



CALENDAR

**HARTFORD PSORIASIS NETWORK
MEETINGS, 7 PM**

July 10

**First Church of Christ,
12 S. Main St. West Hartford
Hartford Psoriasis Network
860-521-5103
hartford@support.psoriasis.org**

**UConn DERMATOLOGY
GRAND ROUNDS, 8 AM
WEDNESDAYS**

July 2 and August 6

**Dermatology Waiting Room
21 South Rd., 2nd Floor,
Farmington**

**UConn DERMATOLOGY
JOURNAL CLUB, 12:15 PM**

**June 25, July 16 and 23, August 20
and 27**

**Dermatology Conference Room
21 South Rd., 2nd Floor,
Farmington**

*WE UPDATE OUR CALENDAR AND EVENTS
ON A REGULAR BASIS. TO SUBMIT AN EVENT
OR FOR MORE INFORMATION, FEEL FREE TO
CONTACT OUR MAIN LINE AT
860-679-4600.*

Letter from our Chairman

Vanished

The eight year anniversary of my dad's death was marked this past weekend by the lighting of a candle in his memory. My mom is gone over two years. I miss them every single day and want to call them all the time. I want to share good news, bad news, ask their advice or just hear their voices. They have physically vanished from my world despite the fact that they played a huge prominent role in my life and I adored them. Life without them was inconceivable for me while they were alive and yet every day I wake up and the world goes on despite their absence. How is that possible?

Lots of things have vanished in my life. My home that was filled with the laughter of little kids has vanished as those little ones who were my children have vanished into adults and are no longer living with us and listening to every word I say. The handsome muscular and energetic man I married forty years ago has vanished and has been replaced by someone older, grayer, and less muscular (but still adored by me). And patients as well as colleagues and staff have vanished too. Some have moved away. Others have died. And others have chosen to go elsewhere for various reasons.

For 35 years I have come to work at UConn. I have cared for patients, gone home every evening to love and care for my family, and worn the road bare between my home and UConn. Obviously, I have changed too but I have not vanished (at least not in my eyes)! I enjoy the sense of permanence, things you can count on, a sense of security. But the world is changing and security is much harder to attain. The changes in medicine and the new bureaucracy of health care make my head spin. For someone who likes things to stay the same, you can imagine how all these changes make me feel. I am fearful of the vanishing of the paper medical record, the alteration in patient-doctor relationships that might be forced upon us by the new health care system, the potential lack of access patients may have to specialists like me, and the loss of privacy and intimacy I have always felt with my patients who have become an extension of my family.

My father was always optimistic and I try to see the world through his eyes. He would tell me that the future is bright and that change is good. The electronic medical record will bring new transparency so that all the doctors who care for our patients will have a better handle on the overall health of our shared patients. Along with change is new technology that will help me make the diagnosis of melanoma earlier and save lives. More folks will have insurance and therefore have access to health care. UConn will help develop new technologies in collaboration with Jackson Labs to make our citizens healthier. And although my children have vanished into adults, they have given me grandchildren and made me and my husband grandparents, the absolute best role of our lives!

So as health care changes, please know that we as your physicians, nurses, medical assistants, receptionists, etc. are also in mourning for those positive aspects of the old health care system that has vanished. But join me in trying to think like my dad who saw the good in everything!

- Jane Grant-Kels, M.D.





GROUND BREAKING MELANOMA RESEARCH AT UCONN

- Sam Dadras, MD, PhD

The incidence and mortality of melanoma have continually increased over the past decades in the U.S. It is estimated that 76,250 individuals (44,250 men and 32,000 women) will be diagnosed with and 9,180 men and women will die of melanoma of the skin in 2014. Increasing incidence is coupled by diagnostic ambiguity in some biopsies of melanocytic nevi (moles). A considerable number of clinically suspicious pigmented tumors may show ambiguous histopathology making the classification between benign (nevus) and malignant (melanoma) melanocytic tumors difficult and the clinical behavior unpredictable.

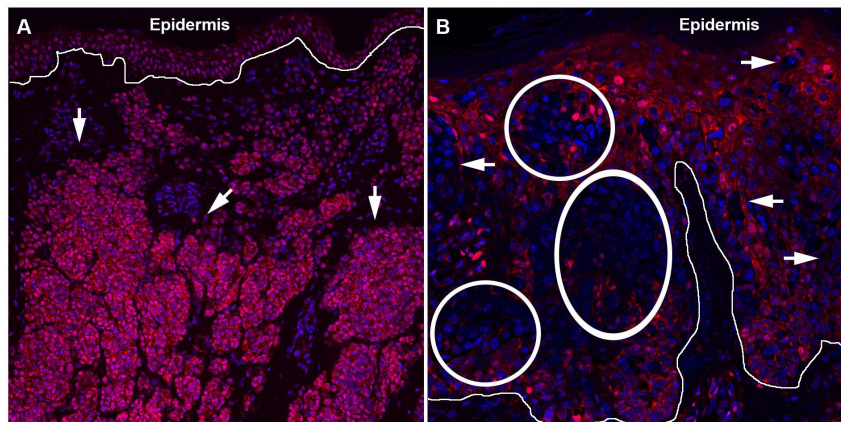
Research being done in the laboratory of Dr. Dadras, UConn dermatology and genetics and developmental biology, has identified very short types of ribonucleic acids (RNA), called microRNAs in human nevi and melanomas. In contrast to messenger RNA, microRNAs are not destined to become proteins in the cell; rather

they are powerful regulators of genes that could turn on or off specific steps in cancer development.

Dr. Dadras' research has identified a number microRNAs that are differentially absent or present in nevi compared to melanomas. Using this information, he and his group are working to develop new laboratory tests that could improve the diagnostic accuracy for atypical moles biopsied by many dermatologists that are difficult to classify as benign or malignant. Moreover, his research

could help more accurately measure how well an individual patient diagnosed with melanoma will do after his/her surgery.

In the example shown below, microRNA miR-211 is abundantly present in nevus cells (red color and arrows, below the line separating epidermis from dermis of skin) and keratinocytes (A). In contrast, melanoma cells (blue color, circled and arrows) have dramatically lost the expression of miR-211, identifying these cells as malignant (B).



Clinical Trials

We have several active clinical trials here in the Department of Dermatology. Presently all are for moderate to severe plaque Psoriasis and are sponsored by pharmaceutical companies. If you have any questions about clinical research here, please contact Cheryl Martin, RN at 860-679-3475 or e-mail: cmartin@uchc.edu.

A clinical trial, also known as clinical research or a research trial, is a research study in human volunteers in order to answer specific health questions. Clinical trials can take place in a variety of locations, including hospitals, universities, doctors' offices, freestanding research centers or community health clinics. All clinical trials are conducted according to strict scientific and ethical principles. Every clinical trial must have a protocol, or action plan that describes what will be done in the study, how it will be conducted, and why each part of the study is necessary. The protocol will have guidelines about who can participate in the research study. These guidelines are based on such factors as age, type of disease, medical history, and current medical condition. Some research studies seek volunteers with illnesses or conditions to be studied, while other trials need healthy volunteers.

Clinical trials are sponsored by government agencies, private organizations, and individual researchers who are seeking ways to improve the health of people who may be living with diseases. Sponsors include:

- government agencies such as the National Institutes of Health (NIH), the Department of Defense (DOD), and the Department of Veteran's Affairs (VA)
- pharmaceutical, biotechnology and medical device companies
- individual researchers

- health care institutions such as academic medical centers and health maintenance organizations (HMOs). Clinical trials are conducted in a series of steps, called phases - each phase is designed to answer a separate research question.
- Phase I: Researchers test a new drug or treatment in a small group of people for the first time to evaluate its safety, determine a safe dosage range, and identify side effects.
- Phase II: The drug or treatment is given to a larger group of people to see if it is effective and to further evaluate its safety.
- Phase III: The drug or treatment is given to large groups of people to confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the drug or treatment to be used safely.
- Phase IV: Studies are done after the drug or treatment has been marketed to gather information on the drug's effect in various populations and any side effects associated with long-term use.

Your participation in any clinical trial is voluntary. Before you volunteer to participate, you will receive an informed consent document that explains the details of the study, including the potential risks and benefits, as well as your rights and responsibilities. A member of the research team will discuss the study with you and answer your questions so you can make an informed decision about whether or not to participate. In addition, you have the right to ask questions throughout the course of the study and may withdraw consent (stop) at any time. This would not affect your regular care at the clinic or with your doctor. Since the decision to volunteer for a clinical trial is a personal one, you should decide by consulting with your health care provider, family members, and friends.



Naked and Not Afraid: The Importance of Self-Skin Exams

- Breton Yates, MD, PGY 3 (starting 7/1/2014)



We're all a bit anxious when looking ourselves over, especially as we mature. Sometimes we feel like a forest's floor during springtime, with a plethora of new and bewildering growths. But understanding your skin can help you and your dermatologist identify potentially worrisome growths early in their course when they are easily treatable.

Skin cancer is the most common malignancy in men and women, with malignant melanoma accounting for the largest number of skin cancer-related deaths. Early detection is paramount because it is often curable when caught early. Both the American Cancer Society and American Academy of Dermatology recommend routine clinic-based screening and monthly skin self-examinations.

Here is a list of tips to help you:

1. How to get started

Initially you should set up an appointment with your dermatologist for an annual skin exam. During this visit, your physician can help you gain a baseline understanding of your skin. They can help you recognize what's normal or typical and distinguish that from something abnormal. You should make this as informative as possible by asking questions.

2. How to perform skin self-examinations

It is recommended that you perform a head-to-toe examination monthly, looking for any new or changing lesions. This should be performed in a systematic way, starting from the scalp and working your way down to your feet and toes. Areas that are often missed during skin self-examinations are those not easily visualized by oneself, including the back, shoulders, buttocks, and back of the legs. To help, you should obtain a

handheld mirror in addition to a full-length mirror so you can visualize those hard to see areas.

3. How to get the most from skin self-examinations

Numerous tools have been shown to aid in performing skin exams:

1) A partner, preferably a spouse or significant other, increases the efficacy of performing skin self-exams because they can assist in those difficult-to-see areas.

2) Keeping a monthly journal will help you document and describe your moles and identify any new growths. Printable body maps are available through The Skin Cancer Foundation at www.skincancer.org.

3) Digital cameras can also improve the accuracy of skin exams by improving detection of new or changing lesions when comparing to previous photographs.

You can make a difference!

Your gift to the George H. Grant Department of Dermatology Melanoma Research Fund will help UConn Health make advances in the diagnosis, treatment and prevention of melanoma.

Every contribution toward UConn Health benefits our patients and their loved ones. Gifts of any size are deeply appreciated. Donors who make annual gifts totaling \$1,000 to \$25,000 are honored in the UConn Foundation's Leadership Giving Society.

Make your donation at: giving.uchc.edu.

Thank you for your generous support!

For questions, contact:

Amy Chesmer

UConn Foundation

860-679-1122

achesmer@foundation.uconn.edu.

Department News!!!

A heartfelt congratulations and best wishes to Dr. William Holmes (Procedural Dermatology Fellow) and Drs. Logan D'Souza and Michael Horwich (Dermatology Residents) from the UConn Faculty and our outside faculty appointed physicians on their graduation from our programs. We wish them much success and happiness in their futures.

We would also like to welcome our three new Dermatology Residents who start on July 1: Sphoorthi Jinna, MD, Andrew Kim, MD, and Ammon Larsen, MD, as well as Dr. Logan D'Souza as our new Procedural Dermatology fellow and Dr. Jenna Wald as our new Clinical Trials in Dermatology Fellow. We hope that your education here at UConn is an enjoyable one.

We also welcome Nicole Cote, MD, who has joined our UConn Dermatology Mohs practice. Dr. Cote is currently accepting new patients here in Farmington and will also be practicing in our soon-to-be Canton office.

For more information or to schedule an appointment, please contact:

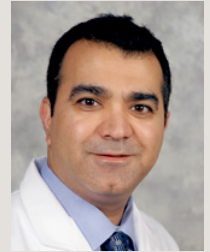
**UConn Dermatology Associates
21 South Road, Second Floor
Farmington, CT 06030-6231**

Main Line: 860-679-4600

Web: dermatology.uchc.edu

Soheil Sam Dadras, MD, PhD

Dr. Dadras is an Associate Professor of Dermatology, and Genetics and Developmental Biology. He completed his undergraduate studies at the University of California in Biochemistry and Molecular Biology. He obtained his M.D. Ph.D. at Northwestern University. His graduate studies were in Tumor Cell Biology and Carcinogenesis. Dr. Dadras' Anatomic Pathology residency was completed at Massachusetts General Hospital. He then completed a research fellowship in Lymphatic Vascular Biology at the Cutaneous Biology Research Center at Harvard Medical School. He also was a Benjamin Castleman Fellow in Dermatopathology at the Harvard Dermatopathology Training Program.



Breton Yates, MD PGY 2

Dr. Yates graduated from the University of Utah with a B.S. in Biology and then continued his education at their School of Medicine where he received his M.D. He completed a transitional year at Intermountain Medical Center in Murrah, Utah. His professional interests include pediatrics, cutaneous oncology, medical education and dermatologic surgery. Dr. Yates enjoys soccer, snowboarding, downhill biking, climbing/hiking and spending time with his family.



Medical Assistants

We currently employ 17 medical assistants here in our department. They are often the backbone of a medical practice. They possess the ability to multi- task and their role often changes from day to day.



Medical assistants' responsibilities can be tailored to the needs of a practice. They are cross-trained to manage front-office functions and patient flow and handle a wide range of tasks that would otherwise be performed by receptionists, practice managers, nurses and physicians. Our medical assistants are instrumental in helping patients feel at ease in the physician's office and often explain the physician's instructions.