



## MESSAGE FOR LEADERSHIP GROUP

We are now well into 2021 and what an exciting past few months it has been! We hope this newsletter finds you well and that your practice is thriving. It's hard to believe that a year ago, the pandemic hit the United States hard—and many of us nimbly changed how we practice Dermatology. And now, just over a year later, many of us have now received our vaccines. What's more our most vulnerable patients are getting vaccinated too! It's clear to see from my daily interactions with patients that the burden of total isolation is being removed. It truly amazes me to be part of this Dermatology community here in Utah. Many thanks to those who were there to trailblaze this wonderful network and here is to hoping that 2021 is a year we continue to see our Dermatology community thrive!

We are working hard to make 2021's UDS meeting the best it's ever been, and we are looking for ways to safely deliver you quality CME in person and virtually. **Date change for the Annual Society Meeting 2021: November 18-20th, 2021 @ Springhill Suites in Springdale (Zion). Price is \$150 and will provide 9 hours of CME! REGISTER : [www.utahderm.com](http://www.utahderm.com)**

If any of your colleagues are not receiving this newsletter, please have them send their contact information to [utahdermsociety@gmail.com](mailto:utahdermsociety@gmail.com) so they can be included on the society member roles.

-Elena Hadjicharalambous

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## PEARLS AND GEMS

Low Dose Oral Minoxidil is relatively safe and effective for hair loss patients and may improve compliance.

J Am Acad Dermatol 2020 Jul;84(3): P737-746

Dutasteride may be more effective at stabilizing frontal fibrosing alopecia than other systemic agents

*In press J Am Acad Dermatol October 2020:*

*Pindado-Ortega et al. "Effectiveness of dutasteride in a large series of patients with frontal fibrosing alopecia in real clinical practice "*

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## SOCIETY UPDATE

We are working with our speakers who plan to be at our meeting in person November 18th-20th. We will be offering a virtual option as well. Join us! We are looking to provide another small virtual-only CME event that will be hosted in the evenings or on a weekend. We will provide more information when this is solidified—look out for dates and how to register in coming e-mails.

### AAD Update

- **CAMP DISCOVERY:** YOU can bring joy and laughter to a child or teen – ages 8-18 – by referring them to the VIRTUAL/ONLINE Camp Discovery for 2021.



- **Referrals can be made online by late May**
- If you have any questions or need further information, please reach out to Janine Mueller at [jmueller@aad.org](mailto:jmueller@aad.org)

- **Cigna sending \$500 gift cards to patients who switch OFF of Cosentyx:** The AADA has initiated dialogue with Cigna to voice concerns about on this program. Stay tuned for future updates on this emerging issue. AAD members are asked to share their experience with other payers who

have a similar rewards program promoting non-medical switching and the impact it has on patient care by contacting [PrivatePayer@aad.org](mailto:PrivatePayer@aad.org) or share your experience through the AADA payer [online form](#).

- **AADA Urges Sun Pharma to Help Modernize iPLEDGE:** On March 11, AADA representatives met with Sun Pharma, one of the iPLEDGE sponsors, to discuss ways to modernize the program and increase appropriate access to isotretinoin. The AADA shared recommendations that would improve contraceptive options and counseling, reduce attestation frequency for patients who are not able to become pregnant, allow alternative/flexible options for follow-up evaluation of patients, and improve the iPLEDGE gender classification scheme. Because the recommendations are not directly related to safety, they would not expect the FDA to require the changes, but the FDA could be receptive if the sponsors recommend improvements.
- **Scope of Practice and Truth in Advertising:** Please find enclosed a summary of multiple scope of practice bills that the AADA is opposing, and truth-in-advertising bills supported by the AADA. If you would like to get involved, please email: [albany@aad.org](mailto:albany@aad.org).
- **Register for the AAD VMX:** The Virtual Meeting Experience (VMX): April 23-25<sup>th</sup> 2021. During AAD VMX, members will be able to stream over 75 sessions covering the full breadth of dermatology; including more than 65 hours of live elements, Q&A with faculty, award-winning plenary speakers, ePosters, and late-breaking research presentations. Members will also have the opportunity to visit the interactive exhibit hall, industry sessions, and lounges to connect with exhibitors and other attendees. Register: <https://www.aad.org/member/meetings-education/aadvmx>

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## Current Clinical Trials

### **ENROLLING! LITE Study – Home vs. Office Phototherapy for Psoriasis**

**Principal Investigator:** Kristina Callis Duffin, MD

Pragmatic trial studying patient centered outcomes from home phototherapy vs. in-office phototherapy. Patients will be randomized 1:1, to in-office vs. home phototherapy for 12 weeks. Patients will take a monthly DLQI survey through an app on their smartphone and will receive \$20 for each completed survey. Patient's will be required to pay their regular co-pays for office visits, and in-office phototherapy visits (if patient is randomized to in-office phototherapy). If the patient is randomized to home unit, Daavlin will supply the home unit free of charge for 12 weeks.

**Subjects must be:** At least 12 years old with psoriasis, and a good candidate for phototherapy. Patient must be willing to participate in whichever arm they are randomized to.

Contact: Sean Wentland 801-213-3427

### **ENROLLING! Atopic Dermatitis – Dermira (ADOLESCENTS ONLY)**

**Principal Investigator:** Jamie Rhoads, MD

A randomized, double-blind, placebo-controlled Trial to evaluate the safety and efficacy of Lebrikizumab in patients with moderate to severe Atopic Dermatitis. 52 week study, 19 visits. Patients at visits 1, 2, and 10 will receive \$112.50, at all other visits will receive \$75.00 reimbursement for time and travel. **Subjects must be:** Adolescent patients (≥12 to 17 years weighing ≥40 kg) with moderate-to-severe atopic dermatitis (AD) who are candidates for systemic therapy.

Contact: Adrienne Evans 801-213-0375

### **ENROLLING! Pfizer-C2501007-Hidradenitis Suppurativa**

**Principal Investigator:** Jamie Rhoads, MA

Phase 2a, randomized, double-blind, placebo controlled study is being conducted to provide data on safety, tolerability, pharmacokinetics (PK), and efficacy of PF-06650833, PF-06700841, and PF-06826647 in adults with moderate to severe hidradenitis suppurativa (HS). In addition, the study is intended to provide additional information for determining the future clinical development of janus kinase (JAK) inhibitors and/or IL-1 receptor associated kinase 4 (IRAK4) in HS. 16 week study, 10 visits. Patients will receive \$40.00 per visit for reimbursement of time and travel.

**Subjects must be:** Between the ages of and 75 years, Participants with a diagnosis (or recognizable symptoms consistent with a diagnosis of moderate to severe HS for at least one year. HS lesions (Hurley Stage II-III) present in at least two distinct anatomic areas. Inadequate response to at least a 4-week (28 day) trial of an oral antibiotic for the treatment of HS.

Contact: Sean Wentland 801-213-3427

**ENROLLING!** Confocal Microscopic Features of Scarring and Nonscarring Alopecia

**Principal Investigator:** Julia Curtis, MD

A trial to collect confocal images of types of alopecia on patients who are already receiving a biopsy (as standard of care) so that we can collect a database of images and compare images and stages of disease to the results of the standard of care biopsy results. Patient must consent and receive imaging prior to biopsy being done in clinic. Currently there is no compensation for patients, however, the confocal imaging will be done at no cost for the patients.

**Subjects must be:** 18 years and older patient with scarring or non-scarring alopecia. Contact: Adrienne Evans 801-213-0375

**ENROLLING!** UVA-1 for treatment of skin tightening and improvement of hand function in scleroderma

**Principal Investigator:** Chris Hansen, MD

A prospective, randomized, investigator-blinded, intra-patient, UV-blocking glove-controlled study. Patients will receive 30 sessions of UVA-1. UVA-1 treatments and study visits will not be charged to patients. Patients will receive \$10 for each UVA-1 treatment and \$40 for each study visit.

**Subjects must be:** 18 years and older patients with scleroderma affecting the hands. Contact: Adrienne Evans 801-213-0375

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## UNIVERSITY OF UTAH GRAND ROUNDS SCHEDULE AND CLINICAL TRIALS...

### UNIVERSITY OF UTAH DERMATOLOGY GRAND ROUNDS

April – June 2021 Schedule

4/16/21 Alice Frigerio, MD  
4/23/21 Chris Hansen, MD  
4/30/21 The Glen M. Bowen Inaugural Symposium

#### GLEN M. BOWEN

1960-2020

Please join us via zoom for the inaugural symposium  
honoring the life and legacy of Dr. Glen Bowen.



Friday, April 30, 2021  
8:00am to 9:30am

5/7/21 Academic Day (SID Meeting)  
5/14/21 JAAD/JAMA 7:45 // Business Meeting 9am  
5/21/21 Luke Johnson, MD  
5/28/21 Erik Newman, MD 6/4/21 Resident Graduation Ceremony 6/11/21 JAAD/JAMA 7:45am // Business Meeting 9am  
6/18/21 Eric Millican, MD  
6/25/21 Academic Day

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## QUICK QUIZ

Last issue's quiz was a covid-19 themed questions. The winner of the quick quiz was Keri Holyoak, PA-C. Great work Keri!

This quarter's newsletter's questions are Sunscreen themed.

1. Your 30 year old female patient works a desk job and has recalcitrant melasma. What is the best type of `11sunscreen to recommend for your melasma patients?
2. Your patient and their whole family are planning a trip to the Big Island in Hawaii. What sunscreens are banned in Hawaii?

E-mail your answers to [hadjicharalambous@gmail.com](mailto:hadjicharalambous@gmail.com) for your chance to win a \$25 Café Rio gift card

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## MARCH MADNESS BRACKET WINNERS

1. **Best bracket name: Pasty is Tasty – Reed Garza, MD**
  2. **Overall winner in bracket challenge: Chancrella Story – Jim Macdonald, MD**
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## MEMBER SPOTLIGHT – This quarter's member spotlight is Olga Sambu, PA-C

**You have an amazing background that could fill volumes. How would you summarize your life that has led to where you are now?**

Thank you so much for this opportunity to share a little about myself. It is a privilege and an honor.

Firstly, I'd like to reaffirm that each person has an astounding story to tell, even when we doubt or deny it. More often than not, our stories are as idiosyncratic as our own personal journeys in life; and the "stuff" behind our successes, failures, fears and doubts are often plenty to write in several chapters. I venture to say, there are many other stories of amazing humans who have yet to come to the forefront and share some of their extraordinary experiences.



Thus, when I was asked to share something about myself, I thought, sounds great!??? I have been asked in the past to write a book and tell my story. But being coy about speaking about myself I have always declined or even entertained such suggestions. Since the person who asked me is such a mentor to me and I look up to him I decided this was a start and my chance to share part of my story in hopes of inspiring even one person about the power of a dream and the willpower to conquer adversity.

Now back to the question “what led me to where I am now and to summarize my life.” I will do so, but please humor me for a few moments while I tell you where I am at the moment; presently I work as a dermatology PA-C in the beautiful state of Utah, however as of today I still have an MD degree, a MPH, MPAS, a BSci and if desired could finish 2-3 classes to complete a second Bachelor’s degree ( I won’t though) thank you! too busy now and I also have a few diploma/certificates to add. How did I get there? Well, It all started with a dream and a strong desire to learn in order to improve myself and the lives of those around me and last but not least meeting some wonderful people along the way.

Please allow me to tell you a little more about my beginnings. I recall myself as a young, fearless 6–7-year girl in a small village in West Africa. There I was!! Wearing worn out flip flops walking alone for miles on a sketchy dirt road to get to a small village school where we learned the multiplication table. I was fearless!!! Why? Well naivety?! I guess!! As that road was known to have some wild animals (lions, elephants, snakes) that would randomly wander nearby. But that did not seem to stop my young self or many of the other younger children, and adults that sometimes I met along the way. Regardless, the fact remained that we did not have another way to get to where we needed to be. So, we pushed along and kept our eyes open.

Not too long after that, I recall my family emigrated to Europe, where I had more opportunities for education. My father had been a young student on a scholarship in Russia when I was a baby and whenever I complained about studying he used to tell me stories about running and hiding on the roof of his house and reading books at night under candlelight, and would get yelled at by his father for not being out working in the fields as was expected of him. Needless to say he was my biggest advocate and he compelled me to go further. In Europe I’ve honed my learning skills. And my passion for learning, especially anything science, or medical. I also developed compassion and felt a stronger sense of community and need to reach out. My yearning to make a difference blossomed within me. I had a dream to move onwards, to conquer my fears and ultimately to make a difference that matters in my community. I surely was not going to let any failures, disappointments, or other adversities stop me. After all, I had literally walked where lions once stepped on (please humor me on this one too) thank you very much!!

To summarize life, seems to be a challenging task for anyone. But, without going into too many details. I would say that many people who truly know me would summarize my life as something akin to the “primordial soup” theory by Oparin and Haldane. As you may know later on American scientists Miller-Urey tested that theory in a closed lab. The premise was that organic life as we know it started in the oceans and was a consequence of the interaction of gases in the atmosphere, and the constant lightnings. Miller- Urey later on showed in a lab that organic materials could form from inorganic materials. Duh!!!

Anyway my point is not to say that my life occurrences are as eventful as the origins of earth, however it’s a good metaphor.

Despite a series of lightning events, failures, disappointments I did not quit my dream to continue learning, to pursue my dreams and to serve in my community. I had many who helped me move forward along the way and I am grateful to each one. The small inorganic moments propelled me to where I am today. The organic side of my life per se. To have been able to achieve the dream of being a provider and be able to work in medicine alongside outstanding providers helping those in need is a privilege and an honor

**How has some of the adversity you've faced shaped you into the person you are today?**

I would compare the adversities to wake up calls. Surely! Just like the lightnings in the experience I talked about earlier. They pushed me to have goals, they sometimes momentarily pushed me backwards but also forward to have an end-game, instead of looking back or dwelling on what I couldn't change. They were many and tough, but I had wonderful people who helped me and lifted me up along the way.

**Tell us about the route of medical training that led to where you practice now?**

I moved from Europe and went to college in the USA. Yes that was a long journey. Years after moving to Europe, I met an American family who I was babysitting for. They offered to help me move to the USA as an international student. I came to the USA and was a premed student at BYU where I earned my first bachelors degree in Biology. And at that time, I wanted so much to go to medical school and nothing else. I was so excited to know that it was more feasible to get into medical school in USA than it was in Europe. I didn't have to be a physics, math or chemistry major and several school options. I could even do dance, history or whatever I liked as my major.

I also enjoyed travelling and had been on a medical trip as a premed with BYU team and enjoyed it. After taking my MCAT and looking at several factors I decided to go to a Caribbean medical school where I stayed for 2 years for basic sciences and then moved back to the USA for another 2 years of clinical rotations. Then took my USMLEs in the USA, passed them, received a foreign medical degree certificate and graduated with a MD allopathic medicine. I was still an international student then, and even though I had some possibilities for residency they fell through for different reasons, some related to my immigration status. I was then not left with many options for residency in the USA. And after much thought and consideration I decided to switch routes and go to PA school in order to continue in medicine. Before PA school, I completed a MPH and then decided that my heart was still in medicine so PA school was the next option. Right before PA school I visited an awesome dermatologist and he asked me about my goals and I mentioned that I was interested in dermatology. He was one of the nicest doctors I have ever met and he was very inspiring and truly believed I could do it. I am currently working at a job that I truly believe he made it possible for me to be able to practice there and I am very grateful for the opportunity. The interesting thing is from the get-go my interest was in dermatology even before coming to the USA. If I had finished residency I would have ended up in Internal medicine or family medicine. But as it stands, I ended up where I originally set my heart into so I am very pleased with how things turned out. Sometimes it's best for our wishes not to turn true and they often do even if all the ducks are in a row, per se.

**How many languages do you speak, and which language do you dream in?**

Having spent a great part of my life in Europe, it is easy to learn different languages. My classmates and neighbors were from nearby countries and we had plenty opportunities to practice. Many Europeans speak at least 3 languages. I speak 6 languages. Mostly romance languages so not too hard to switch from one to the other. I think I mostly dream in English now (maybe that is my unconscious way to practice it more) I don't think English is my strongest language (it is not as easy as it seems) I still have a slight accent after so many years in the USA. My favorite language is Italian, very friendly people as well. It is a very phonetic and visual language maybe that explains a little why I love dermatology. The diagnoses are very phonetic sounding, and it's a very visual field

**Tell us about a foundational experience from physician assistant’s school?**

My program had a strong emphasis on community service and helping underserved clinics. We had a migrant farm project that made an impact on my training and was foundational because it allowed me to stand side by side in baring my own weakness in front of the patient, meaning, I was still learning and was expected to be in charge of those patients care as well, most of them children who did not speak English. You learn so much when you are out of your comfort zone or working without many resources.

**For clinic, do you prefer scrubs or dress attire?**

I think scrubs are more comfortable but attire is fine as well. I guess my ideal would be to be able to do both and I am glad my current work place is flexible about it.

**What are your favorite resources for continuing medical education (other than the Utah Dermatology Society meeting of course! – 8 hours of CME for \$100 or \$150!!)?** Haha! Good question!! I will get the cheaper deal please. But thanks Utah dermatology society for making it affordable  
I also like the SDPA CME and any opportunity to travel somewhere nice for CME.

**What is your favorite skin condition to help your patients with?**

I am particularly interested in helping patients with acne. Especially younger patients. As a teen I had acne and actually had to go on Accutane. It can have such serious ramifications emotionally and physically for that special group of people. In my opinion it is already hard enough for them to deal with teenager challenges. So to be able to take that problem off their shoulders is reassuring to me as a provider that I am doing my job properly somehow

**If you were to make an art piece to hang on your wall out of a dermatologic condition, what would the image be of (clinical, dermoscopic or histopathologic)?**

That’s an interesting questions. Thanks for asking. Well, clinical would be sort of boring I think. So I’d have to say Histo painting!!! Those keratin pearls can be pretty cute and artistic, almost like a van gogh “starry night.” Although I’m pretty convinced there are some really cool dermoscopic pictures that could compete against some Renoirs or even Salvador Dali art pieces. Just my opinion

**Which dermatologic medication would you want all your family members to take?**

HA!! Great question ! Well I am thinking what if they get lost or stuck in some isolated island and we then id wish they have some TAC cream or ointment as topical and for oral medication just the good old Benadryl I think that’d be helpful

**Tell us about 3 pearls you’ve taken away from your office that apply to all aspects of life?**

Kindness  
Efficiency  
Patience

**What advice would you give new dermatologists?**

Be confident, be professional and approachable whenever possible. Duel on the positives and be quick to forget the negatives. Love what you do and do it the best way you can, and your patients will love and appreciate you  
Be kind to your staff and collegiate with your coworkers and you will never feel alone or overwhelmed. You will always have someone to lend you a hand or a shoulder to lean on.