What is our mission? Why do we choose to practice under the flag of the UConn Medical School? The reason is quite simply because we are dedicated to the education of the next generation of physicians in general, and dermatologists in specific*. Because we are part of UConn, we have an ACGME accredited dermatology residency that graduates two dermatologists a year. Our program helps help to address the shortage of dermatologists in our state and in our country. Because we are part of UConn, we teach medical students about dermatology, which hopefully will improve their cutaneous clinical acumen. Because we are part of UConn, we teach residents in internal medicine, family practice and pediatrics so that they know when a lesion is likely to be benign or malignant and in need of a dermatologist’s expertise. Because we are part of UConn, we host lectures and conferences at which community dermatologists attend, learn more along with us and share their complex patients for whom the diagnosis is perplexing or the disease is recalcitrant to therapy.

Our mission, our dream, is to treat patients, collaborate with basic science researchers, teach, and care for all patients no matter what their insurance.

- Jane Grant-Kels, MD
**Special New Laser for Psoriasis and Vitiligo**

We would like to update you on an exciting new treatment option for psoriasis, vitiligo and other skin disorders. In January, we started offering PHAROS EX-308 excimer laser phototherapy, a technologically advanced 308-nm UVB laser for superior treatment of psoriasis and vitiligo. In offices throughout the US and internationally, patients’ results on this laser have been tremendous; fast clearing and long remissions with very minimum side effects. Based on the clinical success and high patient satisfaction with this laser, we invite you to consider this treatment option. The PHAROS EX-308 excimer laser offers many advantages over topical creams and more conventional therapies.

These include:
- Effectively, safely, and conveniently provides fast clearing and long remission of psoriasis, vitiligo, atopic dermatitis, alopecia areata, lichen planus, and many other skin conditions.
- Targets only the involved skin with a high-dose laser, and may be safer than many conventional treatments with fewer side effects.
- With only two sessions each week for a few weeks, patients can enjoy treatment-free remissions for many months.
- Effective for psoriasis in hard-to-treat areas such as the scalp, knees, elbows, hands and feet, and has excellent results for stubborn plaques that have not responded to other treatments.
- May provide repigmentation in a shorter time than other vitiligo treatments.
- Overcomes the problem of low efficacy and daily maintenance of topical creams or patients who are not compliant with treatments provided by systemic medications, injections, or other methods.
- Treatments are painless and fast. Most take only about 10 minutes.
- Covered by most insurance companies including Medicare, Blue Cross, Aetna, Cigna, and UnitedHealthcare.

**Research**

**Melanoma -**

*Soheil Sam Dadras, PhD, MD*

Melanoma is a skin cancer with significant impact on society since it affects patients at a relatively young age. When it metastasizes or spreads to other organs in the body, there is no reliable effective treatment. Currently, there is a tremendous disparity of clinical outcome in patients diagnosed with cutaneous melanoma, i.e. patients might either be cured by local excision or might suffer from widespread disease to different organs. Unfortunately, there are a significant proportion of patients who have an uncertain prognosis in that their primary melanoma is excised successfully but then they develop unpredictable metastatic life threatening disease. There is obviously an urgent need for more accurate prognostic indicators so that we can identify these high risk patients. Our research strategy at UConn Dermatology, Genetics and Developmental Biology is centered on using molecular stratification to devise new and more accurate means of measuring prognosis for melanoma patients. Emerging evidence from our research, as well as others, shows that micro ribonucleic acids (miRNAs) may play a role in the progression of a variety of human cancers. These are short, but highly effective RNA molecules that can turn off cancer-promoting genes. By better understanding the biology of miRNAs in cancer, we could not only uncover their potential in improving prognosis, but also devise more effective and novel treatments for the individual melanoma patient, based on his/her own tumor biopsy. Recently, we devised a new platform to sequence miRNAs directly from older tissue specimens in our laboratory and demonstrated the stability of these small RNAs even in melanomas that were biopsied and processed 10 years ago. By applying the latest technology in nucleic acid sequencing, our immediate goals are to deep-sequence tumors from a large melanoma population with known clinical follow-up. We then integrate the tissue and clinical data with miRNA expression pattern to identify a metastatic signature. In doing so, we will bring the experts in dermatology, dermatopathology, RNA biology and bioinformatics together to collaborate in prognosticating and treating melanoma.
What is Melanoma?

Melanoma is the most dangerous type of skin cancer. It is a cancer of the color producing cells in the skin called melanocytes. It usually begins on the skin surface as a mole or brown lesion where it can easily been seen and treated. With time, melanoma can grow down deeper into the skin and can reach the lymphatic or blood vessels and travel throughout the body and potentially be fatal.

What are the Risk Factors for Melanoma?

Excessive sun exposure, especially severe blistering sunburns early in life, is related to the development of melanoma. Anyone can get melanoma, however those at greatest risk are sun sensitive people, especially those with fair skin, blue or green eyes, and red or blond hair. Also people with many moles are at greater risk. Additional risk factors include atypical moles or precancerous lesions or a family history of melanoma.

What should I look for?

Melanoma may appear on normal skin, or it may begin as a mole or other area that has changed in appearance. It can occur anywhere on the skin or nails, even in places that are not directly exposed to the sunlight. Melanoma is usually black or brown in color but can also be red, skin colored, white, or blue. Any change in the appearance of a pigmented skin lesion over time is a warning sign. The ABCD system is an excellent way to help you identify spots that may be melanoma. Asymmetry: one half is different from the other half. Border: the lesion has irregular edges or borders. Color: color changes from one area to another within the same lesion: brown, black, white, tan, red, or blue. Diameter: melanomas are often greater than 6 millimeters in diameter (the size of a pencil eraser) and usually are changing in size.

How can I prevent Melanoma?

Protecting yourself from the sun’s damaging ultraviolet rays is the most important step. Apply sunscreen with SPF 15 or higher, that blocks both UVA and UVB, and reapply every 2 hours. Wear protective clothing including wide brimmed hats, sunglasses, and tightly woven garments. Avoid indoor tanning or intentionally lying in the sun. Minimize sun exposure, especially from 10 am to 4 pm during the summer when the sun is the strongest. Early detection remains the best treatment. Periodic self skin exams along with exams by your dermatologist can save your life.

- Douglas Michael Leone, MD, Chief Resident

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Phone: 860-679-4600

NO LONGER AVAILABLE

- Douglas Michael Leone, MD, Chief Resident
Awards, Honors and Special Interests within UConn Dermatology

- Congratulations to Jane Grant-Kels, MD, on her recent “Connecticut Magazine - Top Docs 2010” award. Also, we commend her on a successful AAD Conference that she chaired in Miami Beach, Florida in the beginning of March. Kudos on a job well done!

- Meagen McCusker, MD, - PGY3 was recently a reviewer for the MCAT Exam (MR5). Dr. McCusker was one of over 2,000 faculty, 4th year students and experienced residents who completed five science content surveys and provided input about the content of the future MCAT exam. Congratulations on this honor!

- Justin Finch, MD, - PGY2 will be exhibiting his photographic series, “Vietnam” at the Starbucks in Plainville on 275 New Britain Avenue from March 17 - April 16. Stop by and see Dr. Finch’s creative side.

Marti Rothe, MD

Dr. Rothe joined the Department of Dermatology at UConn in 1988 immediately after completing her residency training at University of Miami School of Medicine. She graduated from the Honors Program in Medical Education at Northwestern University Medical School where she also interned in internal medicine. Dr. Rothe is an Associate Professor with a strong interest in the evaluation and management of severe psoriasis, acne, atopic dermatitis, contact dermatitis, and vitiligo. She has collaborated with her mentors from the University of Miami and colleagues in the department at UConn in publishing multiple review articles, book chapters, and case reports. Dr. Rothe is currently the Director of Phototherapy here at UConn and was recently awarded Best Doctor in America for 2009-2010 in the areas of General Dermatology, Atopic Dermatitis, Contact Dermatitis and Psoriasis.

Melinda Jen, MD - PGY 4

As Chief Resident, Dr. Jen has an undergraduate degree from Yale University with a B.S. in Molecular Biophysics and Biochemistry. She went on to complete her medical education at Albert Einstein Medical College. She also completed 2 years of Pediatric Residency at Children’s Hospital of Philadelphia. Her clinical interests are in Pediatric Dermatology, where she will begin a fellowship this July at the University of California at San Diego. Dr. Jen recently did a 2 month clinical elective treating patients in Botswana through the American Academy of Dermatology.

Phototherapy Department

Here at UConn we pride ourselves on having a state of the art phototherapy facility. We offer four phototherapy booths and numerous hand and foot units for localized therapy. Phototherapy is useful in the treatment of psoriasis, atopic dermatitis, vitiligo, pityriasis rosea, lichen planus, cutaneous T-cell lymphoma (CTCL), and intractable itching. Professional physician and nursing staff are available to custom-tailor a therapeutic regimen best suited to your needs. Pictured are Susan, our RN and Gloria our MA (our other MA, Julie is not pictured). They are here to offer their knowledge and expertise to our phototherapy patients on a daily basis.