram, MD - Injecting
Miriam P. Cummings, MD - Facilitating

Questions from the Audience Throughout the Demonstrations; Aisle Microphones will be Available.

**RX229 Better Than Pearls: Reconstructive Diamonds [ ] (Salon 3)**

**Learning Objectives:** At the conclusion of this session, attendees should be able to: improve approaches to post-cancer surgical reconstruction techniques via primary repair, flap, graft, and granulation; gain confidence in employing a logical and step-wise method for managing facial wounds and wounds in critical locations and improve patient education skills to improve psychological and long-term outcomes regardless of repair method selected, and establish a mindset that considers wound and host factors in each repair, rather than a preconceived repair choice.

**Moderator(s):** Christopher J. Arpey, MD; Hayes B. Gladstone, MD

3:45 pm Introduction
Christopher J. Arpey, MD; Hayes B. Gladstone, MD

3:50 pm Executing Ear Repairs
Christian Baum, MD

4:00 pm Rotations, Risks and Rarities
Marta Van Beek, MD

4:10 pm Adding Zip to Your Z-plasties
Jeremy S. Bordeaux, MD, MPH

4:20 pm Nasal Nuances
Jerry D. Brewer, MD

4:30 pm Creative Contouring of Staged Flaps
John A. Carucci, MD, PhD

4:40 pm Cartilage Grafting for the Nasal Alae
Daniel B. Eisen, MD

4:50 pm How to Close a Large Scalp Defect
Hayes B. Gladstone, MD

5:00 pm Simplifying Skin Grafts
Larisa Ravitskiy, MD

5:10 pm Questions and Answers

**CS233 Cosmetic Oral Abstracts [ ] (Salon 1)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Author(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:45 pm</td>
<td>Topical Botulinum Toxin A for Glabellar Lines in Patients With Skin of Color and White Patients</td>
<td>Gary D. Monheit, MD</td>
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<tr>
<td>3:50 pm</td>
<td>Onset and Durability of Response to Abobotulinumtoxin A for Glabellar Lines in Patients With Skin of Color and White Patients</td>
<td>Valerie D. Callender, MD</td>
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<tr>
<td>3:55 pm</td>
<td>Multicenter Phase II and Phase III Studies of Single and Repeat Doses of Incobotulinumtoxin A in Treatment of Glabellar Frown Lines for Up to Two Years</td>
<td>Alastair Carruthers, FRCPC</td>
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<tr>
<td>4:00 pm</td>
<td>Poly-L-Lactic Acid for Chest Rejuvenation: A Retrospective Study of 28 Cases Using a 5-point Chest Injection</td>
<td>Sabrina Guillen Fabi, MD</td>
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<tr>
<td>4:05 pm</td>
<td>Efficacy of a Novel Bi-directional Sidelight Optical Fiber &amp; 1440 nm Nd:YAG Laser in the Treatment of Cellulite as Measured by 3-dimensional Surface Imaging</td>
<td>Bruce E. Katz, MD</td>
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<tr>
<td>4:15 pm</td>
<td>Review of a Novel Compound (1% 4-Ethoxybenzaldehyde) in Reducing Facial Erythema</td>
<td>Leon H. Kircik, MD</td>
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<tr>
<td>4:20 pm</td>
<td>Assessment of Safety and Efficacy of a Bipolar Fractionated Radiofrequency Device in the Rejuvenation of Aged and Photodamaged Skin</td>
<td>Jeremy R. Man, MD</td>
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<tr>
<td>4:25 pm</td>
<td>Full Face Soft Restoration with Hyaluronic Acid Gel Fillers and Microcannulas</td>
<td>Giovanni Sali, MD</td>
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<tr>
<td>4:30 pm</td>
<td>Autologous Fibroblast Therapy for Treatment of Facial Rhytids</td>
<td>Stacy R. Smith, MD</td>
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<tr>
<td>4:35 pm</td>
<td>ATX-101 Treatment Offers Long-term Durability of Submental Fat Reduction: Preliminary Follow-up Study, Results of Subjects from Phase 2 Studies</td>
<td>Kevin C. Smith, MD</td>
</tr>
<tr>
<td>4:45 pm</td>
<td>Evaluation of Safety, Efficacy and Patient Satisfaction After Multi-Plane Nonsurgical Lifting of the Face, Submental Region and Neck with a Novel Micro-Focused Ultrasound Device with Simultaneous Ultrasound Visualization</td>
<td>Hema Sundaram, MD; Oge Onwudije, MD; Ashley Lodha</td>
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<tr>
<td>4:50 pm</td>
<td>The Transplanted Hairline: A Leg Room for Improvement</td>
<td>Sanusi H. Umar, MD</td>
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<tr>
<td>4:55 pm</td>
<td>Safety of Fractional CO2 Laser of the Neck and Chest: A Review of 122 Cases</td>
<td>Susan Brunner Van Dyke, MD</td>
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<tr>
<td>5:00 pm</td>
<td>Laser Assisted Delivery of Allogeneic Porcine Mesenchymal Stem Cells</td>
<td>Jill S. Waibel, MD</td>
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<tr>
<td>5:05 pm</td>
<td>Long-Term Follow-Up For 1927nm Fractional Resurfacing of Actinic Keratoses on the Face</td>
<td>Elliot T. Weiss, MD</td>
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<tr>
<td>5:10 pm</td>
<td>Enhancement of the Brow using Botulinum Toxin A in Combination with Hyaluronic Acid Filler as Evaluated by Patient Satisfaction</td>
<td>Derek H. Jones, MD</td>
</tr>
</tbody>
</table>

**5:30 – 7:00 PM  WINE AND CHEESE RECEPTION IN EXHIBIT HALL (Exhibit Hall A-B)**

Graciously supported by Revance Therapeutics
7:15 – 8:45 AM MORNING COFFEE TALKS

Advance registration is strongly encouraged in order to obtain the Coffee Talk of your choice. Sessions have a cost of $60, are limited by the seating available, and may be closed. See registration desk to register for courses not marked CLOSED.

AB301 Facial Shaping (Maryland A) Closed
Learning Objectives: At the conclusion of the course, attendees should be able to: identify appropriate fillers for facial fillers; select appropriate patients for facial shaping procedures; thoroughly understand relevant anatomical structures to avoid adverse events and demonstrate proper best practice injection techniques.

Derek H. Jones, MD; Andrew A. Nelson, MD; William Stebbins, MD

AB302 Patient Safety (Maryland B)
Learning Objectives: At the conclusion of the course, attendees should be able to: identify high risk areas in dermatologic procedures; learn to formulate protocols, create check lists for entire staff and develop team approach to indentifying issues and problems subverting patient and staff safety.

Carl F. Schanbacher, MD; Marc D. Brown, MD; Tatyana R. Humphreys, MD; Hugh M. Gloster, Jr., MD; William Stebbins, MD

AB303 Managing Surgical Complications (Maryland C)
Learning Objectives: At the conclusion of this course, attendees should be able to: recognize the causes and prevention of bleeding; understand proper use of anticoagulants; identify risks for infections, proper use of antibiotics pre and post operatively; understand the inter-related cause of tissue necrosis and dehiscence and recognize potential adverse outcomes of simple and complex cutaneous surgical procedures.

Tatyana R. Humphreys, MD; Hugh M. Gloster, Jr., MD; Marc D. Brown, MD

AB304 Reconstructive Challenge: Legs, Arms and Scalp (Virginia A)
Learning Objectives: At the conclusion of this course, attendees should be able to: develop an approach to reconstruction of challenging surgical defects on the legs, arms and scalp; understand pitfalls and potential complications of flaps on the legs, arms and scalp and identify the utility of wound care assisted skin grafts and the keystone flap for challenging defects on the legs.

Scott Isenhath, MD; Juan-Carlos Martinez, MD; Joseph Sobanko, MD

AB305 How to Build and Manage a Cosmetic Practice (Virginia B)
Learning Objectives: At the conclusion of this course, attendees should be able to: successfully integrate cosmetic procedures into their existing practice; formulate a plan to acquire new equipment and office personnel rationally and implement effective marketing strategies for maintaining a successful and patient-centered cosmetic practice.

Paul M. Friedman, MD; Vic A. Narurkar, MD

AB306 Blepharoplasty Basics: How to Get Started (Virginia C)
Learning Objectives: At the conclusion of this course, attendees should be able to: understand the planning and execution of upper and lower lid blepharoplasty; understand how to recognize lower eyelid laxity and commonly used techniques for lower lid tightening; understand the effects of brow ptosis and lateral hooding and various treatment options; have a comprehensive approach to “dark lower eyelid circles” with focus on tear troughs and lateral orbital hollowness; the anatomic basis, proper photographic documentation, and the use of fillers for aesthetic contouring and select additional complementary methods for periorbital rejuvenation.

Sorin Eremia, MD; Steven C. Dresner, MD

AB307 The ASDS-based International Dermatologic Surgery Mentorship Exchange Program – An Endowed Teaching Program (Hoover)
Learning Objectives: A special gathering for already-approved Mentors or for those contemplating participating in the program, and for those representing entities interested in submitting an application for approval. Those interested in future participation must be board certified (or accepted equivalent) dermatologists who wish to share their expertise internationally or as hosts who will accept committee-approved dermatologists for in-office or in-hospital training in areas of deficiency in the host dermatologist’s respective training program or country. All attendees will share their own experiences and ideas for expanding the program and for increasing its international exposure and influence. Note: Advance registration is necessary, space is limited, however no fee is required
Moderator(s): Lawrence M. Field, MD

7:15– 9:00 AM RESIDENTS/FELLOWS-IN-TRAINING/ YOUNG DERMATOLOGIC SURGEONS HOSPITALITY SUITE (Harding)

Graciously supported by Allergan, Inc.

8:00 – 9:00 AM NETWORKING BREAK IN EXHIBIT HALL (COMPLIMENTARY LIGHT BREAKFAST FARE SERVED)

8:45 – 9:00 AM TRANSITION BREAK FROM COFFEE TALKS
9:00 – 10:00 AM SPECIAL KEYNOTES (Salon 2 & 3)

9:00 am Mohit Bhandari, MD, PhD, FRCSC
Professor and Academic Chair, Department of Orthopaedic Surgery, McMaster University, Toronto

Dr. Bhandari’s extensive research broadly focuses upon clinical trials, meta-analyses, methodological aspects of surgery trials and the translation of evidence into surgical practice. Specific areas of interest include identifying optimal management strategies to improve patient-important outcomes in patients with multiple injuries, lower extremity fractures and severe soft tissue injuries. He is a leader in the area of fostering understanding of evidence-based medicine so that clinicians wishing to use today’s medical literature will have a solid understanding of the validity and rigor upon which the information is based.

Dr. Bhandari is a sought after speaker, as well as a prolific author of many articles including “Challenges to the Practice of Evidence-Based Medicine during Residents’ Surgical Training: A Qualitative Study Using Grounded Theory.” He has edited several textbooks in surgical research and is senior editor of the textbook Evidence-Based Orthopaedics.

We are honored to have such an esteemed colleague address the ASDS Annual Meeting attendees.

Graciously supported by Merz Aesthetics

MERZ AESTHETICS™

9:50 am A Success in the Works: Expansion of the International Traveling Mentorship Program
Lawrence M. Field, MD

10:00 – 10:45 AM NETWORKING BREAK IN EXHIBIT HALL
(COMPULSORY BEVERAGES SERVED)

10:45 – 11:30 AM CONCURRENT SCIENTIFIC SESSIONS

PM310 Practice Management Pointers for the Perfectionist

Learning Objectives: At the conclusion of this session, attendees should be able to: recognize and implement successful management strategies; obtain and employ new practice management ideas and procedures to enhance patient care and run a successful office; effectively manage office staff to minimize clerical and administrative errors; recognize signs of and/or utilize technique to avoid embezzlement, and learn of and introduce technological media changes as they pertain to the practice of dermatologic surgery.

Moderator(s): Mary E. Maloney, MD; Elizabeth J. McBurney, MD

10:45 am The Importance of a Unified Message
Elizabeth Tanzi, MD

10:55 am Checks and Balances to Minimize Embezzlement in Private Practice
Cheryl M. Burgess, MD

11:05 am Survival Tips for New Media
Kyle Coleman, MD

11:15 am Building an Office Team Through Better Performance Reviews
Naomi Lawrence, MD

11:25 am Questions and Answers

RX311 General Dermatologic Surgery Oral Abstracts

9:50 am Cutler-Beard Flap: A Useful Technique for Repairing Large Full-Thickness Upper Eyelid Defects
Jeremy S. Bordeaux, MD, MPH

10:05 am Cyanoacrylate Lamination Technique in Miniature Punch Grafting in stable Vitiligo at Difficult Sites
Niteen V. Dhepe, MD

10:10 am Dermatologic Surgery Consultation and Follow-up: A Patient-based Research Survey
Omar Ibrahimi MD, PhD

10:15 am The Use of Novel Bipolar Wound Sealer (Radiofrequency with Conductive Saline) to Achieve Hemostasis in Dermatologic Surgery
Andrew A. Nelson, MD

10:20 am Embryonic-like Secreted Proteins Enhance Follicular Unit Viability and Improve Donor Site Healing
Neil S. Sadick, MD

10:25 am The Expanded Utility of the Burrow’s Advancement Flap
Oliver J. Wisco, DO

10:30 am Treatment of Post Burn Hypertrophic Scars with Fractional CO2 Laser in Indian Skin
Niteen V. Dhepe, MD

Order a new lab coat or plaque at the ASDS Booth #108 in the Exhibit Hall.
RX314  Commonly Seen Defects: How Would You Reconstruct It?  (Salon 2)

Learning Objectives: At the conclusion of this session, attendees should be able to: take a logical approach to the reconstructive options for repair of moderate-sized defects on the face and scalp; find the optimal reconstructive option for a given head and neck defect and be more familiar with the reconstructive details or steps needed to optimally execute the chosen reconstructive option.

Moderator(s): Glenn D. Goldman, MD; George J. Hruza, MD

11:30 am  Reconstructive Options for Common Perioral Defects
Leonard H. Goldberg, MD, FRCP

11:50 am  Reconstructive Options for Common Proximal Nose
Stephen N. Snow, MD

12:10 am  Reconstructive Options for Common Distal Nose Defects
Todd E. Holmes, MD

PM313  How to Enter the Social Media Age  (Salon 3)

Learning Objectives: Following this session, participants will be better able to: describe the various types of social media available; recite the benefits of using social media to enhance their practice, and; recognize areas of concern regarding social media content, overuse and misuse.

Moderator(s): Darrell S. Rigel, MD; Alysa R. Herman, MD

11:30 am  Introductions
Alyssa Herman, MD; Darrell S. Rigel, MD

11:35 am  Social Media in the Dermatologic Surgery Practice
Robert A. Weiss, MD

11:50 am  Making Social Media Work For Your Practice
Tom Seery

12:05 pm  Evil Tidings: The Dark Side of Connectivity
Daniel M. Siegel, MD

CS312  Late Breaking Oral Abstracts  (Salon 1)

Moderator(s): Quenby Erickson, DO; Joely Kaufman, MD

11:30 am  Two-Center, Open-Label, Randomized, Split-Face Study to Assess the Efficacy of One Versus Three Intradermal Injection Sites of Abobotulinum toxin A in the Treatment of Lateral Periocular Rhytides
Mitchel P. Goldman, MD

11:35 am  Repeat Cryotreatment on Motor Nerves to Reduce Muscle Movement in a Rodent Model
Vic A. Narurkar, MD

11:40 am  A Prospective, Long-Term Observational Study of the Efficacy & Safety of an Hyaluronic Acid (HA) Filler in the Correction of Mild to Severe Mid-Face Volume Deficits: 18 Month Interim Analysis
Gregory J. Goodman, MD

11:45 am  A Novel Triple Combination Injection for Resolution of Keloids and Hypertrophic Scars
Nilesh Narendra Goyal, MD

11:50 am  Fractional Photothermolysis in the Treatment of Acne Scars: A Comparison of the CO2, Fraxel and Er:Yag Lasers
Timothy Cragun, DO

11:55 am  Discussion

12:00 pm  A Split-Face Comparison Between Combined Fractional Ablative with Non-Ablative Lasers and Fractional Ablative Lasers
Joel L. Cohen, MD

12:05 pm  Evaluation of Orbicularis Oculi Muscle Stripping on the Cosmetic Outcome of Upper Lid Blepharoplasty: A Randomized, Controlled Study
Matteo C. LoPiccolo, MD

12:10 pm  Effect of Anxiety on Patient Satisfaction With the Post-operative Outcomes in Mohs Micrographic Surgery
Iren Kosintseva, MD

12:30 – 2:00 PM NETWORKING BREAK IN EXHIBIT HALL
(COMPLIMENTARY LIGHT LUNCH; HALL CLOSES AT 2:00 PM)

12:30 – 2:00 PM YOUNG DERMATOLOGIC SURGEONS LUNCHEON
(ADVANCE SIGN-UP REQUIRED) (Hoover) Closed

12:30 – 2:00 PM WOMEN’S DERMATOLOGIC SURGEONS LUNCHEON
(ADVANCE REGISTRATION THROUGH WDS REQUIRED) (Wilson A- C)

12:30 – 2:00 PM INDUSTRY ADVISORY COUNCIL LUNCH
(OPEN TO IAC MEMBERS ONLY) (Madison)
CS309  Cosmetic Chaos - How to Stay Coherent Following Complications
(Salon 2)

Learning Objectives: At the conclusion of this session, attendees should be able to: recognize long term and short term complications from injectables, devices and cosmetic dermatologic procedures; create a treatment plan to address complications; identify areas of high risk in cosmetic dermatologic procedures and create an algorithm for optimizing safety, efficacy and reducing complications.

Moderator(s): Vic A. Narurkar, MD; Douglas G. Hamilton, MD

2:00 pm  Injectable Complications and Management
Jean Carruthers, MD

2:20 pm  Energy Based Devices: Complications and Management
Roy Geronemus, MD

2:40 pm  Aesthetic Complications and Management in Skin of Color
Pearl Grimes, MD

3:00 pm  Blepharoplasty and Periorbital Laser Resurfacing Complications
Steve Dresner, MD

CS310  Managing Common Medical Mishaps
(Salon 3)

Learning Objectives: At the conclusion of this session, attendees should be able to: recognize areas of their practice prone to medical mishaps, (mislabeling, etc.); understand the medico-legal implications of medical mishaps and learn how to improve their communication with their patients regarding those mishaps.

Moderator(s): Jenny Kim, MD, PhD; Abel Torres, MD

2:00 pm  Introduction
Jenny Kim, MD, PhD and Abel Torres, MD

2:05 pm  Areas of Practice Prone to Mishap
Sandra Read, MD

2:25 pm  Medico-legal Implications of Mishaps
Abel Torres, MD

2:45 pm  Communicating With Your Patient
Patrick K. Lee, MD

3:00 pm  First Year in Practice: Exponential Learning Curve
Andrew A. Nelson, MD

3:15 pm  Questions and Answers
Moderators and Faculty

MC321  Getting Started in Facelifts and Browlifts
(Virginia A)

Learning Objectives: At the conclusion of this course, attendees should be able to: understand the indications, contraindications, and proper patient selection for face and browlifts; describe the key anatomy and technical pearls of face and browlifts to effective deliver a consistent rejuvenation result; effectively prevent, detect, and treat potential complications of face and brow lifting and describe the rationale behind the vertical vector face lift including the distinguishing characteristics from traditional lifting techniques.

Steven M. Rotter, MD; Greg S. Morganroth, MD

MC322  Core Curriculum in Cosmetic Dermatologic Surgery: Neurotoxins
(Virginia B)

Closed

Learning Objectives: At the conclusion of this course, attendees should be able to: understand currently available neurotoxins and those on the immediate horizon and how to best use each to achieve optimal patient results; better utilize neurotoxins for both common and novel “off-label” uses; identify situations that may predispose to complications and better manage complications and identify situations where neurotoxin benefits are limited and in which neurotoxins are best combined with other cosmetic procedures. Core topics addressed may include relevant facial anatomy, mechanisms of action, innervation, danger zones and complications.

Vince Bertucci, MD; Vivian W. Bucay, MD; Mary P. Lupo, MD

MC323  PDT: Blue Light, Red Light, No Light?
A Comprehensive Review
(Virginia C)

Closed

Learning Objectives: At the conclusion of this course, attendees should be able to: understand mechanism of action and therapeutic efficiency for PDT treatment; learn presenter techniques for PDT treatment of AK, BCCs, SCCs, Acne, Photo damage and seb-hyperplusia, and; learn ways to maximize PDT efficiency and learn ways to minimize adverse outcomes.

Amy Taub, MD
Mitchel P. Goldman, MD; Peter K. Lee, MD, PhD

MC324  Protecting Your Practice: Employee Management, Theft and More
(Maryland C)

Learning Objectives: Following the presentation, participants will be able to: recognize the different forms of embezzlement; discuss safeguards against embezzlement in the medical practice office, and; recite tips on how to best work with an accountant.

David A. Laub, MD; Allan S. Wirtzer, MD; Steven E. Leininger, CPA
3:30 – 3:45 PM  TRANSITION BREAK

3:45 - 5:15 PM  CONCURRENT SCIENTIFIC SESSIONS

CS314  Repair of Repairs 1 2 (Salon 2)

Learning Objectives: At the conclusion of this session, attendees should be able to: identify areas at risk for distortion when performing closures; thoroughly relate the different techniques to prevent these complications and describe and demonstrate different techniques to repair these complication if they are to occur.

Moderator(s): David G. Brodland, MD; Jonathan L. Cook, MD

3:45 pm  Revision of Depressed and Hypo-pigmented Surgical Scars
Glenn D. Goldman, MD

3:55 pm  Revision of an Ala and Revision of a Pincushioned Bilobed Transposition Flap
Juan-Carlos Martinez, MD

4:05 pm  Repair of Trapdoor Deformity of the Chin and Commissuroplasty for Repair of Microstomia
Ali Hendi, MD

4:15 pm  Laser Revision of Mohs Surgical Scars
Galen H. Fisher, MD

4:45 pm  Ecotropian Repair after a Mustarde Flap and Repair of the Elevated Alar Rim
Hayes B. Gladstone, MD

5:00 pm  Revision of a Dead Forehead Flap
Steven M. Rotter, MD

5:15 pm  Conundrum Cases and Commentary
Panel and Moderators

PM332  Electronic Health Records and Your Office 1 2 (Salon 3)

Learning Objectives: At the conclusion of this course, participants will be able to: have a better understanding of how to choose an EHR system for your office; maximize use of the system you have or purchase; communicate the legal implications of EHR; understand the recent government incentive programs and regulations, and; introduce other devices that would enhance the digital world in your office.

Moderator(s): Saadia Raza, MD; Ashish Bhatia, MD

3:45 pm  What I Like/Dislike About My EHR
Ashish Bhatia, MD

4:00 pm  What I Like/Dislike About My EHR
Barry Leshin, MD

4:15 pm  Medical-legal Implications of EHR
Marta J. Van Beek, MD, PhD (invited)

4:30 pm  EHR Incentive Program Updates
Saadia Raza, MD

4:45 pm  PQRS and E-prescribing
Saadia Raza, MD

4:55 pm  Other Tips on Digitizing Your Office
Suneel Chilukuri, MD

5:05 pm  Questions

3:45 – 5:15 PM  WORKSHOPS/PATIENT DEMONSTRATIONS

Advance registration is strongly encouraged. Sessions are limited by seating available and may be closed at on-site registration. See registration form for pricing and registration.

WS330  Hands-on Workshop on Fillers and Injectables 1 2 3 (Maryland B)
(Residents/Post-residency Trainees/Young Dermatologic Surgeons ONLY- Limited to 30)

Learning Objectives: Specifically targeted to residents, post-residency trainees and young dermatologic surgeons, this workshop offers hands-on experience practicing basic and complex suturing and tumor excision and repair including flaps and basic and complex suturing. This course features new high-fidelity cutaneous surgical models which accurately simulate anatomy, including submucosa structure, allowing for realistic hands-on practice not standard in training programs. Upon completion of this workshop, participants will be able to: recite their understanding of facial anatomy in order to enhance a patient’s cosmetic appearance; increase their competence in patient positioning for all procedures; utilize the appropriate grasp for handling injection syringes; deploy the appropriate push pressure for injection of material based on consistency (with and without lidocaine, etc.); accurately select injection site and inject filler/injectable material, and; perform ancillary procedures including but not limited to massage to obtain the best cosmetic outcome.

Moderator(s): Dee Anna Glaser, MD; Rhoda S. Narins, MD

Faculty:
Alastair Carruthers, MD, FRCP; Seth Matarasso, MD; Lisa Donofrio, MD; John Soderberg, MD; Melanie Palm, MD

Supported by ETHICON, Inc. and a Grant from Merz Aesthetics

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MERZ AESTHETICS™
PD340  Patient Demonstrations: Advanced Sclerotherapy and Other Vein Treatments  
1 4 6 (Maryland A)  
**Learning Objectives:** At the conclusion of this session and viewing of live demonstrations of patient evaluations and vein correction procedures, participants will be able to: demonstrate knowledge about patterns and common distribution of spider veins/telangiectasia on the lower extremities, with regard for the zones of influence of the axial and truncal branches of the superficial venous system; recite commonly used sclerosants, including indications for usage, pros/cons of each class of sclerosant, and potential complications, and; identify the indications for using liquid versus foam.  
**Moderator(s):** Girish S. Munavalli, MD; Robert A. Weiss, MD

3:45 pm  Introduction  
Girish S. Munavalli, MD; Robert A. Weiss, MD

4:00 pm  Simplified Venous Anatomy of the Lower Extremities  
Girish S. Munavalli, MD; Robert A. Weiss, MD

4:15 pm  Advances in Sclerosing Agents 2011  
Girish S. Munavalli, MD; Robert A. Weiss, MD

4:30 pm  Complications of Sclerotherapy  
Girish S. Munavalli, MD; Robert A. Weiss, MD

4:45 pm  Patient Demonstrations: Liquid Sclerotherapy, Foam Sclerotherapy, Treatment of Reticular and Spider Veins and hand sclerotherapy  
Girish S. Munavalli, MD; Robert A. Weiss, MD - Injectors; Margaret A. Weiss, MD - Commentator

**Closed**

3:45 – 5:15 PM  **AFTERNOON TEAS WITH THE MASTERS**

Advance registration is strongly encouraged in order to obtain the Tea of your choice. Sessions have a cost of $35, are limited by the seating available, and may be closed.  
See registration desk to register for courses not marked CLOSED.

MC330  Core Curriculum in Cosmetic Dermatologic Surgery: Peels 1 2 3 4 (Virginia A)  
**Closed**  
**Learning Objectives:** At the conclusion of this course, attendees should be able to: describe the science of various peeling agents and their physiologic response to skin; compare and contrast levels of chemical peeling including superficial, medium and deep depth, as well as methods of peel applications, assess photo-aging, wrinkles and scarring indications for correct selection of chemical peeling depth(s) and methods; utilize appropriate techniques for superficial, medium and deep chemical peeling in combination face peels, and recognize and manage basic complications associated with operative and post-operative peeling procedures. Core topics addressed may include chemical differences peels, mechanisms of action and formulations of various peels, indications, comparison of peels to other resurfacing techniques, and safety concerns.  
Harold J. Brody, MD; Gary D. Monheit, MD; Seaver Soon, MD

MC331  Scar Wars 1 2 4 (Virginia B)  
**Closed**  
**Learning Objectives:** At the conclusion of the course, attendees should be able to: discuss different types of burn scars and healing of burn wounds; evaluate effectiveness of different lasers and other modalities in treatment of a wide variety of burns and scars caused by improperly performed laser and cosmetic procedures; develop treatment protocols including appropriate timeframe to treat patients, laser parameters and the use of other modalities in treating scars, selection of appropriate lasers and understanding laser scar revision with different laser devices.

Suzanne L. Kilmer, MD; Peter R. Shumaker, MD; Kenneth A. Arndt, MD

**Closed**

**MC332  How to Develop Your Own Skin Line 4 6 (Virginia C)  
Closed**  
**Learning Objectives:** At the conclusion of the course, attendees should be able to: use your passion to find your niche in the marketplace, develop your own product line either on your own or as a consultant for a skin care/cosmetics company and be able to select the best means of distribution for your product among the myriad of choices available in the marketplace.  
Patricia S. Wexler, MD; Katie Rodan, MD

6:00 – 7:30 PM  **SECOND ANNUAL FLIGHT WITH THE MASTERS: TASTING WINE WITH YOUR BRAIN** (Coolidge)  
(Limited to 40 attendees, additional fee and registration required)  
Back by popular demand!! During this exclusive event, participants will experience a comparative tasting led by ASDS’ own Stephen H. Mandy, MD. Participants will taste and learn about eight specially chosen and unique wines, experience specially paired accompaniments for each wine and enjoy a festive, first-of-its kind social gathering with fellow members prior to the Sixth Annual Gala. Whether you are a wine aficionado or are just interested in learning, don’t miss this event that is fast-becoming an Annual Meeting favorite.  
Presented by Stephen H. Mandy, MD; Guest Speaker: Robin Kelly O’Connor, Christie’s Head of Wine, Americas

7:00 – 11:00 PM  **SIXTH ANNUAL GALA RECEPTION AND DINNER**  
(Thurgood Marshall Ballroom)  
(Tickets required for attendance)

“A Star-Spangled Soirée”  
Don’t miss the Sixth Annual Gala. This year’s must-attend event will be held on Saturday, November 5 at the Marriott Wardman Park. The gala promises to be an evening filled with high energy, dancing and celebration. The event will start with cocktails, hors d’oeuvres and entertainment. An elegant dinner follows at 7:30 as we honor our stars, including Stegman Circle donors and the 2011 Samuel J. Stegman, MD Award for Distinguished Service. The Gala dinner celebration honors advances in dermatologic surgery through the years, those who made them possible and the vast possibilities that lie ahead. The event also supports the Dermasurgery Advancement Fund (DSAF) and Stegman Circle. The DSAF supports new research and satisfies a long-standing need to increase public awareness about the scope of practice of dermatologic surgeons and to educate consumers about patient safety.  
Gala tickets may be purchased by checking the appropriate box on the Annual Meeting Registration Form, by completing the form available on the ASDS website at www.asds.net, or by contacting the ASDS office at 847-956-0900. Please join us for an evening of camaraderie, entertainment, celebration, and to benefit a great cause.

Graciously supported in part by a grant from The Allergan Foundation  

**The Allergan Foundation**
ASDS Sixth Annual Gala

Don’t Miss the Biggest Celebration of the Year at the ASDS Annual Meeting!

Saturday, November 5, 2011 • 7:00 pm - Midnight
Washington Marriott Wardman Park • Thurgood Marshall Ballroom

Dinner, dancing and entertainment by the Right On Band – the World’s Greatest 70’s Show Band

This promises to be the talk of the meeting!

$125 per person — a limited number of tickets are available at the Onsite Registration Desk.
8:30 - 10:00 AM SCIENTIFIC SESSION

GD400 Breakfast Session: Global Cancer Treatments (Includes complimentary breakfast buffet)
(Salon 1)

Learning Objectives: At the conclusion of this session, attendees should be able to: develop a therapeutic strategy for managing patients with multiple and or complex cancers that includes surgery and post operative adjunctive treatments as part of a coordinated multidisciplinary approach; understand when to obtain and how to interpret pre-operative imaging studies and understand how their interpretation might change management; appreciate the latest available field treatments in order to be able to coordinate a state of the art approach for your most complex patients; understand the current data in the management and outcomes of complex skin cancers and utilize newly acquired understanding/information to plan an accurate and clinically relevant/cost effective plan for treating challenging patients.

Moderator(s): John A. Carucci, MD, PhD; Carl V. Washington, MD

8:30 am Introduction
John A. Carucci, MD, PhD; Carl V. Washington, MD

8:45 am Chemoprevention of High Risk Skin Cancer
Fiona O’Reilly Zwald, MD

9:05 am High Risk SCC: Risk Stratification and Implications for Management
Chrysalyne Schmults, MD

9:25 am Translational Approaches to the Management of Skin Cancer
John A. Carucci, MD, PhD

9:45 am Questions and Answers

10:00 - 11:30 AM HANDS-ON WORKSHOP

WS410 Hands-on Workshop: Tumor Excision/Wound Repair and Injectables
(Maryland A)

(Residents/Post-residency Trainees ONLY; Limited to 30. Registration for this session has reached capacity.

Learning Objectives: Specifically targeted for young dermatologic surgeons, this live CME activity offers hands-on experience featuring new high-fidelity cutaneous surgical models. These models accurately simulate anatomy, including sub-mucosal structure, allowing for realistic hands-on practice. At the conclusion of this course, attendees should be able to: increase their competence in patient positioning and instrument handling for all procedures; properly excise tumors using both standard and Moh’s techniques; execute complex linear closures, z-plasty repairs, rotation and advancement flaps; finesse closure techniques they already know with pearls from experts in the field and; gain an understanding of facial anatomy in order to correctly perform injection techniques for hyaluronic acid fillers and neurotoxins.

Moderator(s): Kavita Mariwalla, MD; Murad Alam, MD

Faculty:
Jeremy S. Bordeaux, MD, MPH; Allison Hanlon, MD; Sheethal Mehta, MD; Rebecca C. Tung, MD; Kimberly J. Butterwick, MD; Melissa Pugliano-Maura, MD; Daniel Wasserman, MD

Supported by ETHICON, Inc. and a grant from Merz Aesthetics

10:00 - 11:30 AM SCIENTIFIC SESSION

CS401 Cosmetic Quick Tips
(Salon 3)

Objectives: At the conclusion of this session, attendees should be able to: identify simple valuable clinical pearls for use in the clinic; advance patient care through improved practice and summarize the best of the many nuggets of wisdom we use.

Moderator(s): Kimberly J. Butterwick, MD; Timothy Flynn, MD

10:00 am Cosmetic Pearls
Kimberly J. Butterwick, MD

10:20 am Cosmetic Pearls
Patricia S. Wexler, MD

10:30 am Cosmetic Pearls
Stephen H. Mandy, MD

10:40 am Cosmetic Pearls
Tina S. Alster, MD

10:50 am Cosmetic Pearls
Robert A. Weiss, MD

11:00 am Cosmetic Pearls
Naomi Lawrence, MD

11:10 am Cosmetic Pearls
Fredric S. Brandt, MD

11:20 am Questions and Answers

11:30 AM MEETING ADJOURS
Primer in DERMATOLOGIC SURGERY: A Study Companion

An all-new primer from ASDS offering dermatologic surgeons practical knowledge in procedural and surgical dermatology – an ideal study companion for the ABD Certifying Examination or the MOC-D Examination!

- Bibliographies in each chapter give you additional study options
- Open-ended questions to test your knowledge
- Notes section on each page allows you to add supplemental information for later reference

ASDS Practice Management Book:

Building Your Dermatologic Surgery Practice

Offered exclusively by ASDS, Building Your Dermatologic Surgery Practice is a comprehensive guide designed to help dermatologic surgeons master the development of a successful practice, respond to the challenges that medical practices face and find ways to create a thriving practice with loyal patients.

Building Your Dermatologic Surgery Practice provides templates to help you establish and manage a flourishing dermatologic practice including:

- Fundamental business principles, tailored to the practice of dermatologic surgery
- Methods for establishing your brand and image
- Answers to the who, what, where, when, why, and how of running a practice
- Strategies for marketing your services to today’s informed patients
- Tactics for building traffic and referrals and for converting and retaining patients

Whether you are starting your dermatologic surgery practice or expanding or refreshing your existing practice model, you will find Building Your Dermatologic Surgery Practice to be an indispensable resource that you refer to time and again.

Order your copy today at ASDS Booth #108, online at www.asds.net/primerbook.aspx or call 847-956-0900.
ASDS & Doc's Duds offer the best in lab coats

ASDS is now partnering with Doc’s Duds to bring you a high quality, high fashion line of lab coats in men’s and women’s styles. The coats feature state-of-the-art technology that enables them to resist most stains and spills, including blood and Betadine®. Available exclusively to ASDS members, the coats will be custom embroidered with the ASDS logo and your name. (All prices include the embroidery).

THE MEN’S LINE FEATURES:

Wayne  The understated elegance of the single-breasted design reflects your stature as an eminently successful healthcare provider. This full-length coat features two large pleated patch pockets with side openings that offer access to trouser pockets. This outstanding member of our designer portfolio is finished with a single breast pocket, epaulets, and back belt detail. $150.

Alex  A sense of fashion and style in a lab coat… without sacrificing tradition. This classic three quarter length, single-breasted unisex lab coat buttons down the front. The coat has a breast pocket and two lower patch pockets with tailored side openings. Top-stitching runs from shoulder to hem and adds an eye-appealing detail to the look and feel of this garment. $125.

Chris  This traditional waist-length lab coat is a single-breasted lab coat that buttons down the front. The coat has a breast pocket and two lower patch pockets. Topstitching runs from shoulder to hem and adds an eye-appealing detail to the look and feel of this garment. $80.

THE WOMEN’S LINE FEATURES:

Betty  The high-fashion, three-quarter length lab coat has a Mandarin collar. full-length sleeves, breast darts and princess lines. Patch pockets, top-stitching, and a full-front two-way zipper running from collar to hem, contribute to the overall style and sophistication. Side vents allow for comfort and movement. $140.

Diana  The height of sophistication, style, elegance—all in a simple, full-length lab coat. Let your mood dictate how you wear the the stylish collar, up or down. And the chic garment’s vented sleeves can be worn down or rolled up into a French cuff. A full-length, two-way zipper and side and back vents add to your comfort whether you’re sitting or standing. The lab coat’s elegant silhouette is complemented by diagonal envelope pockets and a belt that conceals an elasticized waist in the back. $150.

Barbara  The vintage look and classic tailoring make this stunning garment an essential addition to any professional wardrobe. With the three quarter length lab coat, you’ll find design elements like a Mandarin collar, bust darts, and a two-way front zipper that zips three quarters of the way for added comfort. The design also boasts full sleeves, two hidden side pockets, and a single breast pocket. $140.

Jennifer  This high fashion, slightly flared lab coat in a full-length A-line design and easy fit flatters a wide range of figures. With princess seams and a belted treatment in the back, the full button front lab coat comes with breast pocket, two side seam pockets, and front flaps. $150.

See them in the Exhibit Hall, ASDS booth # 108
Posters are available for viewing in the Exhibit Hall from Thursday, November 2 at 12:30 pm through Saturday, November 5 at 2:00 pm. Poster presenters will be available to discuss their posters during the Wine and Cheese Reception on Friday, November 3 from 5:30 to 7:00 pm.

**Poster #1:** A Multicenter, Randomized, Double-Blind Study to Evaluate the Efficacy of 20 units of OnabotulinumtoxinA in the Treatment of Glabellar Lines, When Compared to 30 Units of IncobotulinumtoxinA
Marion Moers-Carpi, MD

**Poster #2:** A Novel Use of Dermal Fillers for Linear Morphea Associated "En Coup de Sabre" and Hemifacial Atrophy
Antonio Cruz, MD

**Poster #3:** A Randomized, Evaluator-Blinded, Controlled Study of the Effectiveness and Safety of a Small Gel Particle Hyaluronic Acid for Lip Augmentation
Richard G. Giogau, MD

**Poster #4:** Acne Keloidalis Nuchae: Surgical Management with Electrosection and Second-intention Healing
Jordan Carqueville, MD

**Poster #5:** An Inter- and Intra-Rater Reliability Study of 3 Photographic Scales for Classifying Aesthetic Features of the Perioral Area
Joel L. Cohen, MD

**Poster #6:** An Aid in the Selection of Repairs: Tensile Strength Quantification of Purse String versus Buried Vertical Mattress Closures
En Loh, MD

**Poster #7:** An Inter-Rater and Intra-Rater Reliability Study of a Photographic Scale for Lip Fullness
Wm. Philip Werschler, MD

**Poster #8:** Assessment of Safety and Efficacy of a New Bipolar Radiofrequency Vacuum Assisted Device in the Temporary Improvement in the Appearance of Cellulite
Jeremy R. Man, MD

**Poster #9:** Case Studies Using a Novel Surgical Stapling Device in Private Practice Dermatologic Surgery
Todd E. Schlesinger, MD

**Poster #10:** Controlled Release of Fibrous Septae for the Treatment of Cellulite
Michael Kaminer, MD

**Poster #11:** Evaluating the Efficacy of Cold Air Cooling in Improving Patient Comfort During Photodynamic Therapy as Well as Its Effect on Therapeutic Outcomes
Sabrina Guillen Fabi, MD

**Poster #12:** Excimer Laser in the Treatment of Mycosis Fungoides
Ashley Cauthen, MD

**Poster #13:** Full-face Treatment of Argyria Using the 1064nm Q- switched Nd:Yag Laser
Whitney W. Hovenic, MD

**Poster #14:** Improvement in Abdominal Edema After Tumescent Liposuction Using Manual Lymphatic Drainage Massage
Daniel Levy, MD

**Poster #15:** Improvement in Skin Appearance with Blue Light Using Hexyl Aminolevulinate HCl: A Split Face Study of the Differential Effect of Microdermabrasion
Todd E. Schlesinger, MD

**Poster #16:** Infection of the Face and Neck with the Emerging Pathogen M. Massiliense Following CO2 Fractional Laser
Bishr Al Dabagh, MD

**Poster #17:** Laser Assisted Bone Marrow Transplantation
Jill S. Waibel, MD

**Poster #18:** Nasal Contour Reconstruction with Full-Thickness Skin Grafting: A Novel Approach to a Classic Method
Jessica Weiser, MD

**Poster #19:** Non-Invasive Ultrasound Treatment for Circumferential Reduction of the Abdomen
Michael Kaminer, MD

**Poster #20:** Opioid Prescribing Patterns of Dermatologic Surgeons in the United States: An Email-based Survey
Payam Tristani-Firouzi, MD

**Poster #21:** Persistence of the Reduction of Abdominal Subcutaneous Fat by LIPO-102 (Salmeterol Xinafoate (SX) + Fluticasone Propionate (FP) for Injection)
Mitchel P. Goldman, MD

**Poster #22:** Post-traumatic and Postoperative Keratoacanthomas
Yekaterina Kleydman, DO

**Poster #23:** Prevention of Surgical Site Infection Using 2- Octylcyanoacrylate Following Mohs Micrographic Surgery on MRSA Positive Patients
Andrew A. Nelson, MD

**Poster #24:** Reduction of Submental Fat with ATX-101: Results from a Phase IIb Study Using Investigator, Subject, and Magnetic Resonance Imaging Assessments
Jeffrey S. Dower, MD

**Poster #25:** Successful Treatment of Acne Scars with Autologous Cultured Fibroblasts: A Prospective, Double Blind, Placebo-controlled, Multi-center Clinical Trial
Girish S. Munavalli, MD

**Poster #26:** Successful Treatment of Exogenous Ochronosis With Fractionated CO2 Technology
Gary Mendese, MD

**Poster #27:** The Long Term Utility of Bimatoprost Ophthalmic Solution (0.03%) for Eyelash Augmentation in Asian Subjects: A 40-week Comparative Assessment of the Safety and Efficacy of Ongoing Bimatoprost Treatment Versus Treatment Discontinuation After 20 Weeks
Oh Sang Kwon

**Poster #28:** The Positive Impact of Providing Information From a Computer-Aided Multispectral Digital Skin Lesion Analysis System on Melanoma Biopsy Sensitivity
Jane Yoo, MD

**Poster #29:** The Study of Lipoma: Relation Between Development Site and Location Depth
Bark-Lynn Lew, MD

**Poster #30:** The Utility of the Purse-string Closure for the Repair of Facial Defects Following Mohs Micrographic Surgery
Francis Hsiao, MD

**Poster #31:** Treatment of a Large Intramammary Defect with Bilateral 180° Rotated Island Pedicle Flaps
Lori Sanford, MD

**Poster #32:** Treatment of Mild to Moderate Acne Vulgaris Using a Combined Light and Heat Energy Device: Home-Use Clinical Study
Neil S. Sadick, MD

**Poster #33:** Beauty and the Skin Cancer Beast: Assessment of the Relative Perceived Newsworthiness of Cosmetic and Surgical Dermatology Using Content Analysis of Print Media
Kristina Collins, MD

**Poster #34:** Eruptive Squamous Cell Carcinomas Associated with BRAF Inhibitor Therapy in a Patient with Metastatic Melanoma
Navid Ezra, MD

**Poster #35:** Skin Characteristics After Fractional Photothermolysis
Byung Ho Oh, MD

**Poster #36:** Successful Single Session Treatment of Facial Acne Scars with Combination Tumescent Anesthesia, Extensive Subcision, and Fractional Ablative CO2 Laser Ablation
Mark Taylor, MD
### Exhibition Companies by Product Category

#### Associations, Foundations, Medical Societies
- Accreditation Association for Ambulatory Health Care (AAAHC) ........................................... 1002
- American Academy of Dermatology ........................................... 511
- American Society for Dermatologic Surgery (ASDS) .................................................. 108
- The Dermatologic & Aesthetic Surgery International League (DASIL) .................. 203
- Dermatology Foundation .................................................. 709

#### Computer Software & Hardware
- 3Gen, LLC / DermLite ........................................................................ 1607
- ClientTell ................................................................. 1001
- Digital Assent, LLC ................................................................. 1615
- Elsevier ........................................................................ 1004
- Medco Data, LLC ........................................................................ 1209
- MJ Patient Communications ......................................................... 1515
- Modernizing Medicine ................................................................ 311
- NexTech ................................................................. 1101
- Smile Reminder ................................................................. 1308
- Young Pharmaceuticals, Inc .......................................................... 700

#### Cosmetics/Skin Care Products
- Advanced Bio-Technologies, Inc .......................................................... 1106
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- Colorescience Pro ........................................................................ 1412
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- SkinMedica, Inc ............................................................................. 901
- Stiefel, a GSK Company .................................................................. 1702
- Theraplex ......................................................................................... 1614
- Young Pharmaceuticals, Inc ............................................................. 700
- ZO® Skin Health by Zein Obagi, MD ................................................... 500

#### Dermal Fillers
- Allergan ......................................................................................... 1707
- Dermik, a business of sanofi-aventis .................................................... 1401
- Medicis Aesthetics, Inc ........................................................................ 1600
- Mentor Worldwide, LLC .................................................................... 717
- Merz Aesthetics ................................................................................. 909

#### Digital Photographing/Imaging
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- Canfield Imaging Systems .................................................................... 1406
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#### Laboratory Services
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#### Office Equipment & Supplies
- 3Gen, LLC / DermLite ........................................................................... 1607
- CONMED ............................................................................................. 413
- Medelta Scrubs & Lab Coats ................................................................... 1107
- Midmark Corporation ............................................................................. 1501
- MJD Patient Communications ................................................................ 1515
- MTI ................................................................................................. 1307
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#### Pharmaceutical
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- DermAvance Pharmaceuticals Inc .......................................................... 411
- Dermik, a business of sanofi-aventis ....................................................... 1401
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- Galderma Laboratories, LP ...................................................................... 810
- Genentech .............................................................................................. 1407
- Graceway Pharmaceuticals, LLC ............................................................. 1201
- Hopewell Pharmacy ............................................................................... 506
- Medicis Aesthetics, Inc ............................................................................ 1600
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#### Practice Management
- Advanced Dermatology Management, Inc./South Beach Symposium ................................................. 1313
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- Medco Data, LLC .................................................................................. 1209
- Mentor Worldwide, LLC .......................................................................... 717
- MJ Patient Communications .................................................................... 1515
- MyCustomerData.com ........................................................................... 1109
- NexTech ................................................................................................. 1101
- Smile Reminder ..................................................................................... 1308
- Young Pharmaceuticals, Inc ..................................................................... 700

#### Publishing & Education Materials
- THE Aesthetic Guide ........................................................................... 200
- CaerVision Corp ................................................................................... 210
- Delasco ................................................................................................. 615
- Dermatology Times ................................................................................. 1408
- DermResources, LLC ............................................................................. 201
- Elsevier ................................................................................................. 1004
- Journal of Clinical and Aesthetic Dermatology (JCAD) ......................................................... 203
- Journal of Drugs in Dermatology (JDD) .............................................................................. 1306
- MedEsthetics Magazine .......................................................................... 1511
- Skin & Aging .......................................................................................... 1206
- Wiley-Blackwell ..................................................................................... 707
Ground-Breaking Products to be Exhibited

More than 20 first-time exhibitors will showcase brand new products and services never before seen at an ASDS meeting! In all, 128 companies will exhibit the most innovative products and services on the market to help you become a full-service resource for your patients.

The exhibit hall is located just down the escalators from the general meeting area so be sure to stop by often. Complimentary lunches and beverage breaks will be served in the hall. Plus, NEW in 2011, complimentary breakfast will be served in the hall on Friday and Saturday mornings, giving you extra time to speak with industry personnel and ask questions about new equipment you may be considering for your office.

NEW Extended Exhibit Hours

**Thursday, November 3**
- 12:30 pm – 5:00 pm
- Complimentary Lunch: 12:30 pm – 2:00 pm
- Complimentary Beverage Break: 3:15 pm – 4:00 pm

**Friday, November 4**
- 8:00 am – 1:30 pm & 3:00 pm – 7:00 pm
- Complimentary Breakfast: 8:00 am – 9:00 am
- Complimentary Beverage Break: 10:15 am – 11:00 am
- Lunch for Purchase: 12:30 pm – 1:30 pm
- Complimentary Beverage Break: 1:30 pm – 3:00 pm
- Complimentary Breakfast: 3:00 pm – 3:45 pm
- Wine & Cheese Reception: 5:30 pm – 7:00 pm

**Saturday, November 5**
- 8:00 am – 2:00 pm
- Complimentary Breakfast: 8:00 am – 9:00 am
- Complimentary Beverage Break: 10:00 am – 10:45 am
- Complimentary Lunch: 12:30 pm – 2:00 pm

View the posters during all exhibit hours

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**Surgical Instruments/Supplies**

- Acuderm, Inc. 1703
- Advanced Bio-Technologies, Inc. 1106
- CONMED 413
- Delasco 615
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- Yodle 307
3Gen manufactures the DermLite brand of skin imaging devices.

Accreditation Association for Ambulatory Health Care (AAAHC) 1002 5250 Old Orchard Road, Suite 200 Skokie, IL 60077 Phone: 847-827-1177 www.aaahc.org

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LipoSuction.com is the #1 surgeon directory on the internet for plastic surgery and cosmetic procedures. LipoSuction.com offers the most complete solution in the industry; covering budgeting, selection, negotiation, implementation, infrastructure and even long term support. We've helped over 350 practices transition to electronic health records and we support the infrastructure for thousands of physicians. Drop by our booth to learn how we can help you.

Liquid Ice CosMedicals AG 501
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6214 Unterageri Switzerland
Phone: +41 41 750 8989
US Phone: 941-387-6686
www.icemask.com

Liquid Ice CosMedicals AG of Switzerland produces unique self cooling treatments for post surgery and aesthetic dermatology care. The new Ice Mask™ protocols have been created to reduce patients’ downtime after facial surgery as well as aesthetic procedures. Liquid Ice CosMedicals AG is introducing SlimVest™, the first patented non invasive body contouring treatment for institute as well as home use.

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COPPER LEVEL PARTNER
5302 Betsy Ross Drive
Santa Clara, CA 95054
Phone: 408-764-3000
www.aesthetic.lumenis.com

Lumenis is the leading developer, manufacturer and marketer of proprietary laser and intense pulsed light (IPL) systems. Lumenis aesthetic systems are reknown worldwide for advanced applications including scar reduction, fractional resurfacing, photorejuvenation, hair removal, improvement of vascular and pigmented lesions, and wrinkle reduction. Leading products include DeepFX and ActiveFX with UltraPulse, AcuPulse, LightSheer Duet, LumenisOne and M22.

Lutronic, Inc. 111
3003 North 1st Street, Suite 235
San Jose, CA 95134
Phone: 888-588-7644
www.lutronic.com

Lutronic, Inc., is a publicly traded manufacturer of quality medical laser systems. Products include systems for non fractional laser resurfacing, tattoo and pigmented lesion removal, non-ablative rejuvenation, facial and body contouring, as well as laser surgery. The company invests heavily in R & D to continuously remain at the forefront of new and innovative technology. Our laser systems have received worldwide acclaim and are currently serving physicians in 60 countries.

Medco Data, LLC 1209
1410 North Westshore Boulevard
Tampa, FL 33607
Phone: 813-321-1557
www.medcodata.com

Medco Data’s patent pending Workflow Centric Evaluation System is a tenured, proven methodology for matching an individual practice to the proper electronic record solution and then implementing with adoption standards exceeding “Meaningful Use” criteria. Medco Data’s process is the most complete solution in the industry; covering budgeting, selection, negotiation, implementation, infrastructure and even long term support. We’ve helped over 350 practices transition to electronic health records and we support the infrastructure for thousands of physicians. Drop by our booth to learn how we can help you.
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Medesthetics magazine provides up-to-date product information and covers service trends and business management issues for medical spa owners and physicians offering medical aesthetic procedures in specialized facilities. Each issue includes a business profile, an equipment update, marketing suggestions, management solutions and information on legal issues and training options.

Medicis Aesthetics is dedicated to helping patients attain a healthy and youthful appearance and self-image, and to help you redefine beauty in your patients. It’s at the heart of everything we do for you. And it’s why we offer a comprehensive collection of products for your facial aesthetics practice.

Medicis Medical Information

Modernizing Medicine offers a wide range of products and services for medical practices, hospitals and other healthcare organizations. Clients range in size from small medical offices to teaching hospitals to medical societies. Developing and optimizing your web presence on the Internet is our goal.

MELA Sciences is a medical technology company focused on developing MelaFind®, a breakthrough tool to assist in the detection of early melanoma by providing independent and objective, point-of-care evaluation of clinically atypical/irregular pigmented skin lesions to aid clinicians in their lesion management decisions.

Mentor Worldwide LLC is a trusted global leader in aesthetic medicine among both consumers and clinicians by providing a broad range of innovative, science and clinical-based solutions to maintain, enhance, and restore self-esteem and quality of life.

Mercedes Medical, Inc. is a privately held, woman-owned national medical distribution company located in Sarasota, Florida and is a two time winner of the Inc. 500 as one of America’s fastest growing companies. Mercedes for 20 years has prided itself on being the low cost leader in the medical supply market. With a keen interest on efficiency and customer service as the basis of their distribution model, Mercedes has found success in providing physician and laboratory customers the absolute lowest price while refusing to sacrifice on service. Their unique direct marketing approach and refusal to conform to old model distribution ideas have helped Mercedes outshine the competition.

Merz Aesthetics, Inc. is a global medical aesthetics company which provides minimally invasive products to enhance a patient’s appearance. Its product line includes Radiesse® filler, for long lasting wrinkle correction, and Asclera® (polidocanol) Injection, an FDA-approved sclerosing agent.

Merz Medical Affairs

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Midmark Corporation is a leading manufacturer of the most user-and patient-friendly examination and procedure equipment available. Headquartered in Versailles, Ohio, Midmark provides a full line of power and manual examination tables, sterilizers, casework, seating, lighting, ECG’s and accessories for use in healthcare systems and facilities worldwide.

Miramar Labs

Miramar Labs is a medical device company dedicated to bringing the next generation energy modality to treat dermatologic medical conditions. The company’s miraDry System utilizes microwave energy technology to treat primary axillary hyperhidrosis, providing a lasting and dramatic reduction of excessive underarm sweat using a non-invasive, outpatient procedure.

MJD Patient Communications


Modernizing Medicine

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NeoStrata® products are proven wound healing and skin rejuvenation. Extracts rich in proteins such as anti-oxidants, cytokines and fibroblasts known to optimize skin’s repair processes to promote healthier skin. NeoStrata® is scientifically advanced, clinically proven. www.neostrata.com

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NexTech is fully integrated Practice Management, Marketing, and EMR/EHR software designed specifically for Dermatologists and Dermatologic Surgeons, Cosmetic Medical Practices, and Medical Spas. With a client base of over 3500 physician clients and 30,000 in staff worldwide, Practice 2011 is comprehensive, completely modular, and CCHIT 2011 certified.

Nia 24® Niacin-Powered Skin Therapy delivers a patented Pro-Niacin® molecule deep within the skin’s layers to build a stronger, healthier skin barrier from the inside-out. Nia 24 activates the skin’s repair processes to promote healthier skin and reduces the appearance of fine lines, brown spots and hyperpigmentation.

Neutrogena advances skin and hair care science through continuous support of the medical community and through the development of clinically proven products that fulfill the skincare needs of physicians, nurses and patients. Please visit our exhibit and website: www.neutrogena.com for information about the recent addition to the Neutrogena product line.

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Obagi Medical Products is a specialty pharmaceutical company that develops and markets, and is a leading provider of, proprietary topical aesthetic and therapeutic prescription-strength skin care systems in the physician-dispensed market. Obagi Medical’s products are designed to prevent, correct and improve the most common skin disorders in adult skin.

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Palomar Medical Technologies, Inc. develops the most advanced laser and pulsed-light systems for aesthetic applications including true laser body sculpting, fractional skin resurfacing, skin rejuvenation, and permanent hair reduction. Palomar’s StarLux®500, SlimLipo™, and Artisan™ systems empower doctors to offer remarkable results with exceptional versatility, ease of use, and comfort. Discover “From Light Comes Beauty” at palomarmedical.com.

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Stiefel, a GSK company, is committed to advancing dermatology and skin science around the world in order to help people better achieve healthier skin. Stiefel's dedication to innovation, along with its sole focus on dermatology, has established Stiefel as a world leader in the skin health industry. To learn more about Stiefel, visit www.stiefel.com.

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Title: Sentinel Lymph Node Biopsy in Cutaneous and Non-cutaneous Cancer

Author(s): C. Lenny Henderson, MD; Tony Nguyen; Carlos Garcia, MD

Purpose: The lack of survival advantage for melanoma after Sentinel Lymph Node Biopsy (SLB) led us to examine the published results of this test in other malignancies in order to determine if there is statistical and outcome consistency.

Design: We performed a literature review of The Cochrane, DARE, EMBASE, and MEDLINE databases for all relevant literature up to 2010. The following search terms were used: “sentinel node biopsy”, “diagnosis”, “prognosis”, “sensitivity”, “specificity”, “predictive value”, and “survival”. We linked to specific search terms, including malignant melanoma, breast cancer, cervical cancer, colorectal cancer, thyroid cancer, head and neck SCC, penile SCC, anogenital SCC, non-anogenital SCC, oral SCC as well as word variants of these terms.

Summary: With MM, there was excellent success at finding the sentinel lymph node (SNL) and excellent negative predictive value (NPV) and sensitivity. In all the other cancers, there was also strong success at finding the SNL. There was also success in most of the cancers with high NPV with the lowest reported value being 80% in one colorectal cancer study. The accuracy data was also favorable, particularly for breast cancer. The most tangible outcome data came from anogenital SCC which showed the exact same recurrence rate of 2.44% in patients both after a negative or positive SNLB. With malignant melanoma, after a negative SNLB, rate of recurrence was 3-7%, with an average of 5.43%. After a positive SNLB in MM, the rate of recurrence was 11-13% in two studies. With MM, in one study, 8% of patients died after a negative SNLB, whereas 44% died after a positive SNLB.

Conclusion: It is well known that the source of one of the great controversies in SNLB for MM is the dichotomy between its usefulness in staging versus its usefulness in improving survivability and outcome measures. We could not find solid evidence of any improved outcomes for MM in patients that received SNLB. This appears to be the case in all other cancers studied as we could not find solid survivability data across the board. This could be a manifestation of the incredible complexity of cancer and the process of metastasis, thus limiting the value of any one test to help predict improved patient outcomes.

Disclosure(s) of Interest: The author(s) have no relationship to disclose.

Title: 1064 Nd:YAG Q-switched Laser for the Treatment of Toenail Onychomycosis

Author(s): Jason D. Boyd, MD; Chad Hivnor, MD; Jason Arnold, MD; Thomas Regan, MD

Purpose: At present, the medical care of onychomycosis is based almost exclusively on the use of topical and/or systemic antifungal therapies, which are often ineffective and may cause further morbidity. Recent data suggests that laser and light based technologies may be beneficial in the treatment of this condition. Given the emergence of this modality, our study aims to specifically analyze the impact of the 1064 Nd:YAG q-switched laser on toenail onychomycosis, and determine if toenail thickness and treatment frequency alter outcomes.

Design: 48 patients with PAS stain proven bilateral big toenail onychomycosis were split into two treatment groups: 24 patients with left big toenail thickness <2mm, and 24 patients with left big toenail thickness ≥2mm. In each of these two groups of 24 patients, participants were randomized to receive either one or two treatment sessions; thus all 48 patients were treated once at baseline, and one-half of the patients received a second treatment at 3 months. Study conclusion was performed at 6 months. In all 48 patients, only the left big toenail was treated, with the right untreated toenail serving as a control group. At baseline, 3 months, and at the 6 month study conclusion, various measurements of both large toenails were taken to assess the effectiveness of the 1064 Nd:YAG q-switched laser, with the primary end-point being the amount of new clear nail growth.

Summary: There was a statistically significant difference in the clear nail distance of the treated versus the control nails at the 6 month follow-up. The treated nails that were <2mm thick tended to...
do better than the treated nails > 2mm thick. Treatment resulted in most nails having between 10-40% clearing of the new nail growth vs 0-5% of the untreated nails. There was no statistical difference between those who received one versus two treatments.

Conclusion: Laser and light based technologies may offer a simple, safe, effective alternative to current oral-based treatment options in onychomycosis. The Nd:YAG 1064nm Q-switched laser may provide a mild to moderate increase in clear nail distance for toenail onychomycosis, with greater improvement seen in patients with thinner toenails. Further research is warranted in this emerging field to determine the optimal treatment wavelength and other device specific parameters.

Disclosure(s) of Interest:
The author(s) have no relationship to disclose.

RS 213 - Resident Abstract Session
11:15 am
Title: Consensus Recommendations and Current Practices for the Reconstitution and Storage of Botulinum Toxin Type A

Author(s): Austin Liu, MD; Alastair Carruthers, MD; Joel Cohen, MD; William Coleman, MD; C. Hanke, MD; Ronald Moy, MD; David Ozog, MD

Purpose: Current guidelines from the Centers for Disease Control and Prevention (CDC) regarding the reconstitution and storage of botulinum toxin type A (BT-A) differ from those of the Centers for Medicare and Medicaid Services (CMS) and current clinical practice. CDC guidelines require single-patient use of BT-A vials. Strict adherence to these guidelines creates waste and a significant financial impediment, and does not confer increased protection from infection, assuming standard safe injection practices are followed. This study examines current clinical practices and provides expert consensus recommendations regarding the reconstitution and storage of BT-A. A review of the literature on the sterility and efficacy of BT-A stored beyond the recommended time period of four hours is also presented.

Design: A total of 1,000 randomly selected physician members of the American Society for Dermatologic Surgery (ASDS) were invited to participate in an internet based survey on the use of botulinum toxin type A (BT-A) for cosmetic indications. The survey was used to analyze the current practices of physicians who administer botulinum type A toxins. Consensus recommendations from leaders in the field are also presented.

Summary: Of the 1,000 physicians invited to participate in the survey, 322 responded (32.2%). The majority of physicians surveyed (46.8%) had been in practice for greater than 15 years. A total of 77.9% utilize bacteriostatic saline for reconstitution and most physicians (68.6%) routinely store BT-A for a period of greater than one week and safely use each toxin vial for more than one patient. Not a single case of infection was observed. Lastly, 67% of respondents felt the reconstituted toxin vials could be safely kept for more than one week and safely use each toxin vial for more than one patient. No infections were observed with the reuse of stored HA fillers. The number of syringes reused during this time period was 116 of Restylane and 199 of Juvederm Ultra Plus. Patients were retreated at mean days of 190 (7–456 days) and 195 (5–490 days) with stored Restylane and Juvederm Ultra Plus respectively. Majority of calls from patients occurred within the first week of injection (3.6% of Restylane patients and 1.5% of Juvederm Ultra Plus) for local injection site edema that resolved with ice compress.

Conclusion: There is minimal risk of bacterial infection associated with use of hyaluronic acid fillers stored at 4°C for up to a year.

Disclosure(s) of Interest:
Dr. Obagi is the: President of the Cosmetic Surgery Foundation and Vice President of the American Board of Cosmetic Surgery.

RS 213 - Resident Abstract Session
11:30 am
Title: How Accurate is Botulinum Toxin A? Can we Correct for Eyebrow Height Asymmetry?

Author(s): Jason Sneath, MD; Shannon Humphrey FRCP; Alastair Carruthers FRCP; Jean Carruthers, MD

Purpose: Botulinum toxin type A (BoNT-A) is commonly used in the treatment of dynamic facial rhytides and to achieve a modest brow lift. The theorized mechanism for brow elevation is that it results from inactivation of the brow depressors (procerus, orbicularis oculi, and corrugator supercilii muscles). Expert consensus is that increased injection depth delivers more BoNT-A to these depressors and causes increased elevation. Conversely, shallow injections have greater effect on the superficial, brow elevating, frontalis. This technique is applied to the correction of brow height asymmetry but no studies exist demonstrating the theory.

Design: A prospective, open label, split face analysis was performed on photographs of 23 women in this single centre trial. Subjects were included upon completion of the other face rhytides study2 for this addendum study if they had investigator identified eyebrow height asymmetry. The initial upper face study included women of any race between the ages of 18 to 65. Following the completion of the upper face study and return to baseline, subjects received...
a complimentary allotment of 64 units of BoNT-A. The total dose was divided among the 16 injection sites chosen on the upper face study: 5 injections in the glabellar, 5 injections in the forehead, and 3 injections in each lateral canthal area for crow’s-feet. These selected doses for each injection site were symmetrical and chosen by the investigator to achieve the optimal cosmetic result for each subject, reflecting clinical practice. On the side where increased brow lift was desired, deep injections into the medial corrugator were performed, and shallow injections on the opposite side. Photographs were taken at baseline and week 4 for comparison measurements at the canthus, midpupillary line, and outer edge.

Summary: All 23 women enrolled completed baseline injections and returned for the 4 week follow-up. There was no significant difference at 4 weeks in the change in brow height between the sides that received deep vs. shallow BoNT-A injection.

Conclusion: It has been hypothesized that lateral brow lift following glabellar injection of BoNT-A is actually caused by an inactivation of the inferior medial frontalis and a compensatory increase in the resting tone of the remainder of the frontalis muscle. This may partially explain why a superficial injection can also lead to brow lift. The lack of significant change in brow height between the sides that received deep vs. shallow BoNT-A injection is likely due to the diffusion and migration of BoNT-A between the muscle layers.

Disclosure(s) of Interest: The author(s) serve on the Advisory Board for Galderma, Graceway Canada Company, Abbott Laboratories Ltd., Jansen-Ortho Inc.; received research funding via a grant from Allergan Inc, Irvine, California.

RS 213 - Resident Abstract Session
11:35 am
Title: Inflammation and Fibrosis on Mohs Levels, What Does It Mean?
Author(s): Jason Sneath, MD; Jillian Macdonald, MD; Bryce Cowan, MD; David Zloty, MD

Purpose: In Mohs micrographic surgery, many surgeons take an additional level based solely on the presence of scar or inflammation. We are not aware of any studies examining how frequently tumor is detected on subsequent levels. We sought to determine the frequency with which this occurs and parameters predicting tumor discovery on successive levels.

Design: A retrospective study was performed on 22,419 lesions treated with Mohs micrographic surgery at a single institution between 1996 and 2011. An additional level was taken based on the presence of inflammation or fibrosis on 6233 lesions (27.8%). This resulted in the detection of tumor on subsequent levels on 133 lesions (2.13%) in 132 patients (55 females, 76 males; age range 38-87 yrs). Slides for these 133 lesions were reviewed by the respective surgeons to determine the reason for taking the extra level. Patient records were reviewed to determine tumor type and location.

Summary: Of the 133 lesions found on a level taken based on the presence of inflammation or fibrosis, 87 lesions were basal cell carcinoma, 31 squamous cell carcinoma, 12 lentigo maligna, 1 sebaceous carcinoma, 1 atypical fibroxanthoma, and 1 dermatofibrosarcoma protuberans. The distribution of the tumors included: 39% on the nose, 13% eyelids, 12% cheeks, 10% forehead, 7% ears, 7% scalp, 3% perioral, and 9% were located on other body sites. Upon review of the slides by the respective surgeons, it was determined that a level was taken for inflammation alone in 63.7%, for fibrosis in 56.0%, and for atypia in 16.5%. 14 collision tumors were identified, mostly superficial multicentric basal cell carcinoma, and were preceded by inflammation in 71% of cases.

Conclusion: Factors that may predict the presence of tumor on subsequent levels include eccentrically placed shallow first levels failing to completely encompass previous surgical scar. The presence of dense inflammation may signal an adjacent collision tumor or may mask tumor cells resulting in a false-negative result. Significant atypia, specifically severe actinic change or extensive melanocytic hyperplasia, presents a challenging diagnostic dilemma. Approximately 2.13% of levels prompted by the presence of inflammation or scar resulted in subsequent tumor detection. Taking an additional level may be warranted to ensure complete tumor removal and to maintain the low recurrence rates associated with Mohs surgery.

Disclosure(s) of Interest: The author(s) have no relationships to disclose.

RS 213 - Resident Abstract Session
11:40 am
Title: Is Cryosurgery or Curettage More Effective at Treating Seborrheic Keratoses?
Author(s): Lance D. Wood, MD; Jaimon Stucki; Christopher Hollenbeak PhD; Jeffrey Miller, MD

Purpose: Comparative determination of efficacy of cryosurgery and curettage in the treatment of seborrheic keratoses on the trunk and proximal extremities.

Design: After IRB approval, we conducted a prospective, randomized right-left, within-patient trial comparing cryosurgery and curettage for the treatment of seborrheic keratoses. We enrolled twenty-four patients with multiple seborrheic keratoses on their trunk and proximal extremities for this study. Seborrheic keratoses on one side of each patient’s trunk and/or proximal extremities were treated with cryosurgery and those on the other side with curettage. Symptom and appearance-related outcomes were evaluated by the patients via questionnaire and by a blinded physician observer.

Summary: Using a 10-point rating scale (1 no pain, 10 severe pain), subjects reported a nearly equal amount of discomfort with cryosurgery and curettage at the time of the procedure (2.6 and 1.8 respectively) and during short-term follow-up (1.2 and 1.8 respectively). No statistically significant difference in the patients’ perspective of the overall cosmesis rating (8.6 for cryosurgery, 8.3 for curettage) was identified. Investigator rating at 6 weeks post-intervention did reveal a statistically significant texture variation in the cryosurgery group compared to the curettage group (4.2 and 1.7 respectively [1 lesion unchanged; 10 normal appearing skin]) was identified. No statistically significant difference in the patients’ perspective of the overall cosmesis rating (8.6 for cryosurgery, 8.3 for curettage) was identified. Investigator rating at 6 weeks post-intervention did reveal a statistically significant texture variation in the cryosurgery group compared to the curettage group (4.2 and 1.7 respectively [1 lesion unchanged]).

Conclusion: We found no statistically significant difference in patient preference with regards to curettage versus cryotherapy of seborrheic keratoses located on the trunk or proximal extremities. However, there was a trend toward more patients preferring cryosurgery for the treatment of their seborrheic keratoses. This is likely due to other factors such as the decreased amount of post-procedure wound care required following cryosurgery in comparison with curettage. Both treatment interventions resulted in cosmetically acceptable results as reported by patients.

Disclosure(s) of Interest: The author(s) have no relationships to disclose.
RS 213 - Resident Abstract Session
11:45 am
Title: Sun Screen Use, Behaviors and Attitudes among NCAA Collegiate Athletes

Author(s): Ashley Wysong, MD; Joyce Copeland, MD; Jean Tang, MD; Hayes Gladstone, MD

Purpose: Ultraviolet radiation is a known risk factor for melanoma and non-melanoma skin cancers as well as photoaging and rhytides. Outdoor sport athletes are at high risk as they experience significant sun exposure throughout the year and often during the peak hours of ultraviolet radiation. In addition, sweating due to physical exertion may facilitate sun damage by increasing photosensitivity of the skin and increasing the risk of sunburn. Multiple studies have shown links between early sun exposure during adolescence and skin cancer. NCAA athletes are arguably at increased risk both in terms of total early exposure as well as total lifetime exposure. The purpose of this study was to identify attitudes and behaviors about sunscreen use among this high risk population as well as to understand specific characteristics about sunscreen products that may be barriers to use.

Design: An anonymous survey study of a representative sample of approximately 150 NCAA athletes at a Division I University was conducted. No protected health information was collected. Data were obtained on demographics, skin type, sun exposure, sunscreen use, specific characteristics of sunscreens, and attitudes about perceived risks and benefits of using sunscreen. We restricted our participants to athletes over 18 years of age. Statistical analysis was performed in SAS v10.0.

Summary: A total of 149 NCAA athletes participated in the survey from 11 different sports teams. Sixty-three percent (95/149) of the athletes were female. Sixty-eight percent classified themselves as Fitzpatrick Skin Types II or III with 22% as class IV and 7.5% as class V or VI. Almost 80% of the respondents spent greater than 2 hours per day training outdoors with 57% spending 3 or more hours and 25% spending 5 or more per day. Seventy-two percent of the athletes spend 8 or more months training and competing outdoors with 37% spending all 12 months outdoors. The portions of the body typically exposed include face/head (91%), arms (95%), legs (80.3%), chest (30%) and back (40%). In addition to outdoor sun exposure, 29% of athletes had used a tanning bed in the past. Of the athletes, 82% had experienced greater than one sunburn in the past year with 22% experiencing four or more sunburns. Thirteen percent of those with sunburns had developed a blistering sunburn in the past year. In regards to sun exposure, the athletes were most concerned about skin cancer (37%), premature wrinkles (21%), and sunburns (17%). Ninety-seven percent of athletes agree or strongly agree that sunscreen will help protect them from developing skin cancer. Almost 30% of athletes have a relative who has had skin cancer (40% of those known to be melanoma) and 75% know someone who has ever had skin cancer. Almost 75% of the athletes use sunscreen less than 3 days per week with over 50% who stated that they never use sunscreen. Of those who used sunscreen, 18% used SPF<30, 65% used SPF 30-60, and 18% used SPF>60. The most common reasons for not using sunscreen included forgetting to put it on (55%), liking to be tan (40%), inconvenience of use (38%), and belief that individual “doesn’t burn” (38%). In regards to specific characteristics of sunscreen that may be barriers to use, athletes noted most commonly the greasy feel of sunscreen (26%), that applying sunscreen takes too much time (19%), that sunscreen burns their eyes (13%), and that sunscreen gives them acne (12%). Additional reasons for not using sunscreen included that sunscreen smells badly, is too expensive, often “sweats off”, and causes rashes/irritation.

Conclusion: Elite NCAA athletes have high UV exposure that arguably puts them at increased risk for skin cancers, photoaging, and premature rhytides. The average NCAA athlete in our study spent over 3 hours per day, 8-12 months per year training outdoors which equates to between 480 and 1000 hours of peak sun exposure per year. Despite 97% agreement that sunscreen will help prevent development of skin cancer and 87% of athletes having experienced sunburns themselves in the past year, more than 50% never used sunscreen and almost 75% used sunscreen less than 3 days per week. Further efforts must be made to reach this high-risk population, particularly as the behaviors and attitudes of elite athletes often serve as models for children and young adults. In addition, athletes could benefit from the continued development and distribution of photoprotectant sunblocks, sunscreens, and cosmeceuticals that are easier and faster to apply, more cosmetically elegant (“feel less greasy”), and do not sweat off or sting the eyes.

Disclosure(s) of Interest:
Dr. Gladstone: has received equipment lent from Sciton; Dr. Tang received an NIH K23 award career development award.

RS 213 - Resident Abstract Session
11:55 am
Title: Clinical Efficacy and Safety Evaluation of the New Monopolar Radiofrequency (mRF) Device With Comfort Pulsed Technology for the Treatment of Facial Skin Laxity: a 10 Month Experience With 64 Patients

Author(s): Arden Fredeking, MD; Ane Massaki, MD; Sabrina Fabi, MD; Mitchel Goldman, MD

Purpose: To evaluate the efficacy and safety of the new monopolar radiofrequency (mRF) device with Comfort PulseTechnology (CPT) for facial skin tightening. Efficacy was determined by photographs and by a patient answered questionnaire on a 4-point scale.

Design: All patients without cardiac implanted electronic devices who were treated with the new mRF device with CPT at our clinic between September 2010 and June 2011 were included. Data was collected retrospectively. This study is completely nonfunded and not sponsored by the product’s manufacturer. All patients paid in full for their procedures. Written consent for photography release was obtained prior to taking images. Candidates for the procedure were evaluated based on their degree of skin laxity. All patients were treated using a similar technique. No topical or oral anesthetic, regional nerve block or ice application was used before radiofrequency treatments because providers used patient feedback to adjust energy settings accordingly. Patients were treated with two consecutive passes, 2 minutes apart, with the 3cm2 tip to the full treatment area. The remaining treatment passes were used at the providers’ discretion on vectors needing greater skintightening. In general, energy levels between 14-24J/cm2 were used with an average of 900 pulses. Vibration levels of 1, 2, and 3 were used for the face, on average level 2 was used on patients who could tolerate the vibration. Weeks to months after the treatment, phone calls were placed to patients to ask questions with regard to efficacy and presence of any possible adverse reactions from their treatment. A 4-point scale (0-no improvement from their own baseline, 1-mild improvement, 2-moderate improvement, and 3-excellent improvement) was used to quantify their perceived degree of improvement from the treatment. A similar 4-point scale (0-none, 1-mild, 2-moderate, 3-extreme) was used to quantify the amount of heat they felt during the procedure, and the degree (if present) of both edema and erythema after the procedure. Pain was quantified on a 0-10 scale. Scores of 0-4 are considered mild, 5-7 moderate, and 8-10 is extreme. Photographs were taken at monthly intervals after the procedure and a sample of patients were able to view their own before and after photographs and answer the same questions with regards to efficacy after viewing their photos.
Summary: We describe seventy-eight patients treated with the new mRF device for mild to moderate facial skin laxity. Fourteen patients were lost to follow-up and 64 were included in our retrospective analysis. The majority of our patients 81% (n=52) reported at least mild correction of their facial skin laxity. A moderate improvement was reported in 29% (n=19) of patients while only 3% (n=2) of patients reported excellent correction in skin laxity. The mean level of skin laxity correction overall was 1.15 (range 0-4) and the mean skin texture improvement score was 0.9 (range 0-4). The mean degree of pain was 6.06 (range 0-10) and the mean amount of heat that patients described was 1.99 (range 0-4). The mean level of edema experienced by patients after the procedure was 0.34 (between none to mild) which lasted less than 24 hours for 40% (n=8) patients and for 1-3 days in 40% (n=8) of patients experiencing edema. One patient experienced edema for greater than one week. The mean level of erythema experienced was 0.67 (between none to mild) which lasted for less than 24 hours in the majority (51%) of patients experiencing erythema. No patient experienced erythema for more than one week. For patients who were 1-3 months out from their treatments, skin laxity correction was 0.71 (range 0-4) and skin texture improvement was 0.5 (range 0-4). For patients who were 4-6 months out from their treatments, skin laxity correction was 1.5 and skin texture improvement was 0.90. For patients who were 7-10 months out from their treatments, skin laxity correction was 1.19 and skin texture improvement was 1.23. Skin laxity correction for patients 4-6 months out from their treatment was significantly greater than patients who were 1-3 months out from their treatments (p=0.0005). Skin texture improvement at 7-10 months out from treatment was significantly greater than skin texture improvement at 1-3 months (p=0.021). Of the 64 patients who answered the questionnaire, 28 would have the procedure again, 20 would not have the procedure again and 16 patients were undecided on whether or not they would consider having the procedure again. Of the patients who said they would have the procedure repeated, the majority of them 59% (n=16) were 4-6 months out from the procedure. One patient reported blistering after her treatment and after investigation, the company deemed the tip she was treated with as faulty. No scars or prolonged pain or fat atrophy was reported in any patients treated. Follow-up photography was available for 32 of our 78 patients.

Conclusion: This study examines the results of skin laxity and textural correction in seventy-eight patients after treatment with the new mRF device. Our primary limitation to this study is relying on patient recall to answer the questionnaire. We also document our patients' subjective input regarding skin laxity and textural correction, since ultimately patient satisfaction with a procedure and perceived improvement is more important than investigator grading using constructed parameters. Our study does not describe efficacy or adverse events after 10 months from treatment. On average our patients experienced mild to moderate results with moderate pain. Our study however is limited in its retrospective nature. Although these treatments appear to give mild to moderate improvement, further studies with longer follow up are needed.

Disclosure(s) of Interest: The author(s) has no relationship to disclose.

RS 213 - Resident Abstract Session
12:00 pm
Title: Establishing the Safety and Efficacy of Simultaneous Facelift and Intraoperative Full Face and Neck Fractional CO2 Resurfacing

Author(s): Tyler Hollmig, MD; Steven Struck, MD; Basil Hantash PhD

Purpose: Current literature provides little support for combining rhytidectomy with full face CO2 resurfacing, except in cases where extremely low laser settings are used in combination with deep plane rhytidectomy. We explored the possibility of combining recently developed fractional CO2 resurfacing technology with standard rhytidectomy, and established the extent of skin flap elevation as well as laser settings for safe resurfacing during this procedure.

Design: Simultaneous supraperiostal rhytidectomy combined with full face and neck fractional CO2 resurfacing was performed on 20 patients with an average age of 56 years (range 46-72 years). Skin flaps were elevated to the level of the nasolabial fold and midline of the neck. Resurfacing was performed using the Fraxel Re:pair 10,600 nm Fractional CO2 laser (Solta Medical, Hayward California). Skin flaps were treated at 20 mJ with a spot density of 500 microthermal zones of ablation (MTZs) per cm2, with 4 alternating passes creating a uniform final density of 2000 MTZ/cm2. Non-undermined perioral, nasal and forehead skin was resurfaced with 4 passes at 40 mJ and 500 MTZ/cm2(Fig. 1B). Excess resurfaced skin was examined histologically. Flexaan occlusive dressing (Bertek, Morgan Town WVA) was applied to the face and neck and removed 5 days postoperatively. Patients were seen in follow-up weekly for 2 months.

Summary: We observed no cases of delayed healing or other complications. Resurfaced skin re-epithelialized within 7 days, and all patients were able to wear makeup 10 days postoperatively. Histologic examination of resected skin revealed cylindrical zones of ablation (MTZs) ~234 µm in width penetrating to a depth of ~445µm. Treated patients were very satisfied with their cosmetic outcomes and were pleased to avoid undergoing a second procedure with additional weeks of healing time.

Conclusion: Important differences between traditional CO2 methods and newer techniques of fractional resurfacing made this combined procedure possible without associated delayed healing or loss in flap integrity. Although traditional CO2 lasers ablate less than 20 µm per pass, skin surface coverage is 100%. This results in bulk heating and thermal damage to the cutaneous microvasculature, potentially causing flap failure after only 1-2 passes. In contrast, MTZs actually penetrate deeper (400-650 µm) into the dermal collagen, but spare approximately 80% of tissue, thereby preserving a functional microvasculature that helps with healing and flap survival. In vivo experiments demonstrate rapid reepithelialization, followed by enduring dermal remodeling. Fractional laser technology also enables the treating physician to overcome limitations in cosmetic outcome that have prohibited past attempts to combine rhytidectomy with resurfacing. Traditional CO2 using low energy settings during rhytidectomy results in inferior resurfacing, and higher-energy treatments of isolated areas such as the perioral region induce lines of demarcation between treated and untreated skin. Similarly, traditional CO2 is not recommended for the neck, creating a noticeable difference in quality between the resurfaced face and untreated neck. In contrast, fractional resurfacing allows the entire face and neck to be treated during rhytidectomy, imparting a youthful quality while avoiding lines of demarcation. Patients also appreciate the convenience of the combined procedure.

Disclosure(s) of Interest: The author(s) has no relationship to disclose.

RS 213 - Resident Abstract Session
12:05 pm
Title: A Novel Approach to the Treatment of Medial Canthal Webs Using an Ablative Fractional Laser-based Protocol

Author(s): Tara Dever, MD; Peter Shumaker, MD

Purpose: Scar contractures in the medial canthal area resulting in webs are a well-known complication of surgery in this unique...
region. These webs may interfere with the patient’s central vision and lead to a poor cosmetic outcome. Conventional management includes massage, intralesional steroids, and even additional surgical procedures such as flaps. However, these interventions may be associated with limited efficacy, a prolonged treatment period, additional surgical morbidity, and other risks inherent to injections of a suspension in the region of the ophthalmic circulation.

**Design:** Ablative fractional laser resurfacing is an emerging technique with multiple reports demonstrating cosmetic enhancements in aged and photodamaged skin. However, our clinical experience using ablative fractional laser resurfacing for traumatic scars in our wounded warrior population indicates that this technique frequently results in relaxation of scar contractures with concomitant cosmetic improvements. We present three cases of mild to moderate medial canthal webbing following Mohs surgery that responded to a series of monthly fractional laser treatments with improvements in scar contracture and overall cosmetic outcome.

**Summary:** Potential advantages include improvements in cosmesis, decreased use of periorcular steroids, and possible elimination of the need for additional corrective surgery.

**Conclusion:** A fractional laser-based protocol remains a novel alternative to the treatment of medial canthal webs.

**Disclosure(s) of Interest:**
The author(s) has no relationship to disclose.

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**GD231 - Cutting Edge Research Grant Award and Dermatologic Surgery Research Abstracts**

**1:30pm**

**Title:** Cost comparison of Non-melanoma Skin Cancer (NMSC) Treatment Options: The Actual Global Costs Incurred by One Managed Care Organization

**Author(s):** Vanessa A. London, MD

Non-melanoma skin cancer (NMSC) is the most common malignancy in the United States and the incidence has continued to rise steadily. The costs to Medicare alone are over half a billion dollars annually, which makes it the 5th most costly cancer. While the morbidity and mortality are not as high as other cancers, NMSC is a huge financial burden to society. There are a multitude of treatment options for NMSC, including: cryotherapy, electrodessication and curettage (ED/C), topical agents such as imiquimod, traditional surgical excision, Moh’s micrographic surgery (MMS), and radiation therapy. Especially in light of the current economic and health care system changes, it has become even more crucial to understand the true costs of the many treatment options for NMSC. Many studies have attempted to compare the costs of different treatments for NMSC. However, they fail to compare actual costs and instead use theoretic models to derive calculated figures. The few studies that do compare actual costs in a randomized controlled manner do not include many associated costs. We hope to provide a more accurate assessment of the true cost of many treatment options for non-melanoma skin cancer. We plan to combine detailed chart review with claims data made to a managed care organization to examine the actual global costs for many treatment options.

**Disclosure(s) of Interest:**
The author(s) has no relationship to disclose.

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**GD231 - Cutting Edge Research Grant Award and Dermatologic Surgery Research Abstracts**

**1:36 pm**

**Title:** Voriconazole as a Risk Factor for Squamous Cell Carcinoma in Lung Transplant Recipients

**Author(s):** Andreas Boker, MD; Jonathan Singer, MD, MS2; Sarah Arron, MD, PhD; Department of Dermatology and Dermatologic Surgery, University of California, San Francisco 2 of Pulmonary and Critical Care Medicine, Department of Medicine University of California, San Francisco

250-Word Layman’s Statement:
In recent years, several reports have emerged in the dermatology and transplant literature linking the antifungal voriconazole to squamous cell carcinoma (SCC) of the skin. Furthermore, it has been suggested that immunosuppressed patients receiving voriconazole develop more aggressive tumors and are more likely to die from their skin cancer. The goal of this project is to investigate the association between voriconazole use in lung transplant recipients and the development and behavior of cutaneous SCC in this population.

To help answer these questions, we have designed a retrospective cohort study to analyze the relationship of voriconazole and cutaneous SCC in lung transplant recipients. We will be using the combined databases of the University of California San Francisco High Risk Skin Cancer Program and the UCSF Lung Transplant program. We hypothesize that patients treated with voriconazole after lung transplant will have a higher prevalence of SCC, and that this association will be dose-dependent. We also postulate that these SCC will be of a more aggressive histologic subtype.

**Disclosure(s) of Interest:**
The author(s) has no relationship to disclose.

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**GD231 - Cutting Edge Research Grant Award and Dermatologic Surgery Research Abstracts**

**1:42 pm**

**Title:** An Investigation of Coagulation Cascade Activation and Induction of Fibrinolysis by Foam Sclerotherapy of Reticular Veins

**Authors:** Sabrina G. Fabi MD, Jennifer D. Peterson MD; Mitchel P. Goldman MD

Sclerotherapy is a method by which medicine is injected into blood or lymphatic vessels, to close them off. The medicine injected, or sclerosant, may come as a liquid or foam, which is made from mixing a sclerosing solution with room air. In the past few decades sclerotherapy using foam, was introduced with the advantage of being more effective at closing off vessels, including leg veins. The technique used to create foam by mixing sclerosing solution with air, results in differences in bubble size within the foam. In blood, these bubbles have been shown to cause the activation and aggregation of platelets, a cell involved in stopping the bleeding process and forming a clot. In blood-filled test tubes, high concentrations of sodium tetradecyl, a type of sclerosing foam, have been shown to break down factors involved in forming blood clots and cause platelets to lump together. Disturbances in blood clotting after foam sclerotherapy of leg veins could potentially have
significant implications. The purpose of this study is to evaluate the effect of foam sclerotherapy of leg veins has on factors involved in blood clotting. Blood drawn from patients before they have sclerotherapy will be compared to blood drawn after treatment, to see if levels of factors involved in blood clotting have changed significantly.

Disclosure(s) of Interest:
The author(s) has no relationship to disclose.

GD231 - Cutting Edge Research Grant Award and Dermatologic Surgery Research Abstracts
1:48 pm
Title: Collagenase-Digested Autologous Fat Transfer
Authors: Naomi Lawrence, MD

Blendzyme digested fat will produce a superior longevity and increased volume correction of age-related facial rhytides when compared to nondigested autologous fat. A primary objective of this study is to provide an enhanced method of soft-tissue augmentation that can be extended to the correction of volume deficits resulting from a variety of causes including age-related volume loss, traumatic injuries, and cancer surgery.

Significance of the Research to the Field of Dermatologic Surgery: The importance of this research is to investigate the most efficacious and cost-effective method of correcting volumetric deficits. The results of this study may provide an enhanced method of fat preparation for autologous fat transfer. The applications for an autologous, semi-permanent filler are innumerable, and use for large volume correction of significant defects from traumatic and post-surgical defects may provide a new standard for reconstructive surgery.

Disclosure(s) of Interest:
The author(s) has no relationship to disclose.

GD231 - Cutting Edge Research Grant Award and Dermatologic Surgery Research Abstracts
1:54 pm
Title: Catastrophic Cutaneous Carcinomatosis in the Non-organ Transplant Population
Authors: Ellen S. Marmur, MD

Catastrophic cutaneous carcinomatosis (CCC) is described as development of at least ten distinct non-melanoma skin cancers in organ transplant recipients (OTRs) within one calendar year. Organ transplant recipients are at increased risk of having both systemic and cutaneous cancers, with an overall increased risk 3- to 4-fold greater than that in the general population. In a Norwegian study, squamous cell carcinoma (SCC) incidence in OTRS was estimated to be 65-fold greater, and basal cell carcinoma (BCC) 10-fold greater than in the general population. In our cutaneous oncology practice in a tertiary care academic medical center, we have noticed a pattern of cutaneous carcinomatosis meeting the definition of CCC occurring in immunocompetent (CCC-IC) patients without a history of organ transplant or immunosuppression. These patients appeared to develop many non-melanoma skin cancers (NMSCs) within a short span of time when compared to sporadic skin cancer occurring in general population. In a previous study conducted in the Mount Sinai Department of Dermatology, we described via a case-control study the epidemiologic characteristics of the CCC-IC patients. To our knowledge, the genetic variations that may account for CCC have yet to be established. In this study, we aim to explore the genetics of non-melanoma skin cancers (specifically basal cell carcinoma and squamous cell carcinoma) in patients who develop multiple skin cancers in one year by using comparative genomic hybridization analysis.

Disclosure(s) of Interest:
The author(s) has no relationship to disclose.

GD231 - Cutting Edge Research Grant Award and Dermatologic Surgery Research Abstracts
2:12 pm
Title: Combining Field Therapies With Sequential Topical 5-Fluorouracil Followed By 5-Aminolevulinic Acid Photodynamic Therapy For Actinic Keratoses
Authors: Edidiong Ntuen Kaminska, MD; Maria Tsoukas, MD

Purpose: Established field monotherapies for widespread actinic keratoses (AKs) include topical 5-fluorouracil (5-FU) and
5-aminolevulinic acid photodynamic therapy (ALA PDT). Singly, these treatments are effective in treating AKs; however both modalities often require application over several weeks or multiple sessions. Our goal was to explore combined field therapies with sequential 5-FU and ALA PDT in two cases involving widespread AKs.

Design: Normal 0 false false EN-US X-NONE X-NONE Lesional skin was pre-treated for 2 weeks with daily topical 5-FU, followed by ALA PDT. 20% ALA was applied per manufacturer's protocol (Levulan Kerastick, Dusa Pharmaceuticals, Inc., 3 hour incubation followed by 16 minute 40 seconds exposure to BLU U, 417 nm). Participants were followed up to 15 months.

Summary: Normal 0 false false EN-US X-NONE X-NONE One sequential 5-FU and ALA PDT treatment eradicated up to 99% of AKs. Our patients had previously required multiple 5-FU or ALA PDT sessions as single modalities to achieve similar results. Cases demonstrated minimal recurrence up to 15 months. Excellent tolerability, compliance and cosmetic results were also observed. The clinical endpoints after 5-FU pre-treatment were moderate inflammation and after ALA PDT, redness and crusting. Compared to 5-FU in sequential therapy, effective 5-FU monotherapy needs to result in erosions and ulcers, which may cause severe patient discomfort, poor compliance and undesirable cosmetic outcomes (i.e. scarring and pigment changes). ALA PDT side effects can be managed with thorough post-op instructions. The beneficial results of this mode are supported by the following: a. 5-FU disrupts the epidermal barrier in AKs, eliminates thick hyperkeratosis and facilitates ALA penetration. b. Flattening of lesions optimizes optics during light exposure with decreased scattering and better light penetration in the skin. c. Erythema post 5-FU treatment may increase blood flow per unit area, thereby providing higher amounts of oxygen and facilitating the photodynamic phenomenon via increased oxygen radicals. d. Photosensitizing activity of 5-FU is demonstrated with absorption spectra between 250-450nm. This may contribute to additional photosensitization of targeted AKs.

Conclusion: Normal 0 false false EN-US X-NONE X-NONE Sequential 5-FU and ALA PDT optimized AK therapy, decreased recurrence rates, number of patient visits and procedure expenses. This combination field therapy may provide an excellent tool in eradicating AKs in healthy elderly as well as high risk immunosuppressed patients.

Disclosure(s) of Interest:
The author(s) has no interest to disclose.

**GD231 - Cutting Edge Research Grant Award and Dermatologic Surgery Research Abstracts**

2:18 pm

**Title:** Efficacy and Safety of the Hedgehog Pathway Inhibitor Vismodegib in Patients with Advanced Basal Cell Carcinoma: A Pivotal Multicenter Trial

**Author(s):** Michael R. Migden, MD; Anthony E Oro, MD; Axel Hauschild, MD; Karl Lewis, MD; Simon Yoo, MD; Howard Mackey PhD; Ivor Caro, MD; Aleksandar Sekulic, MD

**Purpose:** Surgery can effectively treat most cases of basal cell carcinoma (BCC). In a smaller percentage of patients there is progression to locally advanced (laBCC) disease that is inoperable and/or inappropriate for surgery and/or life-threatening and, rarely, to metastatic (mBCC) disease. There is no standard effective therapy for these patients. Abnormal signaling in the Hedgehog (Hh) pathway is implicated in the vast majority of BCC cases. Vismodegib (GDC-0449) is a first-in-class, oral therapy designed to selectively inhibit Hh pathway signaling. In a Phase I trial, vismodegib was generally well tolerated, and the 33 patients with advanced BCC achieved a 58% response rate (LoRusso, Clin Cancer Res 2011;17:2502–2511), leading to a pivotal Phase II study of vismodegib in patients with laBCC and mBCC. Here we describe the results of this study, focusing on those patients with laBCC.

**Design:** In this multicenter, nonrandomized study patients received 150 mg daily oral vismodegib until disease progression. Patients with laBCC had histologically confirmed disease that was inoperable or for whom surgery would be significantly disfiguring; those with mBCC had histologically confirmed, radiographically measurable metastases. The primary endpoint was response rate as assessed by an independent review facility (IRF). A novel composite endpoint for laBCC, combining measures of tumor size and ulceration (>30% size reduction by physical exam/radiography and/or complete resolution of ulceration) was devised. Secondary endpoints included duration of response, response per investigator (INV), and safety.

**Summary:** A total of 104 patients (71 laBCC) were enrolled at 31 sites in the USA, Europe, and Australia. For laBCC, response rates were 43% (95% CI 31–56%; p<0.0001) and 60% (95% CI 47–72%) by IRF and INV, respectively. A clinical benefit—a response at any time or stable disease lasting ≥24 weeks by IRF—was achieved by 75% of laBCC patients. The median duration of response by IRF and INV was 7.6 months. Biopsies were required by Week 24 or at time of INV-assessed response if this was noted before 24 weeks. Histology of these samples demonstrated no residual BCC in 54% of laBCC patients. In patients with mBCC, the response rate by IRF was 30% and median duration of response was 7.6 months by IRF. Adverse events (AEs) in ≥30% of patients (laBCC and mBCC) were muscle spasms, alopecia, taste disturbance, weight loss, and fatigue. Serious AEs related to vismodegib were reported in 4 patients (4%): 1 patient each with cholestasis, pulmonary embolism, syncope and dehydration, and cardiac failure and pneumonia. Fatal AEs were reported in 7 patients (7%), none considered related to vismodegib. Photographic case studies detailing response to vismodegib in the presenting author’s own patients with laBCC will be presented.

**Conclusion:** This pivotal study confirms the substantial clinical benefit of vismodegib treatment for patients with aBCC, and demonstrates the potential role of vismodegib for the treatment of this condition. A novel composite endpoint for response rate offers dermatologists an additional tool for evaluating therapeutic response in laBCC.

**Disclosure(s) of Interest:**
Dr Migden has participated in advisory boards for Genentech and Novartis; Dr Oro serves as an advisor for Genentech; has received research funding from NIH; Dr Hauschild has received speaking honoraria from Roche, GSK, MSK, BMS, and has received research funding from MSD, BMS, GSK, Celgene, Eisai, Philochem; Dr Solomon has no interest to disclose; Dr Mackey is a Roche stockholder; Dr Sekulic is an advisory board member for Genentech; Dr Hauschild serves as advisor for Roche, BMS, Celgene, MSD, BioVex, Cubai, GSK, and Astra Zeneca; Dr Lewis serves as advisor for Genentech and Prometheus, has received research funding from Genentech; Dr Yoo has stock options with Wound Care Technology Inc.; Dr Solomon has received an ADCS Grant

**GD231 - Cutting Edge Research Grant Award and Dermatologic Surgery Research Abstracts**

2:24 pm

**Title:** Prospective, Double-Blind, Randomized Pilot Study Comparing Ibuprofen to a Narcotic for Pain Management During Micro-Focused Ultrasound Treatment

**Author(s):** Hema Sundaram, MD; Ashley Lodha, MD
Purpose: Microfocused ultrasound (MFU) has emerged as a new aesthetic energy technology for skin lifting and tightening, with FDA clearance in 2009 via the de novo 510(k) process as a Class II medical device for non-surgical brow-lifting. Prospective, controlled clinical studies with an evidence level of II using validated, quantified measurement scales have shown the device to be safe and efficacious for non-surgical lifting. A challenge reported by some clinicians is maintaining patient comfort during treatment, which spares the epidermis and creates micro-zones of thermal coagulation at specific depths in the dermis and hypodermis. Patients are typically pre-medicated for pain relief with a single dose of a narcotic such as hydrocodone/acetaminophen. No controlled studies have been performed previously to substantiate anecdotal reports that this improves patient comfort during MFU treatment. Furthermore, an alternative method of pain relief would be advantageous for patients seeking to resume normal daily activities such as driving immediately after MFU (which itself produces no post-procedural recovery time), since this is not possible following pre-medication with a narcotic. It has been reported anecdotally that ibuprofen may provide pain relief during MFU treatment. The primary objective of this study was to compare the level of pain control provided by a prescription-strength dose of ibuprofen to the level of pain control provided by a prescription-strength narcotic when used prior to MFU treatment. Variation in the level of pain during treatment of specific facial zones, and safety and efficacy of MFU during a 180 day post-treatment period were assessed as secondary outcomes.

Design: 20 healthy subjects were enrolled in the study and randomly assigned to one of two groups, A and B. Both groups received MFU treatment to the full face and neck at depths of 3mm and 4.5mm according to a standardized protocol. Group A received 800mg of ibuprofen 60 minutes before treatment, while Group B received 10mg hydrocodone/500mg acetaminophen 60 minutes before treatment. The investigator, treating subinvestigator and study subjects were blinded in regards to the pre-medication that was given. Subjects reported pain scores on a 10-point Numeric Rating Scale (NRS) immediately after treatment of each facial zone (brow/periorbital, cheek, submental and submandibular) and for each depth to which it was treated (3.0mm or 4.5mm). Treatment efficacy was assessed by a masked evaluator at 90 and 180 days after treatment, based on comparison of standardized digital images before and after treatment. Safety, based on incidence of adverse effects, was also assessed during and after treatment.

Summary: Pre-medication with either ibuprofen or hydrocodone/acetaminophen resulted in acceptable pain scores (less than 5 out of 10) during MFU treatment of all facial zones except for the brow and periorbital zone at the 4.5mm treatment depth. Average combined pain scores were also acceptable (less than 5 out of 10) for all facial zones at both treatment depths (3mm and 4.5mm). Mean pain scores for each facial zone and treatment depth were comparable for Groups A and B. The greatest pain was experienced during treatment of the brow/periorbital zone. Pain scores were similar for the 3mm and 4.5mm treatment depths, except in the brow/periorbital zone where the 4.5mm depth produced more discomfort in some subjects. Combined average pain scores were below 5 on the 10-point scale for both groups. Adverse events were minor and temporary, including temporary tenderness of the treated areas, and did not differ between groups. In particular, there was no significant post-treatment ecchymosis in either group. There was no difference between the groups in treatment efficacy at the evaluation time points.

Conclusion: The data from this pilot study suggest that a single, prescription-strength dose of ibuprofen may be comparable in efficacy for pain relief to a single dose of hydrocodone/acetaminophen, when administered 1 hour prior to MFU. Both clinicians and patients may prefer the use of ibuprofen instead of a narcotic as pre-medication for MFU, since it allows patients to resume normal daily activities, including driving, immediately after the procedure. Additionally, based on evidence from cold immersion studies that overall pain perception is diminished if the final experience during a sequential procedure is less painful, a secondary recommendation from our study is that the brow and periorbital zone should not be the last area treated during MFU to the full face and neck, since this zone was found to be the most painful by some study subjects. Further clinical data would be helpful in clarifying whether this is an isolated or consistent finding. Further controlled studies with larger numbers of subjects are required to substantiate the findings of this pilot study.

Disclosure(s) of Interest: The author(s) serves as a consultant for Biopelle, ColoreScience, Johnson & Johnson Consumer Products, Medicis, Mentor, Merz Aesthetics, Merz Pharma, SkinMedica, Suneva, Syneron/Candela, Ulthera; has received speaking honoraria from Medicis, Mentor, Merz, SkinMedica, Syneron/Candela, Ulthera, and has received research funding from Biopelle, Medicis, Merz, Skinmedica, Syneron/Candela, Ulthera.

CS233 - Cosmetic Abstract Session
3:45 pm
Title: Topical Botulinum Toxin
Author(s): Gary D. Monheit, MD

Purpose: The development of carrier proteins that will transport large protein molecules through the epidermis increase our approach to drug therapy and in some instances, replaces the use of needle injection. At present, a few studies are ongoing with the use of trans-epidermal carriers for botulinum type A toxin.

Design: RT001 is presently undergoing multi-centre studies for treatment of crow’s feet wrinkles with a newly developed 150 kD botulinum toxin molecule and a linked carrier protein. The carriers act through both passive and active transport mechanisms. The study involved 532 subjects treated as randomized double-blind study utilizing two doses of RT001 and a placebo placed on lateral canthi, measuring lateral canthal lines with a developed scale. The study evaluated efficacy and safety.

Summary: The efficacy was 90% response with a 1 point improvement, the same as injectable studies with a duration of 80 days. The treatment was well tolerated with no significant problems in safety data.

Conclusion: The results will be discussed with photos and a discussion into the applicability of the treatment in the future.

Disclosure(s) of Interest: Dr. Monheit serves as a consultant and/or clinical investigator for Allergan, Dermik Laboratories, Genzyme Corporation, J&J, Contura, Ipsen/Medicis, Electro-Optical Sciences, Inc., Kythera, Galderma, Mentor, Merz; and has received speaking honoraria Galderma, Ipsen and Merz; and has received research funding from Allergan Corporation.

CS233 - Cosmetic Abstract Session
3:50 pm
Title: Onset and Durability of Response to AbobotulinumtoxinA for Glabellar Lines in Patients With Skin of Color and White Patients
Author(s): Valerie D. Callender, MD; Valerie Callender, MD; Xiaoming Lin

Purpose: This pooled post hoc analysis compared the rate of onset and durability of response to abobotulinumtoxinA for glabellar lines in patients with skin of color and white patients.
lines in patients with skin of color (SOC) vs white patients in 3 randomized, double-blind, placebo-controlled clinical trials.

**Design:** Patients received 50 U abobotulinumtoxinA administered by 5 equal-volume (0.05- or 0.08-mL) intramuscular injections in a pattern approximating the location of the procerus and corrugator muscles. Investigators and patients assessed glabellar line severity using the Glabellar Line Severity Scale (GLSS; 0 = None, 1 = Mild, 2 = Moderate, 3 = Severe) at maximum frown on days 0, 14, 30, 60, 90, 120, and 150. Comparisons by group were made of prevalence of 2+ response at day 30, onset of response, and durability of 2+ response. The definition of 2+ response was improvement of ≥2 GLSS grades in the combined investigator and patient assessments. Onset of response was defined as the first day the patient answered “yes” on the diary card when asked if he or she had noticed an effect on the appearance of glabellar lines.

**Summary:** The intent-to-treat population included 117 patients with SOC and 216 white patients. Rates (95% CI) of 2+ response at day 30 with abobotulinumtoxinA and placebo, respectively, were 72% (60%-82%) and 0% (0.0%-8.4%) for SOC patients and 48% (39%-57%) and 0% (0.0%-4.0%) for white patients. Kaplan-Meier probability for onset of response was higher in SOC patients vs white patients, respectively, on day 2 (0.43 vs 0.33), day 3 (0.62 vs 0.51), day 4 (0.69 vs 0.65), day 5 (0.77 vs 0.72), day 6 (0.81 vs 0.78), and days 7–13 (0.86 vs 0.82). The median time to onset of response in both groups was 3 days. 2+ response was more durable in SOC patients vs white patients, observed respectively, in 78.6% vs 53.2% on day 14, 71.8% vs 47.2% on day 30, 53.8% vs 18.3% on day 60, 18.4% vs 8.5% on day 90, and 11.8% vs 1.4% on day 120.

**Conclusion:** This pooled post hoc analysis showed higher response rates, faster onset of response, and greater durability in patients with SOC vs white patients treated with abobotulinumtoxinA for glabellar lines. Previous reports indicate that abobotulinumtoxinA was well tolerated in these studies (Brandt et al. Dermatol Surg. 2009; Kane et al. Plast Reconstr Surg. 2009; Rubin et al. J Drugs Dermatol. 2009).

**Disclosure(s) of Interest:** The author(s) serves as a consultant for Allergan, Galderma, Medicis, Merz, P&G, SkinMedica, Stiefel, Unilever, and has received research funding from Allergan, Galderma, Intendis, Johnson & Johnson, Medicis, Merz, and Stiefel.

**CS233 - Cosmetic Abstract Session**

**3:55 pm**

**Title:** Multicenter Phase II and Phase III Studies of Single and Repeat Doses of IncobotulinumtoxinA in Treatment of Glabellar Frown Lines for Up to Two Years

**Author(s):** Alastair Carruthers, MD, FRCSC; Jean Carruthers, MD, FRCSC

**Purpose:** Introduction: The injection of botulinum toxins (BoNT-A) for aesthetic purposes was the most popular non-surgical cosmetic procedure performed in the United States in 2009. The series of studies reported here focused on incobotulinumtoxinA (IBT-A); Merz Pharmaceuticals, Frankfurt, Germany), a unique formulation of botulinum neurotoxin type A free from the complexing proteins found in other commercially available BoNT-A preparations.

Objective: Using four earlier prospective, randomized, double-blind, placebo-controlled multi-center single-dose phase II and III clinical trials as predicate studies, investigators sought to determine safety, efficacy, and longevity of IBT-A in the first long-term repeat dosing study for the treatment of glabellar frown lines in patients treated with multiple sessions over 2 years.

**Design:** Materials and Methods: After informed consent and following approval by independent ethics committees, patients were enrolled in one of 2 identically designed trials (Trial A [US/CA] and Trial B [US only]). Combined study population was 547 subjects. Both trials compared IBT-A to placebo in a single 20U dose of IBT-A, randomized to a 2:1 IBT-A to placebo ratio. Treatment consisted of one administration of 20 U IBT-A (0.5 mL) reconstituted in 0.9% NaCl, distributed in equal aliquots to five injection sites: procerus muscle; each side in the central part of the corrugator muscle approximately 1 cm above the bony orbital rim; and each side in the middle part of the corrugator muscle at least 1.5 cm above the bony orbital rim. Follow up for evaluation was at 30 days post injection. Patients who successfully completed either of these trials were then eligible for enrolment in Trial C, a repeat-dose open-label, uncontrolled study. Their participation was in a 6-month arm of Trial C. In addition, 341 patients from 2 other studies were also eligible for enrolment in a longer arm—lasting 24 months and including a maximum of 8 treatment sessions—for a total N of 796. (One study was a Phase III study in Germany; the other was a Phase II trial in the United States and Canada; neither is reported here.) In Trial C, each subject received an intramuscular injection of 20 U IBT-A on Visit 1 (Day 0 of Cycle 1), evenly divided to 5 injection points. Injection sites were those also used in the single-dose studies. Re-injections could be performed on Day 0 of a subsequent cycle once again at Day 30 for 6-month subjects, and up to 8 cycles (one cycle ≥ 85 days) for 24-month subjects. Follow up for evaluation and for additional treatment sessions (up to 8) were at 3-month intervals, up to 24 months. Efficacy Evaluation: For Trials A and B, efficacy was measured by a composite endpoint at Day 30 post treatment consisting of 2-point responders on the Facial Wrinkle Score (FWS) as assessed by the investigator or 2-point responders as assessed by the patient according to a 4-point scale; a patient was only assessed as “successful” with a 2-point response in both of the above groups. Other efficacy endpoints included the percentage of responders at rest and at maximum frown at Day 30 according to the investigator’s assessment on the FWS where a responder was defined as a patient with a rating of “none” or “mild” For Trial C, efficacy assessment included: a) Investigator assessment according to the FWS with a responder defined as a subject with a score of (0) (none) or (1) (mild) at maximum frown and at rest; b) Patient assessment according to a 4 point scale in which a responder is a subject with at least a 1-point improvement from Day 0 Patient assessment according to a 6-point Likert scale. A score of 0 = ‘none at all’ and a score of 5 = ‘very deep.’ The grades in-between did not have specific descriptions. The day of onset of effect of IBT-A was assessed by the subject, memorized, and recorded at the evaluation visit Safety Evaluation: All treatment emergent adverse events (TEAE) were tabulated across all study arms in Trials A, B, and C. Results: Efficacy results in Trials A and B • Composite endpoint rates at maximum frown on Day 30 post injection for IBT-A were significantly superior to placebo, with rates of 60.3% and 47.8% compared to 0.0% for placebo • Analysis of the composite endpoint at maximum frown on Day 30 revealed a 2-point response as assessed by the investigator to IBT-A treatment of 76.6% and 70.9% in Trials A and B, respectively, compared with 0.0% in the placebo arms • Patient-assessed 2-point responder rates to IBT-A were 65.2% (vs 0.0% for placebo) in Trial A and 55.5% (vs 1.1% for placebo) in Trial B • Response rates, ie, a subject with a score of 0 (none) or 1 (mild) at maximum frown and at rest; Patient assessment according to a 4-point scale • The investigator-assessed response rate after each cycle of IBT-A treatment was high and remained high up to a maximum of 8 cycles (79.1% in Cycle 1, rising to 89.6% in Cycle 8) • The patient assessment of response also supported this maintained response to repeat doses over time (86.2% in Cycle 1, rising to 93.8% in Cycle 8) • At rest the response rate as assessed by the investigator ranged from 77.0% to 81.2% over cycles 1 to 7 and peaked at cycle 8 (87.5%) • Results were slightly lower for the patient assessment at rest, with the range of response rates from 67.0% to 77.1% • Patients also assessed muscle action at the injection visit and then again 30 days
later, using a 6-point Likert scale. There was a decrease in median score between the two visits and a tendency to lower scores in later cycles, suggesting an accumulation of efficacy. In all cycles, approximately 30% of subjects experienced onset of treatment effect after 2 days (except cycle 8: 22.9%), approximately 50% after 3 days, and 90% after 7 days. Safety: During the study period, 361 (45.4%) subjects experienced at least one TEAE. Overall, 50 (6.3%) subjects experienced a TEAE related to the study drug, as assessed by the investigator; most of those were mild (37 [4.6%]) or moderate (11 [1.4%]) intensity. The most common drug-related TEAE was headache, observed in 28 (3.5%) subjects. Nine (1.1%) subjects experienced at least one TEAE of special interest: four (0.5%) subjects with facial paresis (“bilateral brow ptosis” [2], “facialis paresis” [1], and “right brow ptosis” [1]), two (0.3%) subjects with eyelid ptosis, and one subject (0.1%) each with eyelid function disorder, muscular weakness (“left arm weakness”) and pneumonia aspiration. In five (0.6%) subjects, these events were related to the study drug. Twenty-nine (3.6%) subjects experienced a serious TEAE, none of which was related to the study drug but 19 of which were of severe intensity. No fatal AEs were reported. All serious TEAEs none of which was related to the study drug but 19 of which were.

The Bota Medical, Bioform Medical.

The author(s) serve as consultant and researcher for Allergan Inc and Merz Gmbh; have received honoraria from Allergan Inc. and Merz Gmbh and have received research funding from Allergan Inc., Merz Gmbh and Bioform Medical.

CS233 - Cosmetic Abstract Session
4:00 pm
Title: Poly-L-Lactic Acid for Chest Rejuvenation: A Retrospective Study of 28 Cases Using a 5-point Chest Wrinkle Scale
Author(s): Sabrina Guillen Fabi, MD; Joanna Bolton, MD; Jennifer Peterson, MD; Mitchel Goldman, MD

Purpose: The primary objective was to evaluate the efficacy and safety of Poly-L-lactic acid (PLLA) for chest rejuvenation of moderate to severe rhytides primarily using a 16cc dilution. Improvement of the rhytides was determined utilizing a novel, validated 5-point chest wrinkle scale. This scale was designed to assess the extent of the patient’s rhytides at baseline, compared to those after treatment. Although multiple wrinkle scales have been described in the literature, all are based upon facial wrinkles and photodamage; therefore, we created a scale specifically to address rhytides of the chest.

Design: All non-immunocompromised patients who were treated with chest PLLA by physicians at our clinic between March 2008 and February 2011 were included. Data was collected retrospectively using electronic medical record entries and coding information. Written consent for photography release was obtained prior to images being taken. Phone calls were placed to patients requesting additional information or photography when appropriate. Eligibility was determined based on depth and characteristics of chest rhytides at baseline. A 5-point wrinkle scale was designed to assess the extent of the patient’s rhytides at baseline, compared to those after treatment. Patients with baseline scores of 3 or higher were considered candidates for PLLA injection into the chest. Validation of the scale was accomplished with an independent verification process performed by 4 dermatologist colleagues in our clinic. A 16cc (14cc bacteriostatic water: 2cc lidocaine) dilution was primarily used in our patients (86%, or 55 of 64 treatments). Dilutions of 10 to 13 cc were used in 6 of the 28 patients early in the evaluation period based on provider preference. All patients were treated using a similar injection technique into the décolletage starting with rhytides centrally between the breasts then proceeding laterally and superiorly. All visible rhytides and areas of shallowing were treated. Four physicians at our facility performed all of the PLLA injections (Mitchel P. Goldman, Kimberly Butterwick, Sabrina Fabi and Jennifer Peterson). No topical anesthetic, regional nerve block, or ice application was used before PLLA injections. Patients did not have any treatments to the chest other than PLLA, except for 3 patients who additionally had IPL treatments between injections.

Summary: Herein we describe 28 patients treated with PLLA for chest rejuvenation of moderate to severe rhytides. All 28 patients were female and the average age of patients was 52.9 (range 39 to 70). Patients received an average of 2.2 treatments (range 1 to 7). On average patients had a total of 40.5cc of PLLA solution injected over the entire treatment course (range 3.75 to 112cc), with the large majority having received a 16cc dilution at each treatment session (range 10 to 16cc dilution). The best improvement was noted in patients who received at least 3 PLLA injections at 16cc dilutions with 16cc injected per treatment. No adverse events were reported during the study period, and no nodule formation was observed. Follow-up photography was available for 11 of our 28 patients. Using the Fabi-Bolton 5-point chest wrinkle scale, on average a 1 to 2 point improvement was observed.

Conclusion: This study examines the results of PLLA injections for chest rejuvenation in 28 patients demonstrating 1 to 2 point observable improvement of chest rhytides without significant complications or formation of nodule. Moreover we introduce a novel validated scale, the Fabi-Bolton 5-point chest wrinkle scale, to evaluate chest rhytides. Our primary limitation to this study was a...
small patient size and lack of long term follow-up beyond 6 months
post treatment; therefore, although PLLA appeared to improve
rhytides, texture, contour, and laxity of chest skin in the patients
examined, studies with longer follow-up are needed. Although
patient satisfaction was not formally included as a measure in this
retrospective study, many patients volunteered their satisfaction with
the treatments and intent to continue treatment with PLLA chest
injections in the future if needed. In the future larger, prospective
trials are needed to further evaluate the potential benefit of
using PLLA alone or in combination with IPL treatments for chest
rejuvenation and to better assess patient satisfaction with these
treatment modalities and duration of effects.

Disclosure(s) of Interest:
Dr. Goldman: serves on the Advisory Board for Sanofi-Aventis, on the
Advisory Board and Consultant for Johnson & Johnson Medical, Inc.,
Wound Healing Division Medical, Advisory Board, Allergan Skin Care
Chairman, Medical Advisory Board, Bio Med Science; has received
speaking honoraria and has an ownership interest in Lumenis. Dr.
Peterson serves as a consultant for Lumenis. Drs. Bolton and Fabi
have no financial ownership relationships to disclose.

CS233 - Cosmetic Abstract Session
4:05 pm
Title: Efficacy of a Novel Bi-directional Sidelight Optical Fiber & 1440 nm
Nd:YAG Laser in the Treatment of Cellulite as Measured by 3-dimensional
Surface Imaging

Author(s): Bruce E. Katz, MD

Purpose: Cellulite is a cosmetic problem that affects over 80% of
women. To date, there have been no technologies that have had
significant lasting benefits for cellulite.

Design: In this IRB approved study, 15 women had cellulite of the
thighs treated with a novel 1440 nm Nd:YAG laser with a sidelight
3D optical fiber that transmits energy bi-directionally. Follow-up was
at 1 week, 1, 3 and 6 months after a single treatment and results
were monitored by digital photography, patient and physician
questionnaires. A Vectra 3-Dimensional surface imaging system
was used to measure qualitative and quantitative changes in skin
topography at each follow-up visit compared to baseline. The
Sidelight 3D optical fiber was used to thermally subcise subcutaneous
septa, deplane fat cells and heat dermal tissue to promote skin
thickening and tightening.

Summary: 68% of subjects showed significant improvement in
cellulite by photographic evaluation and 65% with Vectra 3D
surface imaging. Patient & physician evaluations revealed good-
excellent results in 76% & 69% of cases, respectively. Except for mild
ecchymoses and edema lasting less than one week, no adverse events
were noted.

Conclusion: A novel sidelight 3-dimensional optical fiber & 1440 nm
Nd:YAG laser appear to have long lasting benefits in the treatment
of cellulite.

Disclosure(s) of Interest:
The author(s) serves as a consultant for Merz Pharmaceuticals,
Medicis and El-En Engineering and has received research funding
from Cynosure.

CS233 - Cosmetic Abstract Session
4:15pm
Title: Review of a Novel Compound (1%
4-Ethoxybenzaldehyde) in Reducing Facial Erythema

Author(s): Leon H. Kirck, MD

Purpose: Treatment of facial erythema is one of the greatest unmet
needs in dermatology. Although there are several medical devices
to treat telangectasia, we don’t have much in our armamentarium
to reduce facial erythema. 1% 4-Ethoxybenzaldehydedhas shown to
block PGE2, IL-6 and IL-8 production in human keratinocytes in vitro.

Design: We will review a double blind, vehicle controlled, 4
week study for patients with mild to moderate facial rosacea. 1%
4-Ethoxybenzaldehyde was applied twice a day with a cleanser.
Evaluations for erythema were performed at baseline, week 2 and
week 4.

Summary: 28 of 30 subjects completed the study. Subjects treated
with 1% 4-Ethoxybenzaldehyde had 44% reduction in erythema
versus 17% with placebo at week 4. 72% of the subjects had an
average 49% improvement in overall roascea assessment.

Conclusion: 1% 4-Ethoxybenzaldehyde can be a safe and effective
option in reducing facial erythema.

Disclosure(s) of Interest:
The author(s) serves as a consultant for GSK, Galderma, Skin Medica,
Amgen; has received speaking honoraria from GSK, Galderma,
Biopelle, Amgen, and has received research funding from GSK,
Galdera, Biopelle, Amgen

CS233 - Cosmetic Abstract Session
4:20 pm
Title: Assessment of Safety and Efficacy of a Bipolar Fractionated Radiofrequency
Device in the Rejuvenation of Aged and Photodamaged Skin

Author(s): Jeremy R. Man, MD; Jennifer Chwalek, MD; Mussarat Hussein, MD; David Goldberg, MD

Purpose: To evaluate the safety and efficacy of a unique bipolar
fractionated radio frequency (RF) device in subjects of all skin types
in improving wrinkles, dyschromias and texture irregularities.

Design: Thirty subjects, Fitzpatrick skin types (i-IV) between the
ages of 35-70 were enrolled who had aged and/or photodamaged
skin. Each received a total of three treatments to the full face with
the Syneron eMatrix RF device (Syneron Inc.,Irvine, USA) spaced
30 days apart. The device is a fractional bipolar RF device capable
of delivering energy to achieve ablation, coagulation and heating.
Patients were evaluated at each treatment and 30 days after the last
treatment with standardized questionnaires and digital photographs.
Blinded investigators assessed for improvement in wrinkles, texture
and dyschromia.

Summary: A statistically significant improvement in wrinkles,
textureand dyschromia was apparent in most subjects. Further
improvement was observed with repeated treatments. Adverse
events were generally limited to mild discomfort during treatment,
transient erythema lasting up to two days, and mild swellingon
the day of treatment. Of note, postinflammatory hyperpigmentation was
not seen in any of the Fitzpatrick type IV-VI skin types.

Conclusion: Our study suggests that a unique fractionated radio
frequency device may be effective on all skin types in rejuvenating
aged or photo damaged skin.
Disclosure(s) of Interest:
The author(s) has received research funding in part provided by Syneron.

CS233 - Cosmetic Abstract Session
4:25 pm
Title: Full Face Soft Restoration with Hyaluronic Acid Gel Fillers and Microcannulas

Author(s): Giovanni Salti, MD; Giovanni Salti, MD

Purpose: To present a 2 years’ experience with the use of microcannulas to inject fillers in the face and the use of large amounts of hyaluronic acid gel for a full face restoration and lift

Design: Full face treatments with hyaluronic acid gels are designed with the goal of obtaining a soft restoration of the volumes of the face in its entire boundaries and a consequent lifting effect. A new technique of injection is described with the use of special microcannulas that help to reduce the trauma associated with sharp needles and allow for large volume injections with efficacy and safety. 66 treatments performed from September 2009 are reviewed and presented.

Summary: 66 patients were treated for a full face volume restoration. The average amount of hyaluronic acid gel received per patient is 8 ml in 2 to 3 sessions spaced about 30 days. 63 patients had satisfactory results without any serious adverse event. In 2 cases we had an important swelling long time after the treatment and in 1 case we had an infection. All the adverse events were manageable and left no consequences.

Conclusion: Full face volume restoration with the use of microcannulas is a technique addressing volumes and not wrinkles resembling fat transfer. The goal of the technique is to address the deflation in volumes, especially in the midface, the periorbital area, and the jawline in order to get a real lifting effect without surgery.

Disclosure(s) of Interest:
The author(s) serves as a consultant for QMed, Galderma, Aventis, Merz; and has received speaking honoraria from QMed.

CS233 - Cosmetic Abstract Session
4:30 pm
Title: Autologous Fibroblast Therapy for Treatment of Facial Rhytids

Author(s): Stacy Smith, MD; Girish Munavalli, MD; Jeanne Novak PhD

Purpose: The use of autologous cultured fibroblasts for the correction of wrinkles and improvement in the skin quality of patients has been studied in several clinical trials. This presentation summarizes the results from several clinical studies demonstrating the safety and efficacy of autologous cultured fibroblasts for aesthetic improvement.

Design: Two separate randomized, double blind and vehicle-controlled studies were performed. From a small skin biopsy, subject’s fibroblasts were cultured and subjected to serial multiplication. Subject’s nasolabial folds were injected at three different sessions, five weeks apart with suspension of their autologous cultured fibroblasts or with the suspension medium alone. Blinded investigators analyzed efficacy by grading the subjects using a 6-point scale and subjects graded themselves using a 5-point scale. A subset of subjects from the above studies were selected to participate in a histological analysis of treated skin. Subjects received additional injections of their fibroblasts, or of the suspension medium alone in a blinded fashion in a non-facial area. Serial biopsies of the injected areas were obtained and analyzed by two dermatopathologists for inflammation and cellular morphology.

Summary: Three-hundred-seventy-two subjects were enrolled and received injections (181 active, 191 placebo). Sixty-four percent of subjects in the active groups showed at least a one grade improvement six months after their last injection as graded by the blinded investigators. Improvement was observed as early as two months following the start of treatment, with 53% of patients treated with autologous cultured fibroblasts showing improvement as assessed by the blinded investigators. Histological evaluation of biopsies taken three months after the areas were injected showed a very mild inflammatory response in up to 59% of subjects compared to up to 10% insubjects injected with the suspension media only. No changes in cellular morphology were observed. Because the expanded cells are autologous, the safety profile is excellent. Reactions to the treatment were mild, short-lived, and localized to the injection site. Across all clinical studies performed with autologous cultured fibroblasts to date, the most common adverse reactions were injection site erythema, edema, bruising and pain. The majority of these reactions resolved within one week.

Conclusion: Autologous cultured fibroblasts are an effective product for the improvement of facial wrinkles and have an excellent safety profile. Results seen following injection provide anatural and progressive improvement. Histological evaluations of treated tissue samples showed no significant adverse changes.

Disclosure(s) of Interest:
The author(s) serves as a consultant for Medicis, Galderma, Fibrocell Science, Lithera, Aqua Pharmaceuticals and has received investigators fees from multiple pharmaceutical and device manufacturers for commercial research studies. I received fees for some of the work discussed in this presentation.

CS233 - Cosmetic Abstract Session
4:35 pm
Title: ATX-101 Treatment Offers Long-term Durability of Submental Fat Reduction: Preliminary Follow-up Study Results of Subjects from Phase 2 Studies

Author(s): Kevin Smith, MD; Greg Goodman, MD; Sheetal Sapra, MD; Patricia Walker, MD

Purpose: Submental fat (SMF) is an undesirable physical feature, which can be resistant to weight reduction measures, and is prevalent even in subjects who are not otherwise overweight. Currently, there are no approved pharmacologic therapies and the only treatment options are liposuction and surgical neck lifts. ATX-101 is an investigational drug with adipolytic properties. It is based on an endogenous bile acid and is being evaluated as a minimally invasive, pharmacologic therapy for the reduction of SMF. We participated in a long-term follow-up of subjects treated with ATX-101 in two Phase 2 studies to evaluate durability of efficacy and post-treatment safety.

Design: Subjects were originally enrolled into one of two double-blind, placebo-controlled, Phase 2 studies and randomized to receive injections directly into the fat of their submental area of one of the following: ATX-101 (1 mg/cm2, 2 mg/cm2, or 4 mg/cm2 or placebo). Injections were administered at baseline and at weeks 4, 8, and 12. At each of these timepoints, and at weeks 16 and 24, subjects were evaluated for SMF (using the Clinician-Reported Submental Fat Rating Scale [CR-SMFRS]) and adverse events (AE). Subject satisfaction
was evaluated (using the Subject Satisfaction Rating Scale [SSRS]) at baseline and week 16. All subjects were eligible to participate in an ongoing, 5-year follow-up study involving additional CR-SMFRRS, SSRS and AE evaluations every 3 months for the first year, every 6 months for the second year and every 12 months for years 3, 4 and 5.

**Summary:** A treatment response was defined as a $\geq 3$ 1-point improvement based on the CR-SMFRRS at week 24 of the original Phase 2 trial. Preliminary results showed that more than 90% of ATX-101-treated responders (N=45) sustained their response for 2 years beyond week 24. 80% of ATX-101-treated responders (N=44) also demonstrated a sustained improvement from baseline in subject satisfaction score out to 2 years. To date there have been no new adverse events reported during the follow-up study.

**Conclusion:** Subjects treated with ATX-101 can experience reductions in submental fat and improvements in satisfaction that may be durable for $\geq 2$ years. ATX-101 demonstrates excellent long-term tolerability and may offer a novel, minimally invasive approach to reducing submental fat.

**Disclosure(s) of Interest:**
- Dr. Smith serves as a consultant for Allergan; Dr. Goodman serves as a consultant for Allergan, Peplin, Galderma, Neutrogena, C3, Dermatech Sapra, Medicis, Allergan, Merz, Sanofi Aventis, Amgen, Abbott, has received teaching honoraria from Allergan, Kythera and Galderma and has received research funding from Allergan and Kythera.
- Dr. Sapra has received teaching honoraria from Medicis, Allergan, Merz, Sanofi Aventis, Amgen, Abbott; Dr. Walker serves as a consultant for Halcyon; owns stock in Kythera and Allergan; has received speaking honoraria from Smith - Allergan, Cutera and Kythera.

### CS233 - Cosmetic Abstract Session

**Title:** Evaluation of Safety, Efficacy and Patient Satisfaction After Multi-Plane Nonsurgical Lifting of the Face, Submental Region and Neck with a Novel Micro-Focused Ultrasound Device with Simultaneous Ultrasound Visualization

**Author(s):** Hema Sundaram, MD, Oge Onwudiwe, MD, Ashley Lodha

**Purpose:** Skin tightening and lifting are primary concerns for many patients seeking facial rejuvenation, as is the improvement of rhytides. A new micro-focused ultrasound device with FDA 510k approval for non-surgical brow lifting was evaluated for simultaneous lifting and tightening of the face and neck and improvement of rhytides. The novel feature of this study was the inclusion of a tissue treatment plane at 1.5mm depth, in combination with the previously studied 3mm and 4.5mm treatment depths. The aim of adding this more superficial treatment plane was to determine whether layered targeting of multiple tissue planes with micro-focused ultrasound might have a synergistic rejuvenative effect. The studied device provides bi-modal ultrasound treatment and visualization, allowing treatment of tissue up to 25mm in length with simultaneous tissue imaging to 8mm depth. Therapeutic ultrasound of different frequencies, generated via several transducers, allows selection of tissue treatment depth and spacing of the ultrasound pulses. Pulses are focused to produce evenly-spaced points of thermal micro-coagulation within the selected tissue plane, while sparing intervening and overlying tissue.

**Design:** Study subjects ranging in age from 30 to 65 years received a single session of treatment to the face, submental region and upper neck with the micro-focused ultrasound device. Therapeutic ultrasound frequencies were selected to target the dermis and hypodermis at 4.5mm depth in areas such as the cheeks and at a 3mm depth in areas with thinner tissue, such as the forehead. Ultrasound energy was also delivered more superficially, at a depth of 1.5mm, to target a tissue plane above that targeted by the 3mm and 4.5mm treatment depths. Subjects were clinically evaluated before and immediately after treatment, and subsequently at specific time points. Standardized digital photography was also performed before and immediately after treatment and at specific time points thereafter. Clinical and photographic evaluation continued for 90 days post treatment. Subject self-assessment included quantification of comfort level during and after treatment, and evaluation of pre and post-treatment digital images.

**Summary:** The non-treating investigator and blinded evaluators noted significant improvement after treatment, as determined by assessment of contour improvement and skin tightening, by global assessment of aesthetic improvement, and by assessment of pre and post-treatment digital images. Improvement in rhytides, including fine rhytides, was also noted in areas where the micro-focused ultrasound energy was delivered to the superficial (1.5mm) tissue plane. Patient satisfaction was high. Treatment was well-tolerated and adverse events were mild and transient.

**Conclusion:** Micro-focused ultrasound with simultaneous ultrasound imaging is a valuable option for nonsurgical lifting and skin tightening. In appropriately-selected patients, it may serve as a noninvasive alternative to surgery or to submental liposuction. The device's efficient delivery of energy to the dermis and hypodermis with epidermal sparing is of utility to the increasing number of patients who seek minimal recovery time. The addition of energy delivery to a more superficial tissue plane than has previously been targeted was compatible with energy delivery during the same treatment session to deeper tissue planes in the dermis and hypodermis. The effect of this noninvasive, layered treatment with micro-focused ultrasound was to enhance results by producing improvement in both contours and rhytides, including fine rhytides, with little or no recovery time for the study subjects. Targeting of multiple tissue planes with layered micro-focused ultrasound represents a promising new paradigm of noninvasive face and neck rejuvenation that may be both efficacious and cost-effective, since it combines nonsurgical lifting and improvement of rhytides in a single treatment session with little or no down time.

**Disclosure(s) of Interest:**
- The author(s) serves as a consultant for Biopelle, ColoreScience, Johnson & Johnson Consumer Products, Medicis, Mentor, Merz, Promius, SkinMedica, Suneva, Syneron/Candela, Ulthera; has received teaching honoraria from Mentor, Merz, SkinMedica, Syneron/ Candela, and has received research funding from Medicis, Merz, SkinMedica, Syneron/Candela, Ulthera.

### CS233 - Cosmetic Abstract Session

**Title:** The Transplanted Hairline. A Leg Room for Improvement

**Author(s):** Sanusi H. Umar, MD

**Purpose:** Follicular unit techniques in hair transplantation traditionally use head hair derived from the safe donor area. However, the large caliber of head hair imparts a coarse hairline while natural hairlines are typically softer. Objective: To demonstrate that in hirsute individuals transplantation of leg hair to the hairline results in a superior aesthetic appearance.

**Design:** Two case reports are described. One patient received grafting of 1,025 leg hair follicles to an area covering 0.5-1.0 cm in front of and 0.5-1.0 cm internal to the original vanguard hair of the front of and 0.5-1.0 cm internal to the original vanguard hair of the

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original hairline and temporal recesses; the other patient received grafting of approximately 1,000 leg hairs and 600 head hairs to advance and soften his hairline, and to create a custom widow’s peak with more leg hair in the vanguard area.

Summary: Transplantation resulted in a fully grown and soft-looking hairline after 9 months in the first patient. About 75-80% of transplanted leg hair grew. Mean length of the transplanted leg hair was longer than the original leg hair with less curliness but similar hair width. Transplanted leg hair width was significantly finer compared to existing head hair width. After 4 years, sustained results were achieved, minimizing concerns hair loss might result from leg hair cycle variations. In the second patient, similar results were sustained at 3 years. Limitations: This technique is limited to individuals with sufficient donor leg hair.

Conclusion: The use of leg hair in transplantation provides more options in cases with hairlines that need to be refined.

Disclosure(s) of Interest: The author(s) has no relationship to disclose.

CS233 - Cosmetic Abstract Session
4:55 pm

Title: Safety of Fractional CO2 Laser of the Neck and Chest a Review of 122 Cases

Author(s): Susan Van Dyke, MD; Heather Anderson RN

Purpose: CO2 laser has been highly effective for reducing photo damage and rhytids of the face however side effects and scarring were common on the neck/chest. With the introduction of the fractional CO2 laser there is the opportunity to treat the neck/chest. We routinely treat the face, neck and chest in one sitting. Information on settings and outcomes is sparse. The purpose of this review is to add data to the field regarding the safety of resurfacing of the neck/chest with fractional CO2 laser.

Design: A review of charts of 122 consecutive patients who were treated with fractional CO2 laser on the neck and chest was undertaken. Most patients also received treatment of the face at the same sitting. One hundred and twenty two patients were treated in our practice from Nov, 2006 to Dec, 2010. All patients were treated by the same physician utilizing the same laser. Energy level, density, recovery, outcome, adverse events were analyzed.

Summary: One hundred and twenty two patients had treatment of the neck/chest with fractional CO2 laser. Although most patients also had face treated at the same sitting, energy and density were consistently lower on the neck than settings used on the face. Treatment parameters were lower on the chest than on the neck. Recovery typically took 10 to 21 days, lagging behind facial healing (5 to 7 days). Energy levels of 40mj to 125mj (average: 80mj) neck, 40mj to 70mj (average: 59mj) chest were used. One hundred and four/122 necks and 113/122 chests were treated at density 1 (55% coverage); 17/122 necks and 8/122 chests were treated at density 2 (68% coverage) and 1/122 necks and 1/122 chests were treated at density 3 (82% coverage). All patients experienced erythema, mild irritation and itching in the post operative period. Events requiring intervention occurred in a total of 47/122 (38.5%). Twenty/122 (16.4%) were treated with topical steroids (only) within the first week for intense itching which promptly resolved. Twenty Seven/122 (22.1%) were treated with antibiotics (antiviral/antifungal/antibacterial depending on clinical presentation) with or without topical steroids for prolonged redness, irritation, and new onset of pain for presumed infection generally around 7 days with rapid improvement in symptoms. One/122 (0.7%) patient was hospitalized and treated with multiple IV antibiotics/antivirals/steroids, cultures were indeterminate and the patient fully recovered with no sequelae. There were no scars and only a single case of hypopigmentation. Hypopigmentation occurred on the neck of the single patient treated at density 3 on the neck. Neck/chest treatment parameters were not predictive of occurrence of adverse events other than the one density 3 which was 100% predictive of hypopigmentation on the neck. Average energy for patients treated with topical steroids only was: neck: 81.6mj (range 60 to 90), chest: 55.0mj (range 40 to 70). Average energy for patients treated with oral antibiotics was: neck: 82.4mj (range 60 to 100), chest: 55.0mj (range 40 to 80). Average energy for those with no need for post treatment intervention was: neck: 80.1mj (range 40 to 100) chest: 50.0mj (40 to 100).

Conclusion: Fractional CO2 laser resurfacing of the neck and chest carries with it a prolonged and sometimes difficult recovery when compared to treatment of face alone. In our experience patients were accepting of prolonged recovery on neck and chest because of good pretreatment expectation management. Almost all patients had neck/chest treatment as an adjunct to the main concern of facial photodamage and rhytids. The desire for the face/neck/chest cosmetic unit to blend well motivated patients to seek neck/chest treatment. Energy levels were similar in all 3 groups: no post treatment intervention, post treatment topical steroids and post treatment oral antibiotics. Overall fractional CO2 laser of the neck and chest is a safe procedure within a broad range of energy levels when density levels are kept less than 68%. Resurfacing of the neck and chest is valuable when treating the face to avoid the contrast of rejuvenated skin adjacent to non rejuvenated skin. Women are aware that the neck and décolleté can give away one’s age no matter how youthful the face appears. This area deserves to be included when contemplating facial rejuvenation. Patients are happier with their overall results however they must be made aware of the need for close follow up and more prolonged recovery compared to facial fractional CO2 laser resurfacing.

Disclosure(s) of Interest: The author(s) has a relationship with SVD; has been on advisory boards and/or speakers bureaus for Kinerase, Solta, Lumenis, Allergan, RevaleSkin, Medicis.; serves as a consultant for Solta, Lumenis, RevaleSkin, Kinerase, Allergan, Medicis; and has received research funding from Solta: treatment tips for 2 studies.

CS233 - Cosmetic Abstract Session
5:00 pm

Title: Laser Assisted Delivery of Allogeneic Porcine Mesenchymal Stem Cells

Author(s): Jill S. Waibel, MD; Evangelos Badiavas, MD; Stephen Davis PhD

Purpose: Mesenchymal stem cells (MSCs) are multipotent cells that can differentiate into a variety of cell types. Optimal delivery of stem cells that enable their viability is a current challenge to MSC research. Fractional laser technology has revolutionized laser therapy. The fractional ablative tunnels can be utilized for laser assisted delivery system sof a variety of drugs, topicals and other living tissue. This is the first pilot study to test the hypothesis that ablative fractional laser could deliver mesenchymal stem cells to skin using a porcine full thickness wound model.

Design: A porcine model was chosen due to the morphological similarities between swine skin and human skin. Allogeneic cells were obtained by bone marrow aspiration from a donor pig. Mesenchymal stem cells were isolated from the donor bone marrow aspirate and transduced with a lentiviral vector containing a fluorescent marker gene. One recipient pig was placed under general anesthesia and sixty full thickness skin wounds were made using a 10 mm punch biopsy. The wounds were randomly assigned to twolaser treatment regimens: laser CO2/MSC and laser Er:YAG/MSC. After...
AFL the stem cells were pipetted into the vertical channels. Wounds were recovered with an occlusive polyurethane film dressing. Three punch and wedge biopsies were taken from each group on days 5, 7 and 21.

Summary: Labeled allogeneic bone marrow cells were observed inappilary and reticular dermis on days 5 and 7 in both the Er:YAG and CO2 lasertreated wounds. Some labeled cells were noted in close proximity to the ablated vertical channels created by laser treatment. Allogeneic cell showed persistence in the treated wounds despite intense inflammation associated with the full thickness wounds created.

Conclusion: Preliminary study suggests that ablative fractional lasers may be useful technology to deliver mesenchymal stem cells and this has broad implications for many branches of medicine.

Disclosure(s) of Interest:
The author(s) serves as a consultant for Sciton, Lumenis, Candela/Syneron and Deka; has received speaking honoraria from Lumenis, Candela/Syneron, Sciton, and; has received research funding from Sciton and Solta.

CS233 - Cosmetic Abstract Session
5:05 pm
Title: Long-Term Follow-Up For 1927nm Fractional Resurfacing of Actinic Keratoses on the Face
Author(s): Elliot T. Weiss, MD; Robert Anolik, MD; Lori Brightman, MD; Anne Chapas, MD; Julie Karen, MD; Leonard Bernstein, MD; Roy Geronemus, MD

Purpose: Actinic keratoses (AK) are precancerous epidermal lesions that arise on skin chronically exposed to ultraviolet radiation. Available field therapies for facial AK’s include: topical therapies, photodynamic therapy and chemical/laser resurfacing. A nonablative fractionated 1927nm Thulium laser has recently received an FDA indication for treating AK. This device utilizes a wavelength with moderate to high water absorption to create focal, superficial zones of thermal damage best suited for removal or resurfacing of epidermal lesions such as AK. In this study, we assess the long-term safety and efficacy of 1927nm fractional resurfacing of facial AK.

Design: 25 subjects with multiple facial AK received up to 4 full-face treatments (2-week intervals) with a 1927nm laser (Fraxel Dual, Solta Medical, Inc., Hayward, CA) and were followed for 6 months. Topical anesthetic and optional intramuscular ketorolac were administered 1 hour before treatment. Treatment parameters ranged from 5-20mJ/pulse with coverage densities of 30-70%. Transparency mapping of all AK’s was performed at baseline and at each follow-up visit.

Summary: Individual AK counts decreased in all subjects after treatment. 1 month following the final treatment, average AK clearance per patient was 88.9% (n=20, range 63-100%). At 3 months post-treatment, average AK clearance was 85.3% (n=23, range 0-100). At the final 6 month follow-up visit, average AK clearance was 85.6% (n=22, range 45-100%). Posttreatment, mild/moderate erythema and mild exfoliation lasted approximately 1 week. Throughout the study period, no incidents of dyspigmentation, infection or scarring were observed. At 3 months, average scores for improvement in photodamage and AK were 3.2/4 for both subject and investigator ratings. For improvement in skin texture and pigmentation, average scores were 3.4/4 for subject and investigator ratings, respectively. For improvement in skin texture and pigmentation, scores were 3.3/4 for both subject and investigator ratings.

Conclusion: In our experience, resurfacing with the fractionated 1927nm laser safely results in dramatic clinical clearing of facial AK. Sustained clearance of treated AK was observed over a 6 month follow-up period. Significant clinical improvements in skin texture and pigmentation were observed throughout the 6-month follow-up period. This well-tolerated treatment represents anew field therapy for facial AK.

Disclosure(s) of Interest: Dr. Geronemus serves as an investigator Palomar, Solta, Syneron, Photomedex, DUSA, and Zeltiq and holds an equity position in Solta Medical. Dr. Weiss serves as a consultant for Lithera Chapas; a consultant for Solta, and has received honoraria from Solta. Dr. Chapas has received honoraria from Solta.

CS233 - Cosmetic Abstract Session
5:10 pm
Title: Enhancement of the Brow using Botulinum Toxin A in Combination with Hyaluronic Acid Filler as Evaluated by Patient Satisfaction
Author(s): Derek H. Jones, MD

Purpose: Brow elevation has been proven to be accomplished with 20-40 units of onabotulinum toxin A into the glabella, or with treating the lateral obicularis oculi area (immediately under the lateral portion of the eyebrow) alone in doses of 1-10 units. Additionally, brow enhancement has been reported using hyaluronic acid filler to volumize the soft tissue under the brow. This study was designed to evaluate the hypothesis that a combination treatment of onabotulinum toxin A with hyaluronic acid filler would result in greater patient satisfaction with the appearance of the brow than with either treatment alone.

Design: 30 patients (29 F, 1 M; mean age = 47.9 yrs, range 28-62) were randomly assigned to receive either 20 units onabotulinum toxin in on-label fashion with 3 units to each tail of the brow (n = 15) first, versus 0.8 cc total of 24 mg/cc smooth cohesive hyaluronic acid filler injected subdermally immediately under the hair bearing eyebrows first (n = 15) in an open-label crossover study. 30 days after the initial treatment, the opposite treatment was administered. Satisfaction was measured using the validated 14-question Facial Line Treatment Satisfaction (FTS) questionnaire at Day 30 and Day 60. Paired t-tests were used to evaluate differences in FTS satisfaction for onabotulinum toxin first patients at 30 days and 60 days, and for hyaluronic acid filler first patients at 30 days and 60 days. Pre and post treatment 2D and 3D images were taken at each visit, and patients continue to be followed monthly for 4 months after the last treatment. Secondary measurements at each visit include Subject Satisfaction of Appearance Questionnaire (SAS), Self-Perception of Age (SPA), and Global Assessment in Change in Brow Appearance (GA)

Summary: Patients who received onabotulinum toxin alone followed by hyaluronic acid filler were more satisfied at 60 days than 30 days (average FTS satisfaction 6.4 vs. 6.2, p < .01). Patients expressed greater satisfaction on 11 of 14 FTS questions, two were lower, and one was unchanged. Three of the 11 FTS questions that were higher reached statistical significance (p < .05). None of the other comparisons were significant. Patients who received hyaluronic acid filler alone followed by onabotulinum toxin were more satisfied at 60 days than at 30 days (average FTS satisfaction 5.9 vs. 5.2, p < .001). Patients were more satisfied on 12 of 14 FTS questions, less satisfied on one question, and no change on one. Of the 12 questions where patients expressed greater satisfaction, 8 were statistically significant (p < .05). None of the other comparisons were statistically significant. Some secondary measurements of SAS satisfaction
and SPA also showed statistical significance in favor of combination treatment.

**Conclusion:** Combination treatment with onabotulinum toxin and hyaluronic acid filler resulted in higher patient satisfaction than either treatment alone, with onabotulinum toxin appearing to create a higher level of satisfaction when used alone compared to hyaluronic acid filler used alone.

**Disclosure(s) of Interest:** The author(s) serves as a consultant for Allergan, Merz, Kythera, Galderma, and Allergan, Merz, Kythera, Canfield; has received speaking honoraria from Allergan, Merz, Kythera, Galderma, and Lithera.

**RX311 - General Dermatologic Surgery Abstracts 10:45 am**

**Title:** Cutler-Beard Flap: a Useful Technique for Repairing Large Full-Thickness Upper Eyelid Defects

**Author(s):** Jeremy S. Bordeaux, MD; Jean Hu

**Purpose:** Illustrate execution of a Cutler-Beard flap under local anesthesia.

**Design:** Case report.

**Summary:** In executing the Cutler-Beard flap, a full-thickness horizontal incision (through conjunctiva, muscle, and skin) is made in the lower eyelid 5 mm inferior to the lower eyelid margin. This serves two purposes. First, this preserves the integrity of the lower marginal artery, which is crucial to maintaining the viability of the bridge flap. Second, this preserves the entire lower lid tarsus and provides more stabilization for the donor lid. The width of the flap corresponds to the width of the upper eyelid defect. Two vertical incisions are made at each end of the horizontal transection until they reached the fornix. A small triangle is excised at the end of each vertical incision, allowing recruitment of skin from further down. The flap is mobilized and passed under the lower eyelid margin bridge to reach the upper eyelid. The deep conjunctival layer of the lower lid is sutured to that of the upper lid. The flap does not contain tarsus, a fibrous structure that provides skeletal support. As a result, a potential complication of the Cutler-Beard flap is shrinkage of upper lid tissue postoperatively. To prevent this complication, ear cartilage is harvested in the scaphoid fossa between the helix laterally and the antihelix medially. The ear cartilage is placed anterior to the conjunctiva to avoid corneal irritation and sutured to the lateral and medial border. The muscle layer in the flap is sutured to the levator aponeurosis to maintain lid function. Finally the skin flap is sutured to the skin of the defect. Triangular incisions in the lower lid as well as the defect lateral to the eye are closed with running sutures. Nine weeks after the surgery, the Cutler-Beard flap has completely healed and is ready for division. The flap is transected at xx. The reconstructed upper eyelid has significant edema right after division. At one-week follow-up after flap division, edema has subsided and revealed excellent aesthetic and functional results in the reconstructed upper lid.

**Conclusion:** The Cutler-Beard flap is a simple, two-stage technique that is an excellent choice for repairing large upper eyelid defects and restoring lid form and function.

**Disclosure(s) of Interest:** The author(s) has no relationships to disclose.

**RX311 – General Dermatologic Surgery Abstracts 10:50 am**

**Title:** ‘Cyanoacrylate Lamination Technique’ in Miniature Punch Grafting in Stable Vitiligo at Difficult Sites

**Author(s):** Niteen Dhepe, MD; Javed Shaikh, MD; Ashok Naik, MD; Shilpa Shah

**Purpose:** BACKGROUND: Autologous Miniature punch grafting (MPG) is a one of the common outpatient procedures for the surgical treatment of chronic stable vitiligo. Graft fixation is difficult at some sites like joints, lips, eye brows, eyelids, chin, ears, and ankle due to mobility of these sites or due to relative difficulties in using conventional dressing technique. Here we are presenting an innovative technique of graft fixation called “Cyanoacrylate Lamination Technique” with use of cheaper tissue adhesive Methylcyanoacrylate in MPG for stable vitiligo. OBJECTIVE: To study the safety and efficacy of the application of Methylcyanoacrylate by an innovative technique “Cyanoacrylate Lamination Technique” for the stabilization of miniature punch grafts in the treatment of stable vitiligo. Evaluation was done in regards of (A) Graft fixation, (B) Biological Outcome, (C) Tolerability and safety.

**Design:** METHODS: In a prospective institution based study conducted from JUNE 2008 to March 2009 at Dr.Dhepe’s SkinCity, PG Institute of Dermatology, Solapur, India, total 30 patches (10 patches on UV sensitive sites and 20 patches on UVA resistance sites) in 30 patients (9-males, 21-females) of stable vitiligo (stability of patches for a period of not less than 1 year) were selected for miniature punch grafting followed by Lamination with Methylcyanoacrylate on recipient site to fix the grafts instead of regular dressing. All patients were allowed to do limited movement and there was no strict immobilization of recipient sites. After separation of lamination, phototherapy in form of excimer laser once in a week or NB-UVB twice in a week for a period of 3 months was started and all patients were followed after for next 3 months.

**Summary:** RESULTS: The grafts fixation rate at recipient site was 97% with fixation failure rate of 3%. Patient grafted on ankle walked on same leg immediately within one hour without dressing. The graft uptake rate was more than 95%. Only one patient with secondary infection at recipient sites needed to change antibiotic. The cyanoacrylate lamination was started separating spontaneously after 5 to 8 days (avg. 6.3 ± 1.39 days) and complete separation with crust was observed after 12 to 26 days (avg. 17.96 ± 3.05 days). Side effects of methylcyanoacrylate lamination included mild stinging sensation and slight irritation to eyes while application which were self limiting requiring no treatment. 20 out of total 30 showed excellent pigmentation (91-100%), 7 showed good (76-90%pigmantation), 2 patients showed Fair (51-75% pigmentation) and 1 patient showed moderate (31-50 % pigmentation) at the end of 3 months of phototherapy. Average time required to start pigmentation was 20.66 ± 2.06 days, with 1 mm peri graft pigment spread at 53.3 ± 2.83 days, 2 mm peri graft pigmentation at 84 ± 4.73 days. The most common side effects seen were hyperpigmentation in grafts (9 patients – 30%) and cobble-stoning in 8 patients (26.66%).

**Conclusion:** Conclusions: Methylcyanoacrylate lamination technique is very useful tool for the fixation of grafts at the recipient area obviating need of dressing or immobilization at recipient site. It also eliminates the requirement of frequent change of the dressing at recipient site. It in fact reduced incidence the post surgical infection as due to the lamination barrier on the grafted area. The cyanoacrylate lamination does not seem to alter the biological out come in terms of start of pigmentation and subsequent spread of pigment, which is comparable to other studies. Methylcyanoacrylate was very well tolerated by patients without any significant adverse reaction or long term side effects. This is the first study using
Disclosure(s) of Interest:
The author(s) has no relationship to disclose.

RX311 - General Dermatologic Surgery Abstracts
10:55 am
Title: Dermatologic Surgery Consultation and Follow-up: A Patient-based Research Survey

Author(s): Omar Ibrahimi, MD; Victoria Sharon, MD; Shelbi Jim-On, MD; Summer Youker, MD; Daniel Eisen

Purpose: The value of performing a consultation for Mohs micrographic surgery or surgical excision of a skin cancer prior to the day of surgery versus a consultation on the same day of surgery has not been investigated. Additionally, many dermatologic surgeons will see their patients for a follow-up visit after cutaneous surgery, but there is no universally agreed upon time interval during which this follow-up visit should occur. To the best of our knowledge, no one has addressed what patient expectations are regarding these issues from a patient's perspective. We sought to determine patient preferences regarding peri-operative aspects of dermatologic surgery.

Design: One hundred subjects who were seen in an outpatient university-affiliated dermatology clinic with a history of basal cell or squamous cell carcinoma treated with Mohs micrographic surgery or excisional surgery during a 24 month period were recruited to take a survey regarding their preferences for preoperative consultation and a postoperative follow-up visit. The survey was administered via a tablet-computing device using a web-based survey service. The survey consisted of 17 questions, which included basic demographic queries regarding age, sex, race, education, income level, and perceived attractiveness. Subjects were asked their preference for one versus two visits for consultation and surgical treatment of their skin cancer, as well as their reasons for their choice. Subjects were also queried on their desire and reason for post-procedure follow-up, optimal time interval desired for follow-up, and overall patient satisfaction with the procedure. Subjects entered data on their perceived attractiveness, the number of previous skin cancers, type of skin cancers, and type of dermatologic surgery. Physician entered data included the use of mood-altering medications by subjects, and the occurrence of any procedure-related complications.

Summary: One hundred patients were recruited into the study. Ninety-seven completed all the questions administered. Sixty-six percent of subjects stated a preference for same day consultation and surgical treatment versus 34% of subjects preferred a consultation followed by surgical treatment on a separate day. Of those subjects that prefer same day consultation and surgical treatment, 40% of subjects noted a past history of dermatologic surgery which enabled them to know what to expect, 25% of subjects did not want to delay surgery, 22% of patients stated they would like to save time and 12% noted that traveling was inconvenient. For those patients who preferred a consultation prior to the day of surgery, 47% stated they would have liked the opportunity to talk more to the surgeon, 28% did not feel adequately prepared to have the surgery on the same day, and 19% expressed a desire to think more about other treatment options. Regarding, postoperative follow-up, sixty percent of subjects stated follow-ups after surgery were very important, 28% somewhat important, 7% neutral, 3.1% somewhat unnecessary and 1% unnecessary. Reasons that subjects desired follow-up were stated as: to make certain wound healed well (50%), to check the cancer doesn't come back (28%), to check for more skin cancers (19%), to answer any questions regarding the surgery (3%). Preference for ideal follow-up interval was stated as: 3-4 weeks (33%), 1-2 weeks (31%), 2-3 months (29%), and 6 months (6%).

Conclusion: The majority of subjects prefer same day consultation and surgical treatment. Reasons for this preference include previous experience with dermatologic surgery, the desire to not delay surgery, the desire to save time, and avoid the inconvenience of travel. Additionally, nearly all patients prefer some form of follow-up with their surgeon after removal of their skin cancer. Reasons of importance to patients include making sure the wound heals well, checking for tumor recurrence, and checking for more skin cancers. Statistical analysis regarding associations with perceived attractiveness, occurrence of complications, satisfaction with their procedure, and the use of mood-altering medications will be conducted prior to the meeting.

Disclosure(s) of Interest:
The author(s) serves as a consultant for Lumenis.

RX311 - General Dermatologic Surgery Abstracts
11:00 am
Title: The Use of Novel Bipolar Wound Sealer (Radiofrequency with Conductive Saline) to Achieve Hemostasis in Dermatologic Surgery

Author(s): Andrew A. Nelson, MD; Ashley Decker, MD; Carl Schanbacher, MD

Purpose: The purpose of this study was to determine the potential utility of a novel bipolar wound sealer in dermatologic surgery. The novel device incorporates radiofrequency with conductive saline to transform the triple helical structure of collagen, resulting in heat-driven denaturation, shortening, and swelling of the collagen. This technology can be utilized to gently seal soft tissues, vessels and bone without the charring, smoke, and collateral tissue destruction associated with traditional cautery. This technology has been incorporated into orthopedic and neurosurgical procedures, but has not previously been studied in dermatologic surgery.

Design: A series of six patients underwent Mohs surgery for biopsy proven non-melanoma skin cancer. During the Mohs surgery, no cautery or vessel tie-offs were performed following each layer. At the time of closure, the novel bipolar device was used to achieve hemostasis. No vessels were tied during any of the cases. The patients were then followed for the development of hematomas or other adverse bleeding in the immediate post-operative period and for the month following the procedure.

Summary: A total of five patients were treated with this device. These cases included large scalp rotation flaps, and facial rotation flaps (>20cm2). In the cases, the novel bipolar wound sealing device was able to control and seal all actively bleeding vessels. The device was also able to seal active pulsatile arterial bleeds without the use of hemostats or any other instruments. No char, burning, or collateral tissue destruction were observed.

Conclusion: This novel bipolar wound sealer, combining radiofrequency energy with conductive saline, may offer a safe, effective, alternative to traditional cautery devices. The device has the ability to seal actively bleeding vessels, including pulsatile cutaneous arteries, while providing a clear visual field. Furthermore, collateral tissue destruction, char and burning are significantly reduced with this novel hemostasis device.

Disclosure(s) of Interest:
The author(s) has no relationship to disclose.
In vitro evaluation of excess human follicles obtained from routine transplant procedures was performed by isolating follicular units in a holding solution (FHS, or Follicular Holding Solution) for follicles from extraction to transplant, and determine if this media may aid in follicle viability and reduced post-transplant shock, as compared to standard saline solution. This conditioned media is also being studied as a healing promoter at both the donor and transplant sites.

**Purpose:** Although tremendous progress has been made in the field of hair transplantation over the last few decades post transplant shock leading to effluvium still remains an issue in seeing immediate cosmetic improvement. Transplant medicine has progressed greatly over the past two decades, in large part due to the creation of transport solutions that maintain the organs and tissues in a more physiologic state and maximize cell viability New solutions for organ preservation serve to minimize damage and promote graft survival and function. It is therefore logical that by creating a more natural and hospitable environment for follicles during the period they are outside of the body, the effluvium can not only be lessened, but the final result of the transplant procedure may be more successful by improving the quality and health of the newly transplanted follicles and hairs. The aim of this research was to examine a naturally-secreted, embryonic-like human cell conditioned media (hCCM) as a holding solution (FHS, or Follicular Holding Solution) for follicles from extraction to transplant, and determine if this media may aid in follicle viability and reduced post-transplant shock, as compared to standard saline solution. This conditioned media is also being studied as a healing promoter at both the donor and transplant sites.

**Design:** Neonatal cells are grown in suspension cultures in closed bioreactors that closely maintain an environment of 3%-5% oxygen. Under these conditions the cells express markers associated with multipotent cells and produce proteins and growth factors, particularly Wnt7a, KGF, VEGF, and follistatin, which have long been associated with hair growth, tissue formation and regeneration. Over 5000 genes are differentially expressed as compared to identical growth conditions with normal oxygen, and cell surface markers are expressed which are normally associated with follicular stem cells, including Lhx2, SOX 21, Nestin, NFATc1, and Krt 15. (Figure 1) FHS was evaluated in laboratory and clinical paradigms to determine its effect on follicular viability, growth and survival. In vitro evaluation of excess human follicles obtained from routine transplant procedures was performed by isolating follicular units in either hCCM or phosphate buffered saline (PBS) at the time of the procedure. Follicles were then cultured at 37°C in either hCCM or PBS and followed out over three days to obtain hair length and follicular cell viability over time. The growth rate of the individual follicles (10 two-haired units in each evaluation group) were measured at 24 hour intervals using microscopic image analysis, and viability of the follicular grafts was determined using the MTT cell assay at 24 and 72 hours post-explant. Clinical exploratory studies are being conducted to evaluate the use of the hCCM as a holding solution, as compared to a saline control, in a routine hair transplant procedure as well as to assess the ability of the material to support donor site and graft site healing.

**Summary:** Normal 0 false false false MicrosoftInternetExplorer4 /* Style Definitions */ table.MsoNormalTable{mso-style-name:"Table Normal"; mso-tstyle-rowband-size:0; mso-tstyle-colband-size:0; mso-style-noshow:yes; mso-style-parent:""; mso-padding-alt:0in 5.4pt; mso-para-margin:0in; mso-para-margin-bottom:.0001pt; mso-pagination:widow-orphan; font-size:10.0pt; font-family:"Times New Roman"; mso-fareast-font-family:"Times New Roman"; mso-ansi-language:en-US; mso-fareast-language:en-US; mso-bidi-language:en-US;} In vitro evaluation of the hCCM as a follicular holdingsolution showed significantly greater viability of explanted human hair follicular grafts as compared to PBS. In addition, the data indicates that the hCCM maintains the capacity of the hair to continue hair growth in vitro, as revealed through measurements at 24 hour intervals over 72 hours. (Figure 2) The results of this experiment suggest that FHS would be a significant improvement in maintaining the viability and growth of human follicular units during the period between explant from donor scalp tissue and transplantation into the recipient region. In exploratory clinical trials to date 50-60% of the transplanted hairs held in PBS are being lost to effluvium at the 6 week follow-up whereas 80-90% of follicles held in hCCM remained intact at this follow-up time point. In addition, initial clinical experience with a topical formulation of hCCM at donor sites has shown improved wound closure and reduced scarring.

**Conclusion:** Although technique plays a crucial role in the successful outcome of a hair transplant procedure, issues such as effluvium, healing and scarring tend to be out of the specialist’s control. In vitro and case study results with hCCM support the use of this naturally-secreted complex of embryonic-like proteins for hair transplant applications as a follicular holding solution and as a topical treatment to promote the healing of post-transplant wounds.

**Disclosure(s) of Interest:** The author(s) serves as a consultant for Merz Aesthetics, Sanofi Aventis, Radiancy, Dior; and has received research funding from Merz Aesthetics, DEKA, Allergan, Osiris, Sanofi-Aventis, Cutera, Palomar, Radiancy, Dior, Histogen, Galdema and Hoya Con Bio.

**RX311 - General Dermatologic Surgery Abstracts 11:05 am**

**Title:** Embryonic-like Secreted Proteins Enhance Follicular Unit Viability and Improve Donor Site Healing

**Author(s):** Neil S. Sadick, MD; Michael Zimber, MD; Craig Ziering, MD; Jonathan Manbridge, MD

**Purpose:** Neonatal cells are grown in suspension cultures in closed bioreactors that closely maintain an environment of 3%-5% oxygen. Under these conditions the cells express markers associated with multipotent cells and produce proteins and growth factors, particularly Wnt7a, KGF, VEGF, and follistatin, which have long been associated with hair growth, tissue formation and regeneration. Over 5000 genes are differentially expressed as compared to identical growth conditions with normal oxygen, and cell surface markers are expressed which are normally associated with follicular stem cells, including Lhx2, SOX 21, Nestin, NFATc1, and Krt 15. (Figure 1) FHS was evaluated in laboratory and clinical paradigms to determine its effect on follicular viability, growth and survival. In vitro evaluation of excess human follicles obtained from routine transplant procedures was performed by isolating follicular units in either hCCM or phosphate buffered saline (PBS) at the time of the procedure. Follicles were then cultured at 37°C in either hCCM or PBS and followed out over three days to obtain hair length and follicular cell viability over time. The growth rate of the individual follicles (10 two-haired units in each evaluation group) were measured at 24 hour intervals using microscopic image analysis, and viability of the follicular grafts was determined using the MTT cell assay at 24 and 72 hours post-explant. Clinical exploratory studies are being conducted to evaluate the use of the hCCM as a holding solution, as compared to a saline control, in a routine hair transplant procedure as well as to assess the ability of the material to support donor site and graft site healing.

**Summary:** Normal 0 false false false MicrosoftInternetExplorer4 /* Style Definitions */ table.MsoNormalTable{mso-style-name:"Table Normal"; mso-tstyle-rowband-size:0; mso-tstyle-colband-size:0; mso-style-noshow:yes; mso-style-parent:""; mso-padding-alt:0in 5.4pt; mso-para-margin:0in; mso-para-margin-bottom:.0001pt; mso-pagination:widow-orphan; font-size:10.0pt; font-family:"Times New Roman"; mso-fareast-font-family:"Times New Roman"; mso-ansi-language:en-US; mso-fareast-language:en-US; mso-bidi-language:en-US;} In vitro evaluation of the hCCM as a follicular holdingsolution showed significantly greater viability of explanted human hair follicular grafts as compared to PBS. In addition, the data indicates that the hCCM maintains the capacity of the hair to continue hair growth in vitro, as revealed through measurements at 24 hour intervals over 72 hours. (Figure 2) The results of this experiment suggest that FHS would be a significant improvement in maintaining the viability and growth of human follicular units during the period between explant from donor scalp tissue and transplantation into the recipient region. In exploratory clinical trials to date 50-60% of the transplanted hairs held in PBS are being lost to effluvium at the 6 week follow-up whereas 80-90% of follicles held in hCCM remained intact at this follow-up time point. In addition, initial clinical experience with a topical formulation of hCCM at donor sites has shown improved wound closure and reduced scarring.

**Conclusion:** Although technique plays a crucial role in the successful outcome of a hair transplant procedure, issues such as effluvium, healing and scarring tend to be out of the specialist’s control. In vitro and case study results with hCCM support the use of this naturally-secreted complex of embryonic-like proteins for hair transplant applications as a follicular holding solution and as a topical treatment to promote the healing of post-transplant wounds.

**Disclosure(s) of Interest:** The author(s) serves as a consultant for Merz Aesthetics, Sanofi Aventis, Radiancy, Dior; and has received research funding from Merz Aesthetics, DEKA, Allergan, Osiris, Sanofi-Aventis, Cutera, Palomar, Radiancy, Dior, Histogen, Galdema and Hoya Con Bio.

**RX311 - General Dermatologic Surgery Abstracts 11:10 am**

**Title:** The Expanded Utility of the Burow’s Advancement Flap

**Author(s):** Oliver J. Wisco, DO; Oliver Wisco DO; Michael Yablonsky, MD; Krista Reis MS

**Purpose:** The burow’s advancement flap is a highly effective repair option for cutaneous surgical defects traditionally used for therepair of small to medium-sized Mohs surgery defects of the lateral nasal supratip. We have expanded the use of this flap to defects on an array of convex surfaces on the head and neck with excellent cosmetic and functional outcomes. The purpose of this study is to demonstrate the versatility of this flap beyond the lateral nasal supratip.

**Design:** We performed a retrospective study on our experience using the burow’s advancement flap on the head and neck from August 2002 to August 2009. The primary focus of the study was to identify the primary sites to employ this flap and to determine potential complications or restrictions. Additional analysis was performed on the sizes of the defects in which the flap was utilized.

**Summary:** The review of our records between 2008 and 2009 revealed a total of 237 burow’s advancement flaps performed. The majority was employed on the nose (136 – 57.4%), followed by the forehead (60 – 25.3%) and temple (10 – 4.2%). The nasal repairs were subdivided: nasal tip/supratip (43 – 31.6%), nasal sidewall (39 – 28.7%), and nasal ala/alar crease (6 – 4.4%). Patient post-operative follow-up ranged from 6 months to 18 months. During this period, there were no significant complications observed. The defect sizes were consistent with previously published reports, which employed the flap for small to medium-sized Mohs surgery defects.

**Conclusion:** The burow’s advancement flap has become a repair option used daily in our office. This flap is particularly useful for small to medium-sized defects on the lateral nasal tip and supratip, the nasal dorsum and sidewall, as well as the hairline, medial and lateral suprabrow, lateral forehead, and lip. It should be a readily considered closure technique for the dermatologic surgeon as it
provides an efficient reconstruction with excellent cosmetic results with minimal potential complications.

Disclosure(s) of Interest:
The author(s) has no relationship to disclose.

RX311 - General Dermatologic Surgery Abstracts
11:15 am
Title: Treatment of Post Burn Hypertrophic Scars with Fractional CO2 Laser in Indian Skin

Author(s): Nineteen Dhepe, MD; Ashok Naik, MD; Sahil Dhavan, MD

Purpose: Introduction: There are no reports from India of treatment of postburn scars with lasers. We present a report of successful treatment of postburn scars with a novel fractional CO2 laser delivery system.

Design: Material and methods: 24 patients with post burn scars of average 6 year duration (6 months to 15 years) were treated with Ultrapulse Deep FX (Lumenis USA) fractional CO2 laser. Typical protocol is three treatments at an interval of 2-3 months in between each used 0.12mm spots with density 5%, single stacking and pulse fluence of 20mj to 35mj/pulse as per thickness of scar with topical tetracaine 7% and lignocaine 7% applied 30 minutes before treatment. Post operative care included topical antibiotic and white petroleum jelly, frequent wash with diluted acetic acid. The scars are assessed for thickness, surface wrinkling, colour match with surrounding at the time of each treatment, 1, 2, and 3 months postoperatively after last sitting by patient, treating physician and an independent dermatologist on VAS of 4. Pain during treatment is scored by patient on a VAS of 4.

Summary: Results: 3 months after 3 sessions of fractional CO2 treatment reduced the scar thickness to a mean VAS score of 3.47 out of 4. The score increased from 2.14 before second sitting to 3.47 at 3rd month followup of last sitting. Reduction in scar surface wrinkling was 3.85 and colour match to surrounding was 2.89 on a VAS scale of 4. Pain during procedure scored by patient was 1.12 on a scale of 4 using topical anaesthesia. Transient hyperpigmentation lasted for 4 to 12 weeks.

Conclusion: Conclusion: Fractional Co2 laser with DeepFx scanner is a well tolerated and effective treatment of hypertrophic post burn scars in Indian patients.

Disclosure(s) of Interest: The author(s) has no relationship to disclose.

CS312 - Late Breaking Abstracts
11:30 pm
Title: A Two-Center, Open-Label, Randomized, Split-Face Study to Assess the Efficacy of One Versus Three Intradermal Injection Sites of Abobotulinum toxin A in the Treatment of Lateral Periorbital Rhytides

Author(s): Sabrina Fabi, MD; Hema Sundaram, MD; Mitchel Goldman, MD; Hazel Marzan, RN

Purpose: Although abobotulinum toxin A has been found to diffuse in a circumferential manner from points of injection, numerous clinicians continue to use multiple injection points within the same treatment area to deliver abobotulinum toxin A. However, no comparison between the efficacy using one injection versus three currently exists. This study’s primary objective is to compare the efficacy of using one injection site versus three sites to deliver the same dosage of abobotulinum toxin A to the lateral periorbicular areas. Secondary objectives include determining the safety and incidence of any adverse effects of using one versus three intradermal injection points to deliver the same dose (36 units to each side) of abobotulinum toxin A in the treatment of lateral periorbicular rhytides.

Design: An open-label, randomized, split-face clinical study was performed in two outpatient, private physicians’ offices. Subjects were randomized such that the lateral orbital rhytides on one side were treated with one injection of 36 Units of abobotulinum toxin A into the midline of the lateral orbital rhytides, while the lateral orbital rhytides on the other side were treated with the same total dose of abobotulinum toxin A via three injection sites, at each of which 12 Units of abobotulinum toxin A were injected. A separate clinician remained blinded as to which side of each subject’s face was treated with one injection site and which was treated with three injection sites. The injection sessions took place on Day 0 of the study. Physician and subject self-assessments were performed at week 1, week 6, week 12 and week 16, to evaluate lateral orbital rhytides at maximal contraction and at rest, as well as adverse events including bruising, ptosis, swelling and diplopia. Standardized digital photography was completed at each of the three clinic visits.

Summary: Thirty four of 40 subjects (20 at each of the two clinic sites) with moderate lateral periorbicular rhytides, including 29 females and 5 males, aged 22-68 years old (mean 50.2), completed visits 1, 2, and 3 at the time of abstract submission. Prior to treatment, all subjects had moderate to severe lateral periorbicular rhytides, as graded on a validated 4-point scale. After treatment, no statistically significant differences were found at any of the visits in the investigator assessments of rhytides at rest and at maximum contraction (using the 4 point scale) between the 1 injection side and 3 injection side. Comparison of the changes in improvement in rhytides at rest and at maximum contraction, from baseline to day 7, day 42, day 90 and day 120, showed no significant difference between the two sides. Subject self-assessment of rhytides revealed no significant difference between the 1 injection side and 3 injection side at any of the visits. There was no statistically significant difference between the two sides in adverse events, including bruising, swelling, double vision, ptosis and signs/symptoms of infection. Only one subject was noted to have ecchymosis at visit 2 (day 7); this was on the side that had received 3 injections, and the ecchymosis was not apparent at visit 3 (day 42). Six patients were lost to follow-up.

Conclusion: Injection of abobotulinum toxin A via one injection site to treat lateral periorbicular rhytides was found to be as effective as delivering the same dose of abobotulinum toxin A via 3 injection sites. No significant difference was noted in adverse events, including swelling, bruising, double vision, ptosis or signs/symptoms of infection, between 1 or 3 injection sites. Limitations are that preliminary data are presented and that this is a two-site study of a small cohort of patients.

Disclosure(s) of Interest: The author(s) has a relationship with Sabrina Fabi - none.

Dr. Goldman serves as a consultant with Lumenis, New Star Lasers, Medicis Pharmaceuticals, Bioniche Pharmaceuticals, Mentor, Vaincare, Quinova Pharmaceuticals, Ortho Dermatologics, Lithera Global Alliance Council, is Acting Medical Director, Advisory Board Sanofi-Aventis – Advisory Board Consultant, Johnson & Johnson Medical, Inc., Wound Healing Division Medical Advisory Board, Allergan Skin Care Chairman, Medical Advisory Board, Bio Med Sciences Medical Advisory Board, Aesthera Medical Advisory Board, Galderma Medical Advisory Board, Theraplex Acting Medical Director, Lumenis Ltd. Acting Medical Director, Obagi Medical Products, Inc., is a stock holder in Lumenis, has received speaking honoraria from Lumenis, has received research funding from Intendis, Inc., Bioform/Merz, BTG International, Inc, Eleme Medical,
Inc., LifeWave, Inc, Syneron, Inc., Allergan, Crescendo Therapeutics, Inc., SkinMedica, Obagi Medical Products, LLC., Photocure ASA, Mentor Corporation, Sanofi-Aventis, Medicis, Biopelle, Bioform/ Merz, Neocutis, Inc., New Star Lasers, Allergan, Inc., Galderma, and Obagi. Hema Sundaram serves as consultant for Biopelle, ColoreScience, Johnson & Johnson Consumer Products, Medicis, Mentor, Merz Aesthetics, Merz Pharma, SkinMedica, Suneva, Syneron/Candela, Ulthera; has received speaking honoraria from Biopelle, ColoreScience, Johnson & Johnson Consumer Products, Medicis, Mentor, Merz Aesthetics, Merz Pharma, SkinMedica, Suneva, Syneron/Candela, Ulthera, and research funding from Biopelle, Medicis, Merz, Skinmedica, Syneron/Candela, Ulthera. Dr. Fabri has received research funding from a 2010 ASDS cutting edge research grant Dr. Marzan has no relationship(s) to disclose.

CS312 - Late Breaking Abstract Session
11:35 am
Title: Repeat Cryotreatment on Motor Nerves to Reduce Muscle Movement in a Rodent Model

Author(s): Vic A. Narurkar, MD; Michael Hsu PhD; Fang Stevenson, MD

Purpose: A novel, minimally invasive, percutaneous technology has been developed to reduce muscle contractility with potential application in the reduction of dynamic facial wrinkles. The device applies controlled low temperatures to inhibit motor nerve conduction via needle-like probes. The thermal algorithm is designed to temporarily inhibit nerve conduction to the muscle group, without causing long-term chronic changes in the tissue. The outcomes of this study compared the consistency of efficacy and safety of a single versus repeat cryotreatment to motor nerves.

Design: Study of the low temperature (60±10°C; 27g closed end probe) device was conducted in 18 Sprague-Dawley rats which received treatment to the sciatic nerve. Ten rats received a single treatment, and eight rats received two treatments over a two week interval. Animals were survived for up to 18 weeks post treatment. Muscle function was assessed a minimum of 3 times per week using the toe spread assay, motor function assay, and tissue specimens were explanted for histological evaluation at 2, 8, 16, and 18 weeks.

Summary: No complications or adverse effects were observed in any of the treated animals. Toe spread and assay demonstrated an initial loss of muscle function followed by a gradual recovery to normal function by 8 weeks post-treatment. Motor function returned to normal function by 5 weeks. Rats exposed to a repeat at 2 weeks showed an extended weakening of toe spread and motor function for 2 weeks followed by normal recovery. Histological examination demonstrated temporary loss of axons (Wallerian Degeneration) followed by normal fully functional regeneration; whereas, the epineurial and perineurial structures of the nerves are left fully intact.

Conclusion: The preclinical data demonstrate that the device is able to temporarily reduce muscle contractility by application of a low temperature. Physiologic weakening correlated with reduction of nerve function upon histologic examination. The data established the safety of a repeat treatment does not cause any long term physiologic dysfunction or histologic aberrations.

Disclosure(s) of Interest:
The author(s) serves as a consultant for Myoscience clinical trials; maintains an equity position in Myoscience; and has received research funding from Myoscience for clinical trials.

CS312 - Late Breaking Abstract Session
11:40 am
Title: A Prospective, Long-Term Observational Study of the Efficacy & Safety of an Hyaluronic Acid (HA) Filler in the Correction of Mild to Severe Mid-Face Volume Deficits: 18 Month Interim Analysis

Author(s): Gregory J. Goodman, MD; Greg Goodman, MD; Ian Carlisle, MD; Steven Liew, MD; Terrence Scamps, MD; Michael Halstead, MD; John Rogers, MD; Peter Callen, MD

Purpose: HA fillers are an emerging non-surgical option for mid-face volume deficit correction. Few studies assessing efficacy and durability have been conducted hence this abstract is designed to address this.

Design: Subjects (n=103; female:81%; mean age:47y) with mild to severe mid-face volume deficit (based on 6-point Mid-Face Volume Deficit Scale; MVDS) were enrolled in this 104-week, two-phase study. Subjects were corrected to 0 or 1 (none or mild deficit) with VOLUMA™ (<2 cc per side) at baseline. If required, an additional treatment(<2 cc per side) was administered at Week 4. No further re-treatment was permissible until Week 78, the first time-point for interim analysis. Eighty-two subjects entered Phase 2 (post-Week 8).

Summary: At Week 8, 92% of subjects achieved >1 point improvement on the physician’s MVDS, while 98% and 100% of subjects, assessed by subjects & physicians, respectively, achieved >1 point improvement on the 5-point global aesthetic improvement scale (GAIS). At Week 78, 84% of subjects maintained >1 point improvement on the MVDS, while 78% and 82% of subjects, assessed by subjects & physicians, respectively, maintained >1 point improvement on the GAIS. Based on protocol-defined criteria, only 38% of subjects required re-treatment at Week 78. 95% of subjects were satisfied or very satisfied with the product and would recommend it to others. Most adverse events were mild to moderate injection site reactions; resolving over time.

Conclusion: This is the first prospective study demonstrating long term efficacy and durability, as well as high patient satisfaction of an HA filler in the correction of mid-face volumedeficit.

Disclosure(s) of Interest:
The author(s) serves as a consultant for Allergan, Q Med, Kythera, Galderma, and Elastogen; and has received research funding from Allergan, and Elastogen.

CS312 - Late Breaking Abstract Session
11:45 am
Title: A Novel Triple Combination Injection for Resolution of Keloids and Hypertrophic Scars

Author(s): Nilesh Goyal, MD

Purpose: Various agents have been injected into keloids and hypertrophic scars for alleviating the symptoms associated with them. Yet the need for an ideal agent which would completely resolve the issues related to scars is sought after. A novel triplecombination of drugs was injected into the keloids and hypertrophic scars of patients who presented to a private dermatology clinic in Mumbai. The combination included 5 Fluorouracil, Triamcinolone and Hyaluronidase. The rationale behind the combination was that 5FU being an antimetabolite drug would arrest the cellcycle and cause fibroblast apoptosis, Triamcinolone would inhibit fibroblast growth and cause collagen degradation and Hyaluronidase would help
in reducing viscosity of the ground substance allowing better permeability of other injected agents and eventual softening of the scar tissue.

**Design:** All patients (total 9) presenting to the clinic with old as well as new keloid and hypertrophic scars were offered the triple combination injection. These scars occurred on different parts of the body and face. They were found to have been post inflammatory, post surgical, post burns and even after piercing. Some of the patients had previously been injected with triamcinolone on its own with no long term benefit. At every session, the drugs were combined in the ratio of 5 FU (50mg/ml) 0.6 mls, Triamcinolone (40mg/ml) 0.4mlsand Hyaluronic Acid 1500 i.u. reconstituted to make a total of 1 ml. The injection was given into the body of the scar till the entire scar was treated. Pain and mild erythema were encountered immediately afterwards but these were short lasting. The injections were repeated at 1 monthly interval till complete resolution was achieved. None of the patients reported any untoward effects after the injections.

**Summary:** The triple combination was found to help both old as well as new scars. All patients reported that pain and itch associated with keloids were the first ones to resolve followed by softening and flattening of the scars. The longest follow-up of eighteen months showed no recurrence of keloid. This combination has never been tried before though each of the ingredients has been found to be effective on its own. The patients found the combination to bring about the resolution faster and lasting longer. It was also found to be very cost-effective.

**Conclusion:** All patients who had the triple combination were extremely satisfied by the outcome. The numbers that I have treated are very small to comment about the efficacy and benefits of this triple combination over and above the individual or dual combination injections. This will have to be studied in a randomized controlled trial.

**Disclosure(s) of Interest:**
The author(s) has no relationship to disclose.

**CS312 - Late Breaking Abstract Session**

**11:50 am**

**Title:** Fractional Photothermolysis in the Treatment of Acne Scars: A Comparison of the CO2, Fraxel and Er:Yag Lasers

**Author(s):** Timothy Cragun, DO; Ryan Johnson, MD; Shelly Aldrich, MD; Chad Hivnor, MD

**Purpose:** The objective of this study was to compare the efficacy and side-effect profile of three lasers commonly used in the treatment of acne scarring.

**Design:** Thirty subjects were enrolled to participate in the study. Inclusion criteria included Fitzpatrick skin types I-III, ages between 18-70 with moderate to severe acne scarring. Those excluded from the study were patients with prior procedures to repair acne scarring, active acne disease, history of keloid formation, use of retinoid within the prior 3 months or isotretinoin within the last 9 months. Those excluded from the study were patients with prior procedures to repair acne scarring, active acne disease, history of keloid formation, use of retinoid within the prior 3 months or isotretinoin within the last 9 months.

The patients were randomized to receive two of the three lasers in a split-face design, with each side of the face treated with a different laser. Two treatments were completed on each patient, 6-10 weeks apart. Photos were obtained prior to treatment #1, 6-10 weeks post-treatment #1, and 6 months post-treatment #2. The settings selected for each laser were chosen to provide similar footprint in terms of depth and surface area with a treatment depth of 800-1000 microns. Questionnaires were completed by the patients after each treatment and at the end of the study. At the end of the study, four blinded evaluators evaluated and compared the three photos.

The baseline photo was compared with the 6-10 week post-treatment #1 photo and the baseline photo was compared with the 6 month post-treatment #2 photo. Right side was compared with right side (as this was treated with the same laser each time) and the left side was compared with the left side. Improvement was graded as 0%, 1-25%, 26-50%, 51-75% or 76-100%.

**Summary:** Overall, patient satisfaction was similar between all three lasers with patients noting an average of 25-50% improvement of scarring with each laser. The independent reviewers also rated the clinical improvement as equal between all three lasers, however scored it lower than patients at 1-25% at the 6 month follow-up. Pain scores for each treatment averaged between 3.2 and 5.3 on a scale of 1-10 with the CO2 laser on the higher end of the pain scale at 5.3. Downtime as noted by the patient was less with the Fraxel at 2.9 days than with the CO2 at 4.5 days.

**Conclusion:** Fraxel, CO2 and ProFractional lasers appear to provide similar clinical improvement for patients with acne scarring both by independent reviewers and by the patientsthemselves. Patients suffered little down and procedural pain with any of the laser treatments. They reported minimal side effects and were very satisfied with their treatments, rating all three at 7-8 on a satisfaction scale of 1-10.

**Disclosure(s) of Interest:**
The author(s) has no relationship to disclose.
1440/2940 treated side, 2/8 preferred the Er: YAG treated side, 0/8 preferred the CO2 treated side, and 2/8 did not respond.

**Conclusion:** Facial rejuvenation using a combination treatment of fractional ablative 2940 and non-ablative 1440 lasers provides improvement in wrinkles and pigmentation equivalent to fractional ablative Er:YAG or CO2 lasers and can result in less post-operative pain, bleeding and erythema when compared to ablative Er:YAG alone.

**Disclosure(s) of Interest:**
Drs. Cohen and Ross have participated in clinical research with Palomar; Dr. Cohen has served as a Consultant for Allergan, Medicis, Merz, Biopelle, DUSA, SkinMedica, Graceway and Photocure and has received research funding from Allergan, Photocure, Merz, Biopelle, Graceway, Medicis.

**CS312 - Late Breaking Abstract Session**
**12:05 pm**

**Title:** Evaluation of Orbicularis Oculi Muscle Stripping on the Cosmetic Outcome of Upper Lid Blepharoplasty: A Randomized, Controlled Study

**Author(s):** Matteo C. LoPiccolo, MD; Robert Sage, MD; Austin Liu, MD; David Kouba, MD

**Purpose:** Many variations in surgical technique of upper eyelid blepharoplasty have been described, including orbicularis oculi muscle stripping. No evidence in the literature exists to support the efficacy of this technique in improving the aesthetic results of the procedure. We set out to conduct a single blind, randomized, controlled, split-face pilot study to evaluate the effects of orbicularis oculi muscle stripping on upper lid blepharoplasty.

**Design:** 10 subjects were randomized to receive upper lid blepharoplasty with orbicularis oculi muscle stripping on one side, and skin-only blepharoplasty on the other. Patients and twoblinded physicians evaluated the aesthetics of the eyelids at one and three-months.

**Summary:** Blinded physician evaluation failed to show a difference in the overall cosmetic appearance of the eyelids between the control and treatment groups at both one and three-months. Analysis of the composite score of all patients' scores did show a trend favoring the control group at three-months, however this difference was not significant (p = 0.281).

**Conclusion:** Based on the data from this pilot study, orbicularis oculi muscle stripping appears to have no affect on the aesthetic outcome of upper lid blepharoplasty.

**Disclosure(s) of Interest:**
The author(s) has no relationship to disclose.

**CS312 - Late Breaking Abstract Session**
**12:10 pm**

**Title:** Effect of Anxiety on Patient Satisfaction With the Post-operative Outcomes in Mohs Micrographic Surgery

**Author(s):** Iren Kossintseva, MD; David Zloty, MD

**Purpose:** Preoperatively it is assumed that patients undergoing Mohs Micrographic Surgery (MMS) for facial cancer will exhibit anxiety regarding both cancer and cosmesis. Postoperatively we have noted many patients showing even greater anxiety associated with the perceived final cosmetic result. In a small percentage of patients, they regret having had the surgery performed. However, we hypothesize that cosmetic and cancer anxiety decrease below baseline levels by 6 months. This finding would provide an evidence-based timeline for Mohs surgeons to accurately counsel patients.

**Design:** Single-blinded prospective study, with patient volunteers undergoing MMS of the face derived from those presenting sequentially to the Skin Care Surgery Centre between November 2010 and July 2011. Questionnaire-based assessment of patient demographics and evaluation of their anxiety levels using a Visual Analogue Scale (VAS) pre-operatively and in postoperative follow-up over the succeeding 6 months.

**Summary:** To the end July 2011, 150 eligible patients have been enrolled in the study, and preliminary analysis from 100 patients is presented. Preoperatively, patients are more anxious about cancer than cosmesis. Immediately post-operatively, anxiety associated with cosmesis is significantly greater than cancer anxiety. Cosmetic anxiety decreases significantly below baseline over 3 months. Factors that predict increased anxiety include cosmetically significant facial subunits and the type of closure (graft > flap > linear). Gender, age, level of education, history of mood disorders, or surgical scar length are not strong influencers.

**Conclusion:** Patients undergoing Mohs surgery on the face are more anxious about the cosmesis of the final reconstruction than having a cancer. With quantitative knowledge about patient’s anxiety levels through-out the peri-operative course, it is possible to counsel patients that over 3-6 months their anxiety diminishes significantly and their satisfaction with the cosmetic outcome improves.

**Disclosure(s) of Interest:**
The author(s) has no relationship to disclose.
Poster # 1
Title: A Multicenter, Randomised, Double-Blind Study to Evaluate the Efficacy of 20 units of OnabotulinumtoxinA in the Treatment of Glabellar Lines, When Compared to 30 Units of IncobotulinumtoxinA
Author(s): Marion Moers-Carpi, MD; Kelvin Tan MD; Antony Fulford-Smith MD

Purpose: The prescribing information for all type A botulinum toxins clearly identifies that each has unique potency units that are specific and not interchangeable. Previously reported biological activity data demonstrated that units of onabotulinumtoxinA and incobotulinumtoxinA are not equipotent when tested in the Allergan LD50 assay. The current study explored the relative efficacy of different labelled doses of these two botulinum toxins for the treatment of glabellar lines in a clinical setting.

Design: Patients with moderate/severe glabellar lines were randomized in an appropriately powered double blind, comparative study of either 20 units of onabotulinumtoxinA or 30 units of incobotulinumtoxinA. At days 28, 84, 98 and 112 physicians rated the severity of glabellar lines at maximum contraction using the Facial Wrinkle Scale (FWS). The primary endpoint was the proportion of responders within each treatment group based on the injector’s rating of FWS at day 28. Treatment response was defined as achievement of 1 point or greater improvement in FWS. Physicians also assessed adverse events (AEs) at all follow-up visits.

Summary: A total of 224 subjects were randomized: the groups were well balanced for age, sex, race and severity of the FWS. At the primary endpoint, day 28, the number of responders in the 20 units onabotulinumtoxinA group (108/112, 96%) was statistically equivalent to the number of responders in the 30 units incobotulinumtoxinA group (106/112, 95%). The proportion of subjects rated (by physician) as none or mild on the FWS was also statistically equivalent at day 28. However, at days 84, 98 and 112 the number of responders in the 20 units onabotulinumtoxinA group was not statistically equivalent to the number of responders in the 30 units incobotulinumtoxinA group, with a trend demonstrated in favour of onabotulinumtoxinA. Forty two adverse events (AEs) were reported, 3 were considered related to study medication (1 in 20 units onabotulinumtoxinA group and 2 in 30 units incobotulinumtoxinA group). Most AEs were mild, no patients were withdrawn due to AEs and no serious AEs were reported.

Conclusion: In this study 20 units of onabotulinumtoxinA was as effective as 30 units of incobotulinumtoxinA at the 28 day primary endpoint, despite a 50% difference in unit doses. At later time points for subjects rated (by physician) as none or mild on the FWS, there was trend in favour of 20 units onabotulinumtoxinA.

Disclosure(s) of Interest: The author(s) has no relationship to disclose.

Poster # 2
Title: A Novel Use of Dermal Fillers for Linear Morphea Associated “En Coup de Sabre” and Hemifacial Atrophy
Author(s): Antonio Cruz, MD; Antonio Cruz MD; Raymond Dufresne Jr. MD

Purpose: We report the use of hyaluronic acid tissue matrix implantation as a novel and successful treatment to improve facial symmetry and cosmesis in a patient with scleroderma “en coup de sabre” and morphea-associated hemifacial atrophy.

Design: The patient underwent initial treatments with hyaluronic acid (infused with lidocaine) injections to a linear defect on her forehead in February 2011. Four months postoperatively, the forehead area was reassessed and photographed. The patient again received a one-time hyaluronic acid injection along the inferior border of the lesion in an effort to smooth the forehead contour and fill one residual area of defect. The patient also received a hyaluronic filler injection to an ipsilateral perioral depression. Preoperative clinical photographs as well as 6-month follow-up of the forehead and 1-month follow-up of the perioral area display the observed results.

Summary: A 38-year-old female presented with a 25-year history of a slowly progressing depressed linear forehead furrow, extending from the hairline to the medial brow, as well as a depressed area on her ipsilateral perioral face. Herfacial lesions had been treated for over 5 years with oral PUVA (psoralens plus UVA light) with slowed progression but minimal benefit to her disease. She subsequently agreed to treatment of these areas with fillers in hopes of restoring the contour of the underlying tissue defect and overall improved symmetry and cosmesis. The patient’s initial treatment with hyaluronic acid filler provided significant cosmetic improvement in the contour and symmetry of her forehead but failed to fully address the caudal portion of the forehead furrow. At 4-month follow-up she again underwent hyaluronic acid implantation along the inferior aspect of the defect, which completely restored the natural contour of the forehead. The patient also received ahyaluronic filler injection to an ipsilateral perioral depression. Follow-up at 6 and 12 months for the forehead and perioral lesions respectively, revealed maintained graft fullness and excellent overall cosmesis. The forehead lesion was notable for complete restoration of the natural contour for this location. Of note, no “Tyndall Effect” was noted for either area treated.

Conclusion: We report the first case of hyaluronic acid tissue implantation as a treatment to improve cosmesis in linear scleroderma. This case of treatment of “en coup de sabre” is typically surgical excision and repair. There have also been reports of autologous fat transfer as well as bone grafting, however, we have described a less invasive treatment negating the trauma of surgery or autologous grafts. We report excellent cosmetic outcome for the period of 6 months, offering the technique as a possible treatment for linear scleroderma “encoup de sabre”. We are optimistic of the technique’s longevity in the context of the stability demonstrated thus far and plan to follow our patient’s progressover the next 2 years.

Disclosure(s) of Interest: The author(s) has no relationship to disclose.

Poster # 3
Title: A Randomized, Evaluator-Blinded, Controlled Study of the Effectiveness and Safety of a Small Gel Particle Hyaluronic Acid for Lip Augmentation
Author(s): Richard Glogau, MD; Xiaoming Lin; Stacy R. Smith MD

Purpose: To compare the efficacy and safety of small gel particle hyaluronic acid (SGP-HA) vs. no treatment for lip augmentation.

Design: Adults (n=180; 18-65 y) scoring 1−2 on the validated Medicis Lip Fullness Scale (MLFS; 1=very thin, 5=very full) for both lips ( Fitzpatrick skin type <IV) or at least 1 lip ( Fitzpatrick skin type ≥IV) were randomized (3:1) to SGP-HA (±1.5 mL/lip) or no treatment. Secondary efficacy endpoints included MLFS score increase of ≥1 from baseline to week 8. Global Aesthetic Improvement Scale (GAIS) score, assessed at weeks
Poster # 4

Title: Acne Keloidalis Nuchae: Surgical Management with Electrosection and Second-intention Healing

Author(s): Jordan Carqueville, MD; George Engel MD

Purpose: Acne keloidalis nuchae is a frustrating disorder for both patient and physician when it is refractory to nonsurgical treatment options. Excision with adjuvant steroid injections is an accepted standard treatment for extensive or intractable lesions. However, surgical excision at this vascular anatomical region can be a tedious and bloody procedure. Repairs with grafting and flaps usually lead to less than satisfactory cosmetic results. We describe a surgical technique for refractory acne keloidalis nuchae that provides a clean and relatively bloodless surgical field and leaves the patient with cosmetically pleasing results.

Design: Nine patients with refractory occipital scalp and/or posterior neck acne keloidalis nuchae were treated with electrosection, using a blended cut and coagulation current on the Conmed Sabre 2400 electrosurgical unit. Healing was by second-intention, with no grafting or flaps utilized. The surgical excision was followed by monthly post-operative intralesional triamcinolone acetonide (40mg) injections for 3 months.

Summary: All nine patients experienced excellent cosmetic results with no evidence of recurrence during follow up periods ranging from 6 to 21 months. Intra-operative bleeding was minimal, maintaining a clear operating field for the surgeon. Post-operative pain was controlled with acetaminophen alone or acetaminophen with codeine.

Conclusion: Electrosection with second-intention healing is a quick and effective technique for the treatment of refractory acne keloidalis nuchae with excellent aesthetic results.

Disclosure(s) of Interest: The author(s) has no relationships to disclose.

Poster # 5

Title: An Aid in the Selection of Repairs: Tensile Strength Quantification of Purse String versus Buried Vertical Mattress Closures

Author(s): Ern Loh, MD; Kenny Omlin MD

Purpose: To better understand the tension affecting sutures and to aid in optimum choice of closure technique, we measured the tensile strength of two common closure stitches, the purse string and buried vertical mattress.

Design: Studies were performed on the post-mortem skin of Sus domesticus and utilized 5-0 polyglactin suture on cutaneous defects ranging from 8 to 16mm in length. Each defect was closed with either one buried vertical mattress or one purse string tie. The tensile force for rupturing each closure was measured.

Summary: The purse string closures exhibited greater tensile strength compared to the buried vertical mattress. The purse string also deformed to a greater extent.

Conclusion: Purse string sutures may offer greater closure strength in specific cases. We discuss the potential mechanisms for these observations and the implications for closure choice in high tension areas.

Disclosure(s) of Interest: The author(s) has no relationship to disclose.

Poster # 6

Title: An Inter- and Intra-Rater Reliability Study of 3 Photographic Scales for Classifying Aesthetic Features of the Perioral Area

Author(s): Joel Cohen, MD; Jane Thomas; Frederick Beddingfield MD; Adam Rotunda MD

Purpose: Validated rating scales to assess aesthetic features of the perioral area are limited. Such scales are important because they can provide objective evaluation standards for clinical trials as well as benchmarks and guidelines for outcomes in clinical practice. This study was conducted to validate the reliability of 3 scales that were designed to evaluate the outcomes of dermal filler and neurotoxin treatments of the perioral and orofacial areas.

Design: Three, lip-specific photographic scales were developed from standardized 2-D images of healthy volunteers: Severity Scale for Perioral Lines at Rest (POL); the Severity Scale for Oral Commissures (OCS); and the Severity Scale for Perioral Lines at Maximal Contraction (POLM). Each scale used in the single-day validation study comprised 4 grades (ranging from none to severe) with 3 exemplary images per grade. The validation panel consisted of 8 specialists in aesthetic dermatology or plastic surgery. Panel members rated all 55 screened volunteers on each scale in random order using cards that corresponded to the 4 grades of the 3 scales. This sequence was completed twice for 2 rounds of evaluations. Subjects also provided 2 series of self-assessments for comparison with physician ratings. Physician intra-rater reliability was determined by comparing round 1 scores with round 2 scores by mean weighted Kappa coefficient. Physician inter-rater agreement was measured by intra-class correlation (ICC). Kappa scores in the range of 0.40 to 0.59 indicate moderate agreement; 0.60 to 0.79 indicate substantial agreement; and 0.80 to 1.00 indicate almost perfect agreement.
**Poster # 7**

**Title:** An Inter-Rater and Intra-Rater Reliability Study of a Photographic Scale for Lip Fullness

**Author(s):** Phillip Werschler, MD; Steven Fagien MD; Pearl Grimes MD; Jane Thomas; Patricia Walker MD; Frederick Beddingfield MD

**Purpose:** Despite the increasing popularity of injectable fillers for lip augmentation, there has been a paucity of validated rating scales to evaluate the lip fullness. Validated scales provide a reproducible means to compare aesthetic outcomes pre- and post-treatment, as well as comparison of results across studies that utilize the same scales.

**Design:** The Lip Fullness Scale (LFS) was developed from standardized, 2-D photographs of 200 sets of lips. Based on the comments of a board-certified dermatologist and a technical review of the photograph quality, 95 photographs deemed to be representative for the spectrum of lip grades were selected for additional independent validation of content by 2 board-certified dermatologists and a board-certified oculoplastic surgeon. The first dermatologist selected the final photographs for the scale (4 photographs for each grade) based on agreement between the scores and recommendations from the 3 reviewers. This 4-grade scale assesses the subject’s lips at rest and assigns a grade corresponding to the fullness attribute. A grade of “Minimal” describes lips with minimal red lip show and a flat or nearly flat contour, “Mild” describes lips that have some red lip show and lower lip pout and may be very curved. The LFS was then validated for inter- and intra-rater reliability by a panel of 8 physicians; all are specialists in aesthetic dermatology or plastic surgery. Panel members were seated to exclude their ability to gain feedback from other panel members. Each rater assigned a rating to each of 55 prescreened volunteers in random order, once in a morning session (round 1), and once in the afternoon (round 2). Subjects were blinded to the physicians’ assessments and also used the LFS to rate their own lips during rounds 1 and 2. Intra-rater agreement compared round 1 scores with round 2 scores. The mean weighted Kappa coefficient for the 8 physician raters was 0.799 (95% CI 0.762-0.836) and for 54 subjects was 0.790 (95% CI 0.667-0.912). Inter-rater agreement was measured by intra-class correlation (ICC), a measure of the proportion of reliable variance. The ICC (Shrout-Fleiss single) result among the physician raters was 0.814 for round 1 and 0.787 for round 2, respectively; and round 1 ICC and round 2 ICC assessing agreement between subjects self-ratings and mean of physicians ratings were 0.800 and 0.755, respectively. Kappa scores in the range of 0.40 to 0.59 indicate moderate agreement, 0.60 to 0.79 indicate “substantial” agreement, and 0.80 to 1.00 indicate “almost perfect” agreement.

**Conclusion:** Each of the 3 perioral photographic scales exhibited intra-rater and inter-rater reliability during the validation process on live subjects. Subject ratings were also reliable and comparable to physician assessments. These validated photographic scales are suitable for use in future clinical studies as a standardized assessment tool for both physicians and subjects.1 Landis JR and Koch GG. The measurement of observer agreement for categorical data. Biometrics. 1977; 33:159-74.

**Disclosure(s) of Interest:**
The author(s) serves as a consultant for Allergan, Medicis, Merz, J&J, Dusa, Graceway, Galderma, Photocure, Leo, BioPelle, SkinMedica, Obagi, La Roche Posay; has received speaking honoraria from Allergan (Global Advisory Council), and has received research funding from Allergan, Medicis, Merz, Graceway, BioPelle, SkinMedica, Obagi.

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**Poster # 8**

**Title:** Assessment of Safety and Efficacy of a New Bipolar Radiofrequency Vacuum Assisted Device in the Temporary Improvement in the Appearance of Cellulite

**Author(s):** Jeremy Man, MD; Jennifer Chwalek MD; Mussarrat Hussain MD; David Goldberg MD

**Purpose:** The primary objective of the study is to assess the safety and efficacy of a new bipolar radio frequency vacuum assisted device in the temporary improvement in the appearance of cellulite as assessed by blinded investigator.

**Design:** Fifteen female patients ranging from the age of 18 to 50 years of age were enrolled with cellulite grade 2-4 on the thighs. Each patient underwent eight successive weekly treatments on one leg with the Reaction device (Viora Ltd., Tel Aviv, Israel). The device combines both vacuum massage with bipolar radio frequency heating of the skin in order to reduce the appearance of cellulite. In contrast to current technologies, the Reaction device uses lower heating of the skin in order to reduce the appearance of cellulite. In contrast to current technologies, the Reaction device uses lower heating of the skin in order to reduce the appearance of cellulite.

**Conclusion:** Intra- and inter-rater agreement was substantial among physicians as well as subjects for the newly developed LFS. During the validation process, the LFS demonstrated both reproducibility and reliability for physician classification and subject self-evaluation of lip fullness in live subjects, thus making it a suitable measure for use in future clinical studies. To our knowledge, this is the first lip fullness scale validated by direct assessment of live subjects.

**Disclosure(s) of Interest:**
The author(s) has serves on the Advisory Board of Allergan, Merz, Claronsonic, Dermik, J&J, Sanova; as a consultant for Allergan, Claronsonic, Dermik, SkinMedica, Ulthera; maintains an ownership interest in Allergan and Medicis; has received speaking honoraria from Allergan, Merz, Dermik, J&J, Medicis, SkinMedica, and has received research funding from Allergan, Amgen, Dermik, Galderma, Genentech and J&J.

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events were limited to mild discomfort in certain areas during treatment and mild bruising. All subjects were able to complete the study.

**Conclusion:** Our study suggests that the use of this novel bipolar radiofrequency vacuum assisted device can temporarily reduce the appearance of cellulite. It is a safe and effective addition to the possible treatments used currently for cellulite.

**Disclosure(s) of Interest:**
The author(s) has received research funding in part provided by Viora Ltd.

**Poster # 9**
**Title:** Case Studies Using a Novel Surgical Stapling Device in Private Practice Dermatologic Surgery

**Author(s):** Todd Schlesinger, MD; Daniel Ward MD

**Purpose:** Dermatologists treat numerous skin cancers and perform many skin closures in the United States. In addition to adequate undermining and hemostasis, basic tenets of good surgical technique in skin closure include wound edge eversion and low tension closure. Traditionally, a full-thickness skin wound is closed in a layered fashion with absorbable subcuticular sutures, which can be arduous and time consuming to place and cuticular sutures, which cause numerous percutaneous insults. Track-like scarring can result from this technique and sutures must be removed in 1-2 weeks. Surgical stapling using absorbable Poly-Lactic Acid/Poly-Glycolic Acid (PLA/PGA) co-polymer staples may result in improved cosmesis, shorter wound closure times and eliminate the need for a suture removal visit. The purpose of this report is to demonstrate the safety and effectiveness of a novel surgical stapler as it may be used in a busy dermatologic surgery practice.

**Design:** A total of five patients were determined to be candidates for surgical stapling to close their surgical wounds. The sites were closed using the INSORB surgical stapler using the manufacturer’s recommended technique after proper wound preparation and the insertion of 1-3 deep subcutaneous absorbable sutures to relieve tension and minimize subcutaneous dead-space. Steri-Strips were placed over the wound edges in each case. Photographs were obtained of each site before, immediately following and 2-4 weeks after surgery. These photographs and case histories are presented.

**Summary:** Each surgical wound demonstrated good to excellent cosmetic appearance at 2-4 weeks after closure.

**Conclusion:** The surgical stapling device described provides a safe and effective alternative to conventional suturing.

**Disclosure(s) of Interest:**
The author(s) serves as a consultant for Innocutis Pharmaceuticals, Viora Ltd.

**Poster # 10**
**Title:** Controlled Release of Fibrous Septae for the Treatment of Cellulite

**Author(s):** Michael Kaminer, MD; Ivan Augusto Rosales Berber MD; Melanie Kingsley MD; Naheed Abbasi MD; Elsa Susana Diliz Perez MD

**Purpose:** Non-invasive treatments for cellulite are partially or temporarily effective. Manual release of subcutaneous fibrous septae has been shown to be effective for individual cellulite “lesions”, but is not a practical treatment for large areas. A novel system has been developed which provides controlled release of fibrous septae for lasting, effective treatment of cellulite. Integrated anesthesia delivery minimizes pain, and multiple depths enable “fractional” treatment of larger areas.

**Design:** The system (Cabochnon, Inc., Menlo Park, CA) was the subject of a multicenter non-randomized, open label clinical study in 56 subjects with follow-ups conducted up to 180 days post-treatment. Efficacy was assessed by independent, blinded physician review of standardized before and after treatment photographs according to a validated photonumeric severity scale (0 to 6).

**Summary:** Effectiveness was verified by blinded physician review. The average cellulite severity was decreased from 4.6 to 3.1 (p<0.001) at 90 days and to 2.8 (p<0.001) at 180 days with >90% of subjects having improved at least one level in cellulite severity. Treatment was well tolerated with no serious adverse events, minimal pain, and subject satisfaction >85%.

**Conclusion:** Controlled release of fibrous septae at precise depths leads to lasting and visible improvement in cellulite.

**Disclosure(s) of Interest:**
The author(s) has a relationship with Advisory Board - Cabochon, Zeltiq, Miramar; serves as a consultant for Zeltiq, Cabochon, Miramar; has received speaking honoraria from Solta Medical, and; has received research funding from Miramar, Cabochon, and Solta Medical.

**Poster # 11**
**Title:** Evaluating the Efficacy of Cold Air Cooling in Improving Patient Comfort During Photodynamic Therapy as Well as Its Effect on Therapeutic Outcomes

**Author(s):** Sabrina Fabi, MD; Mitchel Goldman MD

**Purpose:** Photodynamic therapy (PDT) uses a photosensitizer such as aminolevulinic acid or methyl aminolevulinate which is converted to protoporphyrin IX in vivo. These photosensitizers concentrate in rapidly proliferating cells, sebaceous glands, superficial melanin, and vasculature. When visible light radiation is applied, reactive oxygen species are generated. While originally indicated for the treatment of nonhyperkeratotic actinic keratosis, improvement in the signs of photoaging and acne has been noticed as advantageous side effects. Most patients experience stinging or burning during photoactivation, including spraying cold distilled water, or using a fan or cold air cooling. Oxygen is needed to generate reactive oxygen species during photodynamic therapy. Applying cold air to the skin during PDT may cause vasoconstriction of dermal vessels leading to a decrease in cutaneous oxygen delivery, which may diminish the effects from PDT. The primary objective of this study was to evaluate the efficacy of cold air cooling in improving patient comfort during photodynamic therapy (PDT). The secondary objective was to determine if cooling the skin during PDT has any effect on expected outcomes.

**Design:** Patients undergoing PDT for inflammatory acne or photoaging were randomized to receive cold air cooling to half of their face during blue and red light exposure. All subjects were treated with vibrational microdermabrasion for 5 minutes prior to being degreased with an acetone-soaked gauze pad. Aminolevulinic acid was then applied to the entire face and incubation occurred for one hour. All patients received treatment with PDL and IPL. Patients were then randomized to receive cold air cooling to half of their face during blue and red light illumination. The investigating
physician was blinded to the side that received cold air. Patients undergoing PDT for acne were assessed prior to treatment using a 5-point global acne assessment scale, and by counting individual papules, pustules and nodules, at Day 1 (Visit 1) and Day 30 (Visit 3). Patients undergoing PDT for photoaging were assessed prior to treatment using a 5-point global score for photoaging, fine lines/wrinkles, hypopigmentation, tactile roughness, sallowness, telangiectasias and erythema at Day 1 (Visit 1) and Day 30 (Visit 3). Erythema was assessed on a 5-point scale at visit 2 (day 4 through 7). Standardized photography was completed at the first and last clinic visits.

**Summary:** 7 of 20 patients (3 females, 4 males), aged 34-58 years old (mean 45.14), completed the study at the time of data analysis. All patients were Fitzpatrick skin types II-IV with moderate to severe photodamage or acne. The mean minimum temperature achieved with cold air cooling was 28.46 degrees Celsius versus 33.56 degrees Celsius on the side not receiving cold air. A statistical significance was found in the investigator global acne assessment score (using a 5-point scale) comparing baseline to day 30 in the cold air cooling exposed side ($p = 0.002$); compared to the non-exposed side where no statistical significance was found in the investigator global acne assessment (using a 5 point scale) comparing baseline to day 30. There was no significant difference noted in the global assessment of improvement score (7-point scale), papules, nodules and pustules, between the cold air exposed side versus the non-exposed side, when comparing baseline to day 30 in acne patients. Comparing baseline to day 30, no statistical difference in improvement was noted in photodamaged patients in investigator global assessment of improvement score (7-point scale), global photoaging score, fine lines/wrinkles, hypopigmentation, tactile roughness, sallowness, telangiectasias, and erythema. No differences in post-PDT erythema, 4 to 7 days after treatment, were noted between sides. A statistical significance was noted in patients preferring cold air during treatment versus no air or having no preference at all; although the difference in pain reported between both sides was not statistically significant.

**Conclusion:** Cold air cooling during photodynamic therapy is preferred by patients and decreases pain experienced during treatment, although not significantly, without compromising the benefits of treatment, for both photoaging and acne. In patients with acne, the cold air cooling side showed a statistically significant difference in improvement in the global acne assessment score, versus the side which was not exposed to cold air. This finding was unexpected, as the opposite or no difference was expected to be seen. Presently only preliminary data is available. All twenty patients are expected to have completed the study by July 1st, 2011. Future studies using larger study cohorts followed for a longer period of time are needed to further investigate these findings.

**Disclosure(s) of Interest:** Dr. Goldman: serves on the Advisory Board for Sanofi-Aventis, on the Advisory Board and Consultant for Johnson & Johnson Medical, Inc., Wound Healing Division Medical, Advisory Board, Allergan Skin Care Chairman, Medical Advisory Board, Bio Med Science, Allergan Skin Care Chairman; has received speaking honoraria and has an ownership interest in Lumenis. Dr. Fabi has no financial ownership relationships to disclose.

**Poster # 12**

**Title:** Excimer Laser in the Treatment of Mycosis Fungoides

**Author(s):** Ashley Cauthen, MD; Darci Deaver RN; George Cohen MD; Lubomir Sokol MD

**Purpose:** To determine the efficacy of excimer laser therapy (both clinically and histopathologically) in patients with patch stage mycosis fungoides (MF).

**Design:** A retrospective review of eight patients with stage 1 MF that received excimer laser therapy between January 2011 and August 2011.

**Summary:** Seven patients with stage 1 MF, and one patient with folliculotropic MF received 308 nm excimer laser therapy after failure of at least one prior skin directed therapy. All patients had histological confirmation of the diagnosis prior to initiation of treatment. Mean age of participants was 52 years, 57% were male, 86% were Caucasian, and 14% were African American. Biopsies and photos were taken at diagnosis and after the completion of 24 treatments. Treatment was initiated at a dose of 200 millijoules (mJ) and was increased by 10-15% each subsequent treatment. The max dose of treatment ranged from 240 mJ to 850 mJ. All patients achieved clinical improvement in appearance and puritus; majority reached clinical remission and normalization of skin color.

**Conclusion:** Narrow band UV light at 311 nanometers is a standard skin directed treatment for MF. Excimer laser with a wavelength of 308 nm is similar to nb-UVB but offers the benefit of targeted application to lesional skin and ability to treat with higher doses, which theoretically would result in a more rapid response and less total body radiation exposure. Our study demonstrates the short term efficacy of excimer laser in the treatment of MF. Further studies are needed to determine long-term benefits.

**Disclosure(s) of Interest:** The author(s) has no relationship to disclose.

**Poster # 13**

**Title:** Full Face Treatment of Argyria Using the 1064nm Q-switched Nd:Yag Laser

**Author(s):** Whitney Hovenic, MD; Nicholas Golda MD

**Purpose:** Argyria is a pigmentary condition caused by ingestion of silver containing medications leading to slate gray discoloration with accentuation in sun exposed areas. Therapies including depigmenting creams, hydroquinone, dermabrasion and chelation have shown minimal efficacy in improving discoloration. Rhee and colleagues reported the use of the Q-switched Nd:YAG laser in one patient with argyria and reported dramatic lightening using a 6.5J/cm2 fluence and a spot size of 2mm. The patient was unfortunately lost to follow up after treatment of the right half of her forehead only. Given the poor efficacy of current topical therapies available to treat argyria and the dramatic results achieved by Rhee and colleagues, we sought to determine optimal settings for the clearance and patient tolerance with use of the Q-switched Nd:YAG Laser for this disfiguring process.

**Design:** Two patients, age 26 and 64, presented to clinic with diffuse slate gray pigmentation. Both had a history of colloidal silver ingestion for one year for “health benefits” and had developed diffuse slate gray-blue pigmentation particularly of the face and chest. Hydroquinone had been used previously with no improvement. Post auricular biopsy of both patients confirmed the diagnosis of argyria by demonstrating deposition of silver granules in pericorneal areas in the dermis. Post auricular test sites were treated with varying settings using the 1064 nm Q-switched Nd:YAG Laser (Medlite C6, HOYA ConBio, Fremont, CA). Fluences ranged from 1.5-6J/cm2 and the spot size varied from 3mm to 8mm. Immediate edema and erythema was achieved with all settings but no immediate epidermal frosting occurred. There was minimal to no tissue splatter. Significant discomfort was experienced at all settings with no setting being preferred over another in terms of patient comfort. Postoperative care was prescribed and the patients were discharged with plans to treat the entire face 8 weeks later with optimal settings to be determined by test site clearance.
Summary: Postoperative photos at one week and three weeks showed remarkable lightening for both patients in the postauricular test sites. More significant clearance was achieved in test areas treated with low-range fluence and larger spot size with the best results achieved at a setting of 1.5J/cm2 and a 6mm spot size. Neither patient experienced any post-operative complications. Pain resolved completely within one hour of treatment without the use of pain medication and edema resolved after 24 hours. The patients returned 8 weeks after test site treatment for full face treatment. Results of the full-face treatment and follow up for 6 months will be presented. Given the significant discomfort experienced during treatment, optimal pain management strategies will also be presented.

Conclusion: With increased popularity of alternative medicines, treatment of argyria in patients who have ingested colloidal silver is likely to be a persistent clinical problem. Our treatment of the full face in two argyria patients will be of use to the dermatologic surgeon who is presented with this challenge.

Disclosure(s) of Interest: The author(s) has no relationship to disclose.

Poster # 14
Title: Improvement in Abdominal Edema After Tumescent Liposuction Using Manual Lymphatic Drainage Massage

Author(s): Daniel Levy, MD; Daniel Levy MD; Giuseppe Cappalonga; Mark Dedomenico MD

Purpose: Postliposuction edema (PLE) is a primary concern for patients undergoing tumescent liposuction. It is a consequence of leakage of intravascular plasma proteins from traumatized capillaries, along with liposuction-induced impairment of subcutaneous lymphatic function. When the entire abdomen is treated by tumescent liposuction, premature closure of slit incisions on the abdomen can entrap a considerable volume of blood-tinged anesthetic solution. The result is prolonged lower abdominal swelling and tenderness. While this can be minimized by using postoperative care that includes open drainage and bimodal compression, the abdomen tends to require more time than other areas for resolution of PLE. The post-operative use of devices emitting infrared light, bipolar radiofrequency, ultrasound as well as vacuum and mechanical massage devices have been described, but only anecdotal evidence has supported the efficacy of device-based modalities after liposuction. Even less data exists on the use of manual lymphatic drainage massage. The purpose of this retrospective review is to evaluate patient-satisfaction with manual lymphatic drainage massage in reducing edema of the abdomen following traditional tumescent liposuction.

Design: A retrospective chart review was performed for 15 patients who received shiatsu-type lymphatic drainage massage treatments after tumescent liposuction in a private cosmetic dermatology practice. Patients were sampled from a 24-month period and all received at least two shiatsu treatments from a certified shiatsu massage therapist within 4 weeks of tumescent liposuction of the abdomen. Patient satisfaction questionnaires were used before and after implementation of shiatsu massage. Data were gathered from chart review and patient-satisfaction questionnaires. The questionnaire responses were compared from before to after implementation. Tumescent fluid administration and fluid balance information was found in records and compared with an equal number of age- and sex-matched control patients who did not receive postliposuction treatments.

Summary: All (100%) of patients reported improvement in abdominal swelling. 12 reported complete resolution of edema by the 8-week follow-up appointment. Patients reported better overall satisfaction ratings (7.5 before vs 9.2 after) and a decrease in the time required to reach resolution of edema (46% before vs 13% after requiring >8 weeks to reach resolution, P = .06).

Conclusion: Shiatsu is a specialized massage technique used to treat a variety of ailments. Its stimulatory effect on circulation and lymphatic drainage make it a safe and effective option to treat post-operative edema. In this retrospective chart review, we found that post-operative, office-based manual massage using the shiatsu technique improved overall patient satisfaction and reduced postliposuction edema of the abdomen.

Disclosure(s) of Interest: The author(s) serves as a consultant for Allergen Skinmedica.

Poster # 15
Title: Improvement in Skin Appearance with Blue Light Using Hexyl Aminolevulinate HCl: A Split Face Study of the Differential Effect of Microdermabrasion

Author(s): Todd Schlesinger, MD; Rebecca Repaire, PA-C

Purpose: Improvement in the appearance of skin has been shown using multiple forms of Photodynamic Therapy (PDT). The beneficial effect of PDT may has been limited by associated phototoxicity. Microdermabrasion prior to the application of hexyl aminolevulinate HCl may enhance the beneficial effect without an increase in phototoxicity. The objective is to compare and contrast blue light in conjunction with application of topical hexyl aminolevulinate HCl with and without microdermabrasion for effectiveness and safety.

Design: In a randomized prospective split face study, 12 subjects received 3 treatments (at baseline, 1 month and 2 months) with application of topical hexyl aminolevulinate HCl to the face, followed by full face blue light exposure (405-420 nm, 10 J/cm2 BLU-U Illuminator, DUSA Pharmaceuticals, Wilmington, MA) one hour later. One side of the face was pre-treated with microdermabrasion (Vibraderm, Grand Prairie, TX) immediately prior to the application of hexyl aminolevulinate HCl. Subjects were followed for an additional 3 months after the final treatment. Objective measurements included skintone/texture, fine lines/wrinkles, skin pigmentation, porphyrin content measured by UV fluorescence and skin brightness using natural, polarized and UV light with 3-dimensional spectral analysis (Image Pro II, Charlotte, NC). Photographs were taken, and comparative clinical evaluations (crow’s feet, tactile roughness, and mottled hyperpigmentation) were made at each visit. Safety analysis of erythema, edema, crusts and erosions, and pain were determined on a 5-point scale (0=none; 4=severe) at each treatment and follow-up visit.

Summary: Improvement in the overall appearance of the texture and tone of the skin was detected as was a reduction of wrinkling in the peri-ocular area at the conclusion of the study. Adverse events included minimal to mild erythema (92%), minimal to mild edema (33%), mild to moderate pain during light treatment (75%), severe pain during light treatment (8.3%), moderate pain immediately following light treatment (58%), and rare to moderate itching (50%). All adverse effects resolved spontaneously. Subjects demonstrated no difference in adverse effects on the side of the face pre-treated with microdermabrasion when compared to the opposite side.

Conclusion: Blue light PDT using topical hexyl aminolevulinate HCl and microdermabrasion is a safe and effective way to improve the appearance of skin.

Disclosure(s) of Interest: The author(s) serves on the Advisory Board of Suneva Medical; as a consultant for Innocutis Pharmaceuticals, Pierre Fabre Laboratories.
Poster # 16
Title: Infection of the Face and Neck with the Emerging Pathogen M. Massiliense Following CO2 Fractional Laser Resurfacing

Author(s): Bishr Al Dabagh, MD; Al Dabagh Bishr MD; Claude Burton MD

Purpose: Report of the first case of M. massiliense following fractional laser resurfacing. Review other worldwide cases, treatment and implications of the emerging pathogen M. massiliense

Summary: The patient is a 53 year old Caucasian woman who had a non-ablative radiofrequency rejuvenation procedure of the face and neck. This was followed one week later by a CO2 fractional laser resurfacing treatment of the face, neck, and chest. Her neck and chest did not fully heal after the procedure. Subsequently she developed erythematous, eroded, very painful, papules on the chest and neck which subsequently spread to her face. She was initially treated with trimethoprim-sulfamethoxazole with partial response but worsening following treatment. She was admitted to the hospital and valacyclovir and prednisone were initiated. Biopsies done at the time revealed granulomatous inflammation and copious acid fast bacilli. Molecular studies identified M. massiliense as the culprit. She was treated with empiric azithromycin, moxifloxacin, and tigecycline. After susceptibility testing she was continued on azithromycin for five months with complete resolution of the infection but with residual scarring of the neck and chest.

Conclusion: M. Massiliens rapidly growing mycobacterium that is closely related to Mycobacterium cheloneae and M. abscessus. It is an emerging pathogen in the United States and across the world. A single clone of M. massiliens has recently been implicated as causing epidemic infections in Brazil following video assisted surgery. This single clone of M. massiliens has recently been implicated as causing epidemic infections in Brazil following video assisted surgery. This epidemic has rapidly spread across the United States and other countries. This patient is the first reported case of M. Massiliens in South Korea. She was treated with trimethoprim-sulfamethoxazole with partial response but worsening following treatment. She was admitted to the hospital and valacyclovir and prednisone were initiated. Biopsies done at the time revealed granulomatous inflammation and copious acid fast bacilli. Molecular studies identified M. massiliense as the culprit. She was treated with empiric azithromycin, moxifloxacin, and tigecycline. After susceptibility testing she was continued on azithromycin for five months with complete resolution of the infection but with residual scarring of the neck and chest.

Disclosure(s) of Interest: The author(s) has no relationships to disclose.

Poster # 18
Title: Nasal Contour Reconstruction with Full-Thickness Skin Grafting: A Novel Approach to a Classic Method

Author(s): Jessica Weiser, MD; Jeanne Marie Franck MD

Purpose: To define and illustrate a new perspective on full-thickness skin grafting which avoids defatting after graft harvest thereby using the attached subcutaneous fat to recreate nasal contour defects after Mohs micrographic surgery.

Design: Consecutive patients in a single dermatologic surgery practice from January through August 2010 who underwent Mohs micrographic surgery to the nose were evaluated. Those with a specific nasal contour defect involving the nasal tip, supratip, dorsum, or columella were considered for treatment with a full-thickness skin graft including attached underlying fat from the graft donor site. All grafts were uniformly harvested from preauricular skin. Grafts were not defatted and were maintained after graft placement in order to achieve original nasal contours. Bolster dressings were placed whenever possible for 1 week following grafting. Photographs were taken prior to Mohs surgery, after the final defect was achieved, immediately after repair, and again 6 weeks or more after bolster removal.

Summary: Between January and August 2010 a total of 10 patients had nasal tip/supratip, nasal dorsum, or nasal columella defects repaired with full-thickness skin grafts including subcutis with excellent repair of original nasal contour but without compromising graft survival. Our results question whether the dermis must be in direct contact with the wound bed as is classically recommended, or if an intervening layer of fat can similarly allow for expedient and complete healing but with improved cosmesis.

Conclusion: Full-thickness skin grafts with attached subcutaneous fat provide an excellent option for nasal contour reconstruction following Mohs micrographic surgery on the nasal tip, supratip, dorsum and columella, demonstrating that an intervening layer of fat allows for improved cosmetic outcome but does not inhibit graft survival.
Disclosure(s) of Interest:
The author(s) has no relationship(s) to disclose.

Poster # 19
Title: Non-Invasive Ultrasound Treatment for Circumferential Reduction of the Abdomen

Author(s): Michael Kaminer, MD

Purpose: Little scientific evidence exists to demonstrate the effectiveness of non-invasive ultrasound treatment for circumferential reduction, and several methods need long waiting periods for measurable results. This pilot study evaluates the immediate and short term changes after a single treatment with a new modality.

Design: 10 females between 23 & 59 years with a BMI less than 30 kg/m2 were enrolled at one site and treated once in the bra-line region with the VASER Shape (Sound Surgical Technologies, Louisville, CO). They were seen in follow-up at 7 & 130 days. Circumferential measurements were made before and immediately after treatment, and at follow-ups.

Summary: The mean circumferential changes were -0.88 cm post-treatment (p=0.01), -1.14 cm at 7 days (p=0.02), and -0.90 cm at 130 days (p=0.23). There were no major complications & all minor complications resolved without treatment between 1 hour and 3 days.

Conclusion: The VASER Shape non-invasive ultrasound device was shown to provide an average circumferential reduction of over 1 cm 7 days after one treatment. A nearly 1 cm reduction was also observed immediately after treatment, and continued through follow-up. The VASER Shape shows immediate results after one treatment, allowing both enhanced patient satisfaction and better tailoring of the treatment regimen for subsequent treatment. Further studies are needed to determine the optimal treatment parameters for improved short and long term efficacy.

Disclosure(s) of Interest:
The author(s) serves on the Advisory Board of Cabochon, Zeltiq, Miramar; a consultant for Zeltiq, Cabochon, Miramar; has received speaking honoraria from Solta Medical, and has received research funding from Miramar, Cabochon, and Solta.

Poster # 20
Title: Opioid Prescribing Patterns of Dermatologic Surgeons in the United States: An email-based Survey

Author(s): Payam Tristani-Firouzi, MD; Kalynne Harris MD; Michael Hadley MD; Keith Duffy MD; Payam Tristani-Firouzi MD

Purpose: Prescription opioid use and misuse has increased in the United States. Little is known regarding opioid use after dermatologic surgery. The objective of this study is to better understand opioid prescribing patterns after dermatologic surgery.

Design: An email survey was sent to members of the American Society for Dermatologic Surgery (ASDS) to document respondent demographics and opioid prescribing patterns after dermatologic surgery.

Summary: Twenty percent (583/2858) of ASDS members receiving the email responded, of which 556 practiced within the United States and were included in the study. Most respondents (64%) reported infrequently prescribing opioids (i.e., for ≤ 10% of their surgical cases). Surgeons younger than 55 years old and male surgeons were more likely to prescribe opioids (p=0.045 and p<0.001, respectively). Hydrocodone/acetaminophen was the most frequently prescribed opioid (58%) and 35% of respondents prescribed >15 pills. Surgeons practicing in the Southern and Western United States were significantly more likely to prescribe opioids than those in the Northeast or Midwest (p<0.001). These demographic differences remained significant in multivariate analysis. Reasons cited for prescribing opioids included wound repair size, location, tension, and patient request.

Conclusion: Most surgeons infrequently prescribe opioids after dermatologic surgery. There is significant variation in opioid prescribing based on surgeon characteristics (age, sex, region) suggesting room for standardization.

Disclosure(s) of Interest:
The author(s) has no relationship to disclose.

Poster # 21
Title: Persistence of the Reduction of Abdominal Subcutaneous Fat by LIPO-102 (Salmeterol Xinafoate (SX) + Fluticasone Propionate (FP) for Injection)

Author(s): Mitchel Goldman, MD; Stacy Smith MD; Steve Cohen MD; MI Peredo MD; Roy Geronemus MD; Barry DiBernardo MD; Neil Sadick MD; MC Mayton MD

Purpose: LIPO-102 is an injectable aqueous combination of salmeterol xinafoate (SX) and fluticasone propionate (FP) for selective, non-ablative fat reduction. This non-treatment, observational Phase 2 extension study or placebo.

Design: This 3 month non-treatment, observational extension study followed a randomized, double-masked, placebo-controlled study that enrolled 164 male and female subjects, aged 18-67 (mean = 37) with a Body Mass Index (BMI) < 25 kg/m2. In the treatment portion of the trial, subjects received twenty 1 mL subcutaneous injections of one of three different doses of LIPO-102 or placebo (0.9% saline). A template based on the umbilicus was used to ensure reproducible location the injection points; the injections were spaced 4 cm apart over abdominal (14 injection sites) and flank (3 injection sites each) areas of adiposity (total area ~400 cm2 lying between axial planes of +40 mm to -60 mm, relative to the umbilicus) once per week for 8 consecutive weeks. During the treatment portion of the trial, safety and efficacy were evaluated weekly for 8 weeks and at 1 week post-treatment; in the extension study, assessments were made 6 and 12 weeks post-treatment. Abdominal volume and circumference were measured using synchronized digital photographs (Canfield VectraTM 3D) that allowed 3D reconstruction of the subject. Measurements of the abdominal circumference were also taken manually by tape measure. Subjective efficacy endpoints included a Patient Photonumeric Scale (PPnS), a Patient Global Impression of Change (PGIC) Scale and the Abdominal Subcutaneous Adiposity Questionnaire (ASAQ), a patient-reported outcome evaluating the broader impact of changes in abdominal adiposity.

Summary: Significant mean reductions in abdominal volume were maintained for 6 and 12 weeks post-treatment with the optimal dose of LIPO-102 (0.4 µg SX + 20 µg FP) compared to placebo (at 6 weeks: -251 vs. -59 cc, p=0.01; at 12 weeks: -253 vs. -96 cc, p=0.09). Likewise, significant mean reductions in circumference at multiple levels across the abdominal treatment zone (+40 to -60 mm, relative to the umbilicus) were maintained for 6 and 12 weeks post-treatment with the optimal dose of LIPO-102 (0.4 µg SX + 20 µg FP) compared to placebo (at 6 weeks: -1.4 vs. -0.4 cm, p=0.02; at 12 weeks: -1.4 vs. -0.8 cm, p=0.17). In responders defined as those subjects who lost >100 cc in abdominal volume at 1 week post-treatment, mean volume loss
was maintained for 12 weeks post-treatment (-473 cc at 12 weeks) in responders (63%; 26/41) who received the optimal dose of LIPO-102 (0.4 µg SX + 20 µg FP), whereas mean abdominal volume loss in responders (39%; 15/38) who had received placebo regressed towards baseline by 12 weeks post-treatment (-177 cc at week 12).

**Conclusion:** The reductions in abdominal volume and circumference produced by treatment with LIPO-102 were maintained for at least 12 weeks post-treatment. LIPO-102 may offer a novel, minimally-invasive, non-ablative approach to localized fat reduction.

**Disclosure(s) of Interest:**
This study was supported in part by Lithera, Inc.

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**Poster # 22**

**Title:** Post-traumatic and Postoperative Keratoacanthomas

**Author(s):** Yekaterina Kleydman, DO; Ellen Marmur MD

**Purpose:** Our goal is to identify whether a true predilection exists in developing keratoacanthomas (KAs) at sites of previous trauma. We will provide a review of the literature with similar cases and decipher the significance of this phenomenon by introducing five patient cases.

**Design:** After a thorough evaluation of patient logs from January 2008 to January 2011, five cases were included in this study. We followed the clinical course of patients who developed keratoacanthomas within wound sites after Mohs micrographic surgery of squamous cell carcinomas (SCCs) or developed keratoacanthomas after traumatic events. All surgical margins were analyzed and were clear of tumor cells. These five patients were seen during a period of two years.

**Summary:** In our review, the first two patients developed keratoacanthomas and SCCs with keratoacanthoma-like features with surgical scars following excision of SCCs via Mohs micrographic surgery and following electrochemical curettage of a keratoacanthoma. Our third patient admitted to a prior history that was significant for a repetitive traumatic injury to the affected site on the left shin. Our fourth patient presented with a history significant for lichen simplex chronicus, and admitted to unremitting rubbing and scratching of the affected area prior to the development of a KA. The fifth patient displayed clinical evidence of psoriasis and keratoacanthomagrowth. Our patients' history and supporting clinical evidence of previous inciting events reinforced the phenomenon of koebnerization and perhaps pathergy as a contributing cofactor.

**Conclusion:** Our presented cases support the idea that keratoacanthomas can be precipitated by injury. Patients identified in our study had all formed eruptive keratoacanthomas, which followed physical or surgical trauma. Therefore, keratoacanthomas may be considered as posttraumatic or postsurgical complications, developing in healing wounds of trauma-prone body surfaces or surgical scars in predisposed individuals with a history of skin cancer. Koebnerization and the notion of a pathergy reaction may play a significant role in promoting growth of keratoacanthomas. Furthermore, more research into the treatment modalities and the etiology of these tumors is needed.

**Disclosure(s) of Interest:**
The author(s) has no relationship to disclose.

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**Poster # 23**

**Title:** Prevention of Surgical Site Infection Using 2-Octylcyanoacrylate Following Mohs Micrographic Surgery on MRSA Positive Patients

**Author(s):** Andrew Nelson, MD; Ashley Decker MD; Kjetil Guldbakke MD; Carl Schanbacher MD

**Purpose:** The purpose of this study was to determine the potential utility of 2-octylcyanoacrylate (2-OCA) as a wound closure technique to reduce the risk and incidence of infection in MRSA positive patients. 2-OCA has been shown to be an effective barrier against common bacterial microbes, by creating a physically sealed, polymerized cyanoacrylate antimicrobial barrier. 2-OCA has been shown to reduce the rates of infection from 17% to 0% following shunt insertion for hydrocephalus in children. Furthermore, 2-OCA has been shown to reduce the rate of infection on cardiovascular surgery wounds. No current research has studied the use of 2-OCA in dermatologic surgery to reduce the risk of infection associated with Mohs surgery.

**Design:** A series of five patients underwent Mohs surgery for biopsy proven non-melanoma skin cancer. All patients were diagnosed with MRSA via nasal swabs for bacterial culture, and had previously developed surgical site infections with MRSA during previous procedures. Following the Mohs assisted skin cancer excision, all patients underwent immediate reconstruction. The wounds were closed with polyglactin 910 buried subcutaneous sutures, and the epidermis approximated with 5-0 fast absorbing plain gut suture material. After completing the repair, the entire area was covered with a thin layer of 2-OCA followed by steri-strips. No oral or topical antibiotics were administered in either the pre or post-operative period. The patients were then followed for one month for any clinical and laboratory indications of wound infection.

**Summary:** The five patients all had confirmed MRSA carriage and previous histories of clinical MRSA infections. The patients underwent surgeries on high risk infection areas in this study. The repairs included: a V-Y advancement flap on the nose, rhombic transposition flap with Z-plasty on the temple, bilateral rotation flap on the chin, cheek advancement flap onto nasal sidewall and lower eyelid, and a complex linear repair on the lower extremity. None of the patients developed any sign of infection in the post-operative period or during the month following surgery.

**Conclusion:** 2-Octylcyanoacrylate has been previously shown to reduce the risk of infection in neurosurgical and cardiovascular surgical procedures. This study is the first to demonstrate the potential decreased risk of infection associated with 2-OCA in dermatologic surgery. In this study, 2-OCA appeared to be effective in reducing the risk of infection in high risk, MRSA positive patients, without the need to administer either topical or systemic antibiotics. Additional prospective, randomized trials are now being initiated to further establish the potential role for 2-OCA in dermatologic surgery.

**Disclosure(s) of Interest:**
The author(s) has no relationship to disclose.
Poster # 24
Title: Reduction of Submental Fat with ATX-101: Results from a Phase IIIB Study Using Investigator, Subject, and Magnetic Resonance Imaging Assessments

Author(s): Jeffrey Dover, MD; Joel Schlessinger MD; Leroy Young MD; Patricia Walker MD

Purpose: Fat accumulation under the chin—submental fat (SMF)—is a common occurrence, even in individuals who are not otherwise overweight. General weight reduction measures may be ineffective in reducing unwanted SMF and, currently, there are no approved pharmacologic therapies for localized fat reduction. Liposuction and surgical neck lifts are therefore the only approaches to treatment. ATX-101 is an investigational drug based on an endogenous bile acid that has adipolytic properties. It is being evaluated as a non-surgical, pharmacologic therapy for the reduction of unwanted SMF. In this Phase IIIB study, we sought to assess the efficacy and tolerability of ATX-101 treatment at two different doses by both subjective and objective means—clinician assessments, subject assessments, and magnetic resonance imaging (MRI).

Design: This was a double-blind, placebo-controlled study conducted across 10 dermatology and plastic surgery centers in the United States. Subjects were eligible to enroll if they had: Fitzpatrick skin type I-VI; prominent or marked SMF considered undesirable; and no prior intervention for the reduction of SMF. They were randomly assigned to receive injections of one of two ATX-101 doses (1 mg/cm² or 2 mg/cm²) or placebo, administered monthly for up to 5 months into the fat of the submental area. Clinician assessment was performed using the 5-point Clinician-Reported Submental Fat Rating Scale (CR-SMFRS) at all treatment visits and at 4 and 12 weeks after the last treatment visit (week 24 and week 32, respectively). Subject self-assessments and MRI were performed at baseline, treatment visit 5 (week 16) and 12 weeks after the last treatment visit (week 32). Self-assessments were performed using the 5-point Patient-Reported Submental Fat Rating Scale (PR-SMFRS).

Summary: Overall, 129 subjects were enrolled in the study. The majority were Caucasian (85%) and female (71%). The mean age was 46 years and the mean body mass index was 30.6. Clinician assessments showed that, from week 12 onward, the 2 mg/cm² dose of ATX-101 was associated with statistically significantly greater reductions from baseline in SMF relative to placebo (p<0.01 versus placebo at weeks 24 and week 32). Subject assessments and MRI (measuring both SMF volume and thickness) also showed statistically significantly greater reductions in SMF with 2 mg/cm² ATX-101 than with placebo (p<0.05 versus placebo at weeks 16 and 32 with the PR-SMFRS; p<0.05 at week 16 and p<0.01 at week 32 with MRI). The 1 mg/cm² dose was associated with a smaller reduction in SMF than the 2 mg/cm² dose, suggesting a dose-response relationship. The most common adverse events (AE) were mild swelling, pain, numbness, bruising and induration. These AE were limited to the injection site, and most were temporally associated with treatment and resolved within the 28-day treatment interval. AE incidence did not vary significantly between the ATX-101 dosing groups and no systemic treatment-related AE were reported.

Conclusion: ATX-101 treatment was found to be effective in reducing SMF. Treatment at a dose of 2 mg/cm² was associated with statistically significantly greater reductions from baseline in SMF relative to placebo according to evaluations by clinicians (CR-SMFRS), subjects (PR-SMFRS) and MRI. ATX-101 was also well tolerated with no treatment-related systemic adverse events at the doses evaluated. ATX-101 may prove to be a valuable non-surgical approach to reducing SMF.

Disclosure(s) of Interest: Dover has no relationship to disclose; Dr. Schlessinger serves as advisor and researcher for Kythera; Dr. Young serves as advisor for Renovo, Ltd., Excaliardi Pharmaceuticals, Inc., RXI Pharmaceuticals, Inc. and has received research funding from Kythera Biopharmaceuticals, Inc., Renovo Pharmaceuticals, Inc., Excaliardi Pharmaceuticals, Inc., AirXpanders, Inc., ASERF, Allergan; Dr. Walker serves as consultant to Halcosion; is a stockholder in Allergan and Kythera; has received grants for clinical research from Allergan, Galdarmera, Medicis, Fibrocell Science, Suneva Medical, SkinMedica, MiraLabs and Revan. This research funded by Kythera.

Poster # 25
Title: Successful Treatment of Acne Scars with Autologous Cultured Fibroblasts: A Prospective, Double Blind, Placebo-controlled, Multi-center Clinical Trial

Author(s): Girish Munavalli, MD; Stacy Smith MD; Jeann Novak PhD

Purpose: Device treatment of acne scarring has historically involved ablative laser resurfacing. Fractional resurfacing has been shown to be effective with reduced downtime, but with side effects such as post-inflammatory hyperpigmentation. More recently, dermal fillers have been used to provide temporary contour improvement. This study was designed to evaluate the safety and efficacy of three treatments of autologous cultured dermal fibroblasts (ACDF) in patients with moderate to severe facial acne scarring.

Design: This was a randomized Phase II/III multi-center, double-blind, intra-patient, placebo-controlled trial in patients with bilateral moderate to severe facial distensible depressed acne scarring. Patients were rated by themselves and the Investigator as having bilateral moderate to severe facial acne scarring based on a five point Subject Live Acne Scarring Assessment and a validated five point Evaluator Live Acne Scar Assessment. ACDF were produced from post auricular skin biopsies. Fibroblasts were isolated in culture and expanded for each individual patient. These were injected into acne scar treatment areas of the cheek encompassing at least 9 cm². Each patient received a total of three treatments to both cheeks every 14 ± 3 days. Each patient served as their own control.

Summary: For the co-primary efficacy endpoint, Subjects and Investigators completed Live Acne Scarring Assessments of each cheek four months following the third treatment with autologous cultured fibroblasts. For the Subject assessment, a response was defined as a 2-point or greater improvement from the Baseline score. For the Evaluator assessment, a response was defined as a 1-point or greater reduction in the acne severity from the Baseline score. A total of 122 patients were enrolled, of which, 99 patients were treated. No patient experienced serious adverse events, or discontinued treatment or withdrew from the study as a result of a treatment emergent adverse event. Treatment with ACDF was associated with a statistically significantly greater number of responders than was treatment with placebo for the Subject assessment endpoint (43.1% and 18.3%) as well as the Evaluator assessment endpoint (58.7% and 42.2%). Subject and Evaluator assessments at earlier time points showed the proportion of response for ACDF-treated cheeks was statistically significantly greater than that of placebo for all but one assessment at one time point. The response rate continued to increase throughout the follow-up period for ACDF-treated cheeks, but did not increase after the three month visit for vehicle control treated cheeks.

Conclusion: ACDF treatment of acne scarring was associated with statistically significantly greater efficacy than placebo based on both the Subject and Evaluator responder analyses. Treatment with ACDF was safe and well tolerated in this study and is a promising novel treatment for facial acne scars.
Disclosure(s) of Interest:
The author(s) has received research funding from Research Funding for IRB Trial - Fibrocell Technologies.

Poster # 26
Title: Successful Treatment of Exogenous Ochronosis With Fractionated CO2 Technology
Author(s): Gary Mendese, MD; Emmy Graber MD

Purpose: Exogenous ochronosis-like pigmentation has been known to occur after the topical application of cosmetic bleaching agents, typically used clinically to lighten melasma and other disorders of pigmentation. The areas involved correspond directly to where the therapy was applied and present with a blue-brown hue, typically after years of overuse. The hyperpigmentation may fade slightly upon discontinuation of the agent, but the discoloration is usually permanent. Histopathologic examination shows yellow-brown, banana-shaped fibers (“banana bodies”) in the papillary and even reticular dermis. Sarcoidal granulomas with ochronotic particles in multinucleated giant cells have also rarely been reported. Though rare, exogenous ochronosis is known to be an extremely difficult condition to treat, often refractory to more conventional modalities of Q-switched lasers and retinoic acid based therapies. For that reason, we attempted the fractionated CO2 laser for a patient for whom other treatments had failed.

Design: A 46 year old South American skin type IV woman presented with ill-defined hyperpigmentation along her oral commissures. She admitted to using various over-the-counter bleaching creams over many years. She could not recall any of the ingredients in these creams, however. A biopsy was consistent with exogenous ochronosis and revealed typical “banana bodies” throughout the dermis, extending to a maximum depth of 0.84mm. She underwent a total of three treatments with the quality-switched (QS) alexandrite laser (755nm, 3mm spot size) at fluences of 6, 7 and 7.5 J/cm² over several months without effect. The decision was then made to attempt treatment with a fractionated CO2 laser (10,600nm, DeepFx handpiece, UltraPulse, Lumenis, Santa Clara, CA). Settings were: 25 J/cm² with 20% density to the affected areas. Given her darker skin type, the patient experienced expected post-inflammatory hyperpigmentation. Over the ensuing months, the areas progressively lightened by approximately 25% compared to the pretreated state. The patient was very pleased with her results.

Summary: A number of treatments have been attempted for exogenous ochronosis with variable efficacy. Retinoic acid and sunscreen is helpful in some, dermabrasion may be beneficial; tetracycline may be helpful in sarcoid-like ochronosis. Laser therapy is reportedly effective in limited case reports. One group reported the use of a Q-switched 755-nm alexandrite laser to treat hydroquinone-induced exogenous ochronosis in two patients. Unfortunately, our patient did not have success with the alexandrite laser. Fractionated CO2 technology has been used in recent years to treat dyspigmentation, rhytides, scars and global photoaging, without the downtime conventional CO2 lasers once caused. However, there are no reports in the literature on the use of this technology for exogenous ochronosis. Our patient had a mild, albeit clinically appreciable improvement after just one treatment, with settings aimed at her greatest pigment depth of 0.84mm. The patient was very pleased with the outcome. Repeated treatments would most likely give an added benefit.

Conclusion: Fractionated CO2 technology can be a useful adjunct when treating exogenous ochronosis. Realistic expectations need to be set and darker-skinned patients should be warned about post-inflammatory hyperpigmentation. However, this simple treatment should be considered in patients who have found other more conventional treatments disappointing.

Disclosure(s) of Interest:
The author(s) serves as a consultant for Medicis, Suneva, Lumenis, and OrthoNeutrogena.

Poster # 27
Title: The Long Term Utility of Bimatoprost Ophthalmic Solution (0.03%) for Eyelash Augmentation in Asian Subjects: A 40-week Comparative Assessment of the Safety and Efficacy of Ongoing Bimatoprost Treatment Versus Treatment Discontinuation After 20 Weeks
Author(s): Oh Sang Kwon, MD; Seung Hwan Paik MD; Ye-Jin Jung MD; Ji Hye Baek MD; Jun Young Lee MD; John Rogers, MD; Michael Halstead PhD; Hee Chul Eun, MD

Purpose: 1. To determine whether the therapeutic effects of bimatoprost in eyelash augmentation can be maintained over 36 weeks in healthy Asian subjects. 2. To determine the durability of these therapeutic effects following discontinuation of bimatoprost therapy after 20 weeks.

Design: Healthy female subjects were enrolled at 3 investigational sites in South Korea in this 2-phase, prospective, open label study, conducted over 40 weeks. All subjects applied bimatoprost each night to the upper eyelid margin of both eyes for the first 20 weeks of the study (Phase 1). At the end of Week 20, each subject was invited to enter Phase 2 to be followed for a further 20 weeks, with subjects at one site receiving ongoing treatment with bimatoprost until Week 36, with a 4 week follow-up safety evaluation (Cohort 1). Subjects at the other 2 sites had the study treatment discontinued at Week 20 and were followed to Week 36, or to Week 40 for subjects with ongoing study treatment-related adverse events (Cohort 2). Outcome parameters, assessed at 4 weekly intervals, included digital image analysis of eyelash length, thickness and intensity (darkness), and the safety and tolerability of the study treatment.

Two additional assessment scales: the physician’s global assessment of eyelash prominence (GEA) and subject’s treatment satisfaction were also evaluated in during the study (Cohort 1 only in Phase 2). The results for the subjects who completed Phase 2 of the study are presented.

Summary: Sixty-two Korean subjects were enrolled in the study, with a mean age of the 37.3 years (range: 23–51). Fifty-nine (95%) of subjects completed Phase 1, while 47 (76%) subjects consented to enter Phase 2; of all whom completed the study. Of these subjects, 21 were in Cohort 1, with 26 in Cohort 2. In both groups, time-dependent and statistically significant increases from pre-treatment levels were documented in eyelash length, thickness and intensity during Phase 1, with peak effects noted between Weeks 20 and 24. In Cohort 1, maintenance of this improvement was observed in Phase 2 with ongoing bimatoprost treatment. In contrast, the therapeutic effects of bimatoprost waned over time in Cohort 2 during Phase 2, with the aforementioned parameters at or near pre-treatment levels 16 weeks after discontinuation of therapy (Week 36). The investigators also documented a > 1 point improvement on the GEA scale for all of the subjects in Cohort 1 over the entire follow-up period in Phase 2, which was consistent with a clinically relevant improvement in eyelash prominence. In addition, at Week 36, 71% of subject in Cohort 1 were satisfied or very satisfied with the study treatment (vs. 5% dissatisfied/very dissatisfied), while over 90% indicated that they would recommend bimatoprost to others. No serious adverse events (AEs) were reported and no subjects withdrew prematurely due to AEs. The majority of AEs were mild, presenting primarily in Phase 1 of the study. These included lid hyperpigmentation and hypertrichosis outside the treatment area.
**Conclusion:** This 40-week study demonstrated that nightly application of bimatoprost ophthalmic solution (0.03%) to the upper lid margin of both eyes safely increased the length, thickness and intensity of eyelashes in healthy Korean female subjects and is one of the first reports of the effects of bimatoprost on eyelash growth in Asian patients. This was associated with a high degree of treatment satisfaction for these subjects and a clinically relevant improvement in eyelash prominence, as defined by the physician investigators. The peak therapeutic effect was documented after approximately 20 weeks of treatment, with this effect maintained thereafter while treatment was ongoing. It was clear from this study that the therapeutic effects of bimatoprost decline significantly over several weeks following cessation, highlighting the requirement for ongoing treatment to sustain maximum response.

**Disclosure(s) of Interest:**
The author(s) serves as a consultant for Allergan Korea and Merck Korea

**Poster # 28**

**Title:** The Positive Impact of Providing Information From a Computer-Aided Multispectral Digital Skin Lesion Analysis System on Melanoma Biopsy Sensitivity

**Author(s):** Jane Yoo, MDD; Darrell Rigel MD; Mralini Roy; June Robinson MD; Richard White

**Purpose:** Diagnosing melanocytic skin lesions has traditionally relied on a variety of techniques including clinical examination and dermoscopy. Computer analysis has augmented this process. The purpose of this study was to determine the impact on diagnostic performance for melanoma biopsy sensitivity of dermatologists with varying degrees of experience and training when given the information from a multispectral digital skin lesion analysis (MSDsla) system.

**Design:** Twenty-four pigmented lesions were chosen for this study that had been analyzed as part of a prior study by a MSDsla system (5 melanomas and 19 other pigmented lesions). The lesions were grouped into 4 composite patients of 6 lesions each with matching actual historic and clinical characteristics. One hundred and seventy-nine clinical dermatologists attending the 2011 Winter Clinical Dermatology Conference-Hawaii® were presented these patients by nine clinical dermatologists attending the 2011 Winter Clinical Dermatology Conference-Hawaii® and were given the information from the MSDsla system.

**Summary:** For every lesion, information was provided regarding pertinent history. Each participant was asked, “Would you biopsy this lesion?” They were then given the information provided by the MSDsla system and again asked, “Would you biopsy this lesion?” and responded by keying in their responses through an electronic keypad. The individual responses before and after their being given additional information provided from the MSDsla system.

**Conclusion:** Computerized image analysis using a MSDsla system has the potential to improve management of potentially dangerous skin lesions by significantly enhancing sensitivity in selected lesions requiring biopsy and removal.

**Disclosure(s) of Interest:**
The author(s) has no relationships to disclose

**Poster # 29**

**Title:** The Study of Lipoma: Relation Between Development Site and Location Depth

**Author(s):** Bark-Lynn Lew, MD; Min-Joong Kim MD; Woo-Young Sim MD

**Purpose:** Lipoma is one of the most common benign tumors of soft tissue. Treatment choice of lipoma is surgery such as, excisional removal or simple incision with enucleation. Incision with tumor enucleation is preferred rather than excisional removal because lipoma is relatively well encapsulated. However, lipoma is not always easy to be found during surgery. This study was planned to help prediction of the location depth of lipoma, depending on the site.

**Design:** We evaluated the medical records and clinical features of 110 patients(117 lesions), treated and diagnosed as lipoma at our clinic in the last three years. The location depth of lipoma was investigated by radiologic examination such as ultra sonography and computed tomography, and histopathologic evaluation was also practiced.

**Summary:** The mean age of patients was 47.4 years. Trunk was the most frequent sites(44.44%), followed by the arm, face, neck, leg, scalp, and buttock. Back and forehead was the most common site among trunk and face area, respectively. The majority of the lipoma was located in subcutaneous fatty layer(88.03%) and intermuscular or submuscular area(11.97%). The occurred sites were forehead, flank and neck or temple in this order, in cases, located at intermuscular or submuscular area. And 70% of forehead and 83.33% of flank lesions were located at intermuscular or submuscular area in our cases.

**Conclusion:** Our results showed that lipomas, occurred at forehead or flank are often located at intermuscular or submuscular area and suggested that preoperative radiologic evaluations such as ultra sonography and computed tomography were helpful for surgery.

**Disclosure(s) of Interest:**
The author(s) has no relationship to disclose

**Poster # 30**

**Title:** The Utility of the Purse-string Closure for the Repair of Facial Defects Following Mohs Micrographic Surgery

**Author(s):** Francis Hsiao, MD; Kenny Omlin MD

**Purpose:** Purse-string closure is rarely used to repair Mohs defects on the face. It offers a timesaving alternative to more elaborate closures. As with other repairs, preservation of facial topography and function are of utmost importance. Great aesthetic outcome is the ultimate goal. Historically, concerns for concentric redundant skin folds limit the application of purse-string closure on the face. Herein, we present a case series study utilizing the purse-string stitch for the repair of Mohs defects on the face.

**Design:** This is a prospective case series study. More than 50 patients underwent Mohs micrographic surgery for removal of either squamous cell carcinoma or basal cell carcinoma involving the face. Defect size ranged between approximately 0.5cm x 0.5cm and 3.5cm x 1.5cm, and involved a wide variety of locations including nasal...
sidewalls, upper cutaneous lips and post-auricular regions. Immediate repair was performed in all cases utilizing the purse-string stitch. After meticulously undermining the surgical site, an intradermal, absorbable pursestring suture was placed. Patients were evaluated at 1 week, 1 month, and 2 months.

Summary: After 1 month all patients achieved full excellent aesthetic outcome without functional deficit or distortion of facial topography.

Conclusion: The purse-string closure provides and excellent option for the repair of surgical defects on the face following Mohs micrographic surgery. Great aesthetic outcome were observed in all cases. In comparison to more elaborate repairs, purse-string closure is easier to perform, is timesaving, and offers lower morbidity. The circumferential nature of the pursestring stitch and resulting centralized vector forces likely play an integral role in the success of this repair.

Disclosure(s) of Interest:
The author(s) has no relationships to disclose.

Poster # 32
Title: Treatment of Mild to Moderate Acne Vulgaris Using a Combined Light and Heat Energy Device: Home-Use Clinical Study

Author(s): Neil Sadick, MD; Zahava Laver MD; Lior Laver MD

Purpose: Background: This study examined the safety and efficacy of a handheld device emitting light and heat energy to shorten time to resolution of acne papules and pustules, as an alternative treatment for mild-to-moderate inflammatory acne.

Design: A randomized, placebo-controlled, double-blind study involved sixty-three subjects with at least four inflamed facial acne lesions. Self-administered, twice daily treatment for four days, lesions photographed and results assessed (blinded) based on a 4-point VAS scale and photographic lesion reference scale (PLRS), and by subjects themselves.

Summary: Twenty nine treatment arm and thirty two placebo arm subjects (skin types II-VI) completed the study. Based on VAS scores 92.24% of lesions treated with an active device improved within a median of 1 day vs. 75.78% in the placebo arm in a median two days. At 24 hours the improvement rate was 76.72% for the active vs.15.63% for the placebo arm. Based on PLRS scores, within a median 2 days, 87.07% of lesions treated with an active device improved vs 64.8% and 3 days for placebo. 51.7% of active arm lesions resolved within a median 4 days vs. 36% (no median) for placebo. No device-related adverse events occurred.

Conclusion: The safety and effectiveness of a handheld, combined light and heat energy device for at-home treatment of mild to moderate inflammatory acne lesions was demonstrated, with statistically significant shorter lesion improvement and resolution rates.

Disclosure(s) of Interest:

Poster # 31
Title: Treatment of a Large Intramammary Defect with Bilateral 180° Rotated Island Pedicle Flaps

Author(s): Lori Sanford, MD; Ally-Khan Somani MD

Purpose: To present a unique reconstructive Mohs case which utilized 2 symmetrical island pedicle flaps rotated 180 degrees for a large challenging post-Mohs truncal defect in a cosmetically sensitive location.

Design: This is a case report, which will also review the advantages of island pedicle flaps, their ability to be rotated, and the dermatologic literature regarding their uses in surgical defects.

Summary: A 50 year-old woman with a large infiltrative basal cell carcinoma of the mid-chest underwent Mohs surgery. Complete tumor extirpation resulted in a large 7.5 x 8.2 cm pretruncal defect extending onto the medial aspects both breasts. The large size of the defect, as well as the cosmetically sensitive location, required use of a repair technique that would maintain symmetry and avoid creation of symmastia. To repair this large defect, two symmetric triangular shaped island pedicle flaps were designed along the inframammary folds. The flaps were mobilized on their respective subcutaneous pedicles in order to achieve a 180° rotation. The inferior edges of the flaps met centrally and were deeply sutured to periosteum. The patient retained symmetrical appearance of the breasts. The island pedicles had good perfusion, although there was minimal epidermal sloughing of the superior pole of one of the flaps. Overall, an excellent cosmetic outcome was achieved.

Conclusion: Island pedicle flaps are frequently used in dermatologic surgery due to their healthy vascularity, favorable comisies, and ease of hemostasis. A large case series of 21 patients with small 30-180° rotated flaps of the head and neck has been published. Our case illustrates that this flap type is also useful for very large, truncal defects. Rotation of such flaps should be carefully limited to 180° or less in order to optimize flap vascularity.

Disclosure(s) of Interest:
The author(s) has no relationships to disclose.

Poster # 33
Title: Beauty and the Skin Cancer Beast: Assessment of the Relative Perceived Newsworthiness of Cosmetic and Surgical Dermatology Using Content Analysis of Print Media

Author(s): Kristina Collins, MD; Mollie MacCormack MD; Emily Fisher MD; Suzanne Olbricht MD

Purpose: Anecdotal evidence and a small body of previous research suggests that the general public frequently views dermatology as a primarily cosmetic specialty, and may fail to recognize dermatologists as surgeons or as physicians managing complex medical issues. It is clear that the typical pop culture portrayal of a dermatologist in movie or television characters is a comical figure likened to an aesthетician. Nevertheless, very little research has focused on the root of these assumptions by patients and within pop culture. To our knowledge no previous research has assessed whether cosmetic dermatology receives greater media coverage than other skin health topics. The purpose of this research is to comparatively analyze news coverage of dermatology issues in major US print media across various categories, including cosmetic, oncologic, surgical, and medical.
Design: Using the academic version of Lexis-Nexis, a database subject search was performed within the top 15 widely circulated US newspapers for all dermatology-related news published over a five year period, from 2006-2011. All articles were reviewed and articles were excluded from the study on the basis of the following exclusion criteria: at least 50% of the article was not relevant to a dermatology topic, the search result was an obituary or crime report, or if the story pertained to a local event only (such as the opening of a dermatology clinic or local skin cancer screening). All other remaining news stories were included in the study and analyzed for content, with data recorded for source, general subject, specific topic, and potential conflicts of interest of information reported.

Summary: We compared the relative coverage of cosmetic and non-cosmetic dermatology issues in widely circulated US newspapers. Although national practice data indicates that the average dermatologist spends a small minority of time per week on cosmetic dermatology, this study indicates that news coverage of dermatology focuses a majority of attention on aesthetic concerns. We believe this is the first quantitative demonstration of the emphasis on cosmetic news over oncologic, surgical, or medical dermatology within the media. Insight into which topics within dermatology are generally considered “newsworthy” is essential in understanding common public perceptions about our field. Furthermore, identifying areas poorly covered may help guide future educational outreach programs.

Conclusion: Cosmetic dermatology is emphasized over other areas of dermatology, such as skin oncology, within the US print news media. This focus may influence public perceptions of dermatology and public health knowledge about skin disease.

Disclosure(s) of Interest: The author(s) has no relationship to disclose.

Poster # 34
Title: Skin Characteristics After Fractional Photothermolysis

Author(s): Byung Ho Oh, MD

Purpose: To investigate and compare the changes in Asian patients’ skin after two different kinds of fractional photothermolysis system (FPS) on a split face each.

Design: Half-split face study was performed with 10,600 nm carbon dioxide FPS on the left and 1,550 nm erbium-doped FPS on the right. Only one session of laser irradiation was done and several biophysical measurements were done.

Summary: Although both FPS proved to be effective in treating acne scar and wrinkle patients, slightly higher satisfaction rating was seen with 10600nm FPS treatment. Both types of FPS showed a significant increase in TEWL which decreased gradually after treatment and returned to pre-treatment level after 1 week. Decreased viscometer score was sustained for a longer period in wrinkle area treated with 10,600 nm FPS.

Conclusion: Even though the changes in skin differed according to different FPS wavelength, adverse outcomes, such as increased erythema and TEWL were entirely subdued within three months of treatment.

Disclosure(s) of Interest: The author(s) has no relationship to disclose.

Poster # 35
Title: Eruptive Squamous Cell Carcinomas Associated with BRAF Inhibitor Therapy in a Patient with Metastatic Melanoma

Author(s): Navid Ezra, MD; Daniel Behroozan MD

Purpose: Patients with metastatic melanoma have displayed improved survival outcomes using immunotherapy. Recently, targeted inhibitors of activated tyrosine kinases (oncogenes) have shown clinical benefit in several cancers. In 2002, a mutation at the V600E amino acid of the BRAF serine/threonine kinase was described as present in over 50% of melanomas, suggesting that it may be a potential target for therapy.

Design: A 59 year old Caucasian female with an invasive back melanoma status post resection of her primary disease and selective nodal dissection (positive in 3/13 nodes), began adjuvant therapy on an immunologic protocol. Following local recurrence, lung metastases, and nodal recurrence, she was started on Braf targeted therapy and showed immediate response in both lymph node basins, evaluable on physical exam. On day 8 of therapy, patient experienced an asymptomatic rash and was referred for dermatologic evaluation revealing diffuse keratotic papules varying from 3-8mm extensively over the trunk and extremities suspicious of multiple squamous cell carcinomas. Four diagnostic biopsies showed varying degrees of keratinocyte atypia ranging from partial to full thickness consistent with a diagnosis of eruptive squamous cell carcinomas. Braf inhibitor therapy was immediately withheld and patient experienced quick regression of all eruptive squamous cell carcinomas. The patient was then restarted on a lower dose of drug and experienced significant regression of disease with continued response. Her resultant SCCs resolved and there was no evidence of any further lesions.

Summary: We report a case of eruptive squamous cell carcinomas associated with BRAF inhibitor therapy in a patient with metastatic melanoma.

Conclusion: With the recent report of BRAF expression levels exhibiting a decrease from normal skin tissue and actinic keratosis going to SCC, the decrease of BRAF mRNA levels in SCC suggests a novel mechanism of target for SCC treatment.

Disclosure(s) of Interest: The author(s) has no relationship to disclose.

Poster # 36
Title: Successful Single Session Treatment of Facial Acne Scars with Combination Tumescent Anesthesia, Extensive Subcision, and Fractional Ablative CO2 Laser Ablation.

Author(s): Mark Taylor, MD

Purpose: This study was initiated to attempt to obtain a greater percentage improvement in severe acne scars in a single treatment session using a combination of successful modalities know to improve acne scars.

Design: Fifty eight patients Fitzpatrick skin types I-V with contoured and atrophic acne scars were treated using a combination of tumescent anesthesia, extensive subcision using an innovative custom surgical tool, and fractional ablative CO2 laser ablation.

Summary: All patients in the study achieved greater than 75% improvement of facial acne scars after a single treatment. Complications included temporary erythema persistent up to
two months postoperatively, temporary post inflammatory hyperpigmentation and minor temporary acne flares. Patient acceptance of the procedure is greater than 90%. There were no permanent adverse effects of the treatment.

**Conclusion:** A combination treatment using multiple individually effective modalities is both safe and extremely effective when used in combination in a single session for the treatment of facial acne scars.

**Disclosure(s) of Interest:**
The author(s) has received research funding from Histogen, Allergan, Medicis, Cynosure, and Candela.
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