

Skin Deep



Winter 2016/2017 – News and Information from the Department of Dermatology

CALENDAR

UConn Dermatology Grand Rounds, 8 AM Wednesdays

February 1 & March 1
Dermatology Waiting Room
21 South Rd., 2nd Floor,
Farmington

UConn Dermatology Journal Clubs, 12:15 PM

January 18 & 25, February 22 & 24
& March 15 & 22
21 South Rd., 2nd Floor,
Farmington

Hartford Psoriasis Network Meetings, 7 to 8:45 PM

January 12, February 9 & March 9
Lucy Robbins Welles Library
95 Cedar St., Newington
RSVP to register or for questions:
Marjorie: 860-888-6669
or Missy: 860-635-0580

We update our calendar and events on a regular basis. To submit an event or for more information, feel free to contact our office at 860-679-4600.

Letter from Our Chairman

The future of treatments for atopic dermatitis (eczema) and its related skin conditions (displaying spongiotic dermatitis under the microscope) is bright. Finally, as was done for psoriasis over the past 15 years, the pharmaceutical industry has recognized the unmet need in this domain of skin disease populated by millions of patients, young and old. Therapies in this area will be both injectable biologics, such as the soon-to-arrive dupilumab – a monoclonal antibody directed against the interleukin-4 receptor – and small molecule oral medications that are taken daily and inhibit the JAK kinases. Other new agents will be topical creams that incorporate new molecules with non-steroidal mechanisms of action. UConn Dermatology is participating in studies of many of these new therapies and periodically will alert you to our upcoming enrollment of appropriate patients. Feel free to ask me or Dr. Mona Shahriari what is currently offered. Because of the large investigative effort underway, a decade from now, I am confident that our treatment paradigms for eczematous dermatitis will have undergone a wholesale change, and a large percentage of patients of all ages will no longer have to suffer from this very common type of condition.



- Bruce Strober, MD, PhD
Professor and Chairman

COSMECEUTICAL - IS THERE SUCH A THING?

- Amy Chen, MD

“Cosmeceuticals” is a word often heard and used. It generally refers to a product with a combination of both cosmetic and pharmaceutical properties. However, according to the Food and Drug Administration (FDA), “cosmeceuticals” do not exist, and are not recognized by the Federal Food, Drug and Cosmetic Act (FD&C Act)¹. In other words, “cosmeceuticals” have no meaning under the law.

Topical personal care products are divided into three categories by the FDA: cosmetic, drug or both. Cosmetic products are those intend to cleanse or beautify. These include skin moisturizers, perfumes, lipsticks, nail polish, makeup, shampoo, hair colors, toothpaste and deodorants.

Although cosmetic products are not subject to FDA pre-market approval (except for color additives), the FDA does guide and regulate these products to ensure proper labeling through the FD&C Act and the Fair Packaging and Labeling Act (FPLA)¹. However, it is the manufacturers and/or distributors’ responsibility to comply with these labeling rules. Failure to meet labeling requirements may result in misbranded products, which are then subject to regulatory legal action². Since cosmetics are not subjected to FDA pre-market approval, no cosmetic product may be advertised with statements suggesting that the FDA has approved the



product.

If a product is intended to treat or prevent disease, or if it affects the structure or function of the body, including the skin, then the product is considered a drug. Examples of these include topical treatments for acne as well as broad-spectrum sunscreens with sun protection factor (SPF) greater than 15. Generally speaking, drugs must receive pre-market approval by the FDA after rigorous scientific studies. Alternatively, if the drugs do not require prescriptions, they must conform to special regulations called monographs for their specific category, such as the sunscreen monograph². If an over-the-counter (OTC) product is considered a drug, you will see labeling with “Drug Facts” including active and inactive ingredients, purposes, warnings, directions and contact information for questions and comments. Broad-spectrum sunscreens with SPF greater than 15 are considered drugs because they are allowed to claim under uses that “if used as directed with other sun

protective measures, decreases the risk of skin cancer and early skin aging caused by the sun”.

Some products with two intended purposes, such as anti-dandruff shampoos, moisturizers and makeup with certain levels of SPF, are considered to be both a cosmetic and a drug. In the example of anti-dandruff shampoo, it is a cosmetic because the purpose of a shampoo is to cleanse the scalp and hair. But the anti-dandruff ingredient is considered a drug because it is intended to treat and prevent dandruff. As a result, these combination products must meet regulatory and labeling requirements for both drugs and cosmetics. The drug ingredients must appear according to the OTC drug labeling and the cosmetic ingredients must appear separately, in order of decreasing predominance³.

There are a multitude of over-the-counter cosmetics, drugs and combinations that have various skin beneficial claims. As a consumer, it is important to be educated about proper labeling to avoid purchasing products with inaccurate or unrealistic claims. Certainly, nothing can replace good daily skin care with gentle cleansing, toning and moisturizing. And, of course, do not forget about your broad-spectrum sunscreen!

Reference:

1. <http://www.fda.gov/Cosmetics/Labeling/Claims/ucm127064.htm> (accessed on Oct. 21, 2016).
2. <http://www.fda.gov/Cosmetics/ResourcesForYou/Consumers/ucm136560.htm> (accessed on Oct. 21, 2016).
3. <http://www.fda.gov/Cosmetics/GuidanceRegulation/LawsRegulations/ucm074201.htm#Both>

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 email cmartin@uchc.edu.



PROTECTING YOUR SKIN FROM WINTER WEATHER

- CAROLINE LA ROSA, MD, PGY3



This time of year, the winter season brings a great deal to look forward to – holidays and time spent with family and friends, winter sports such as skiing and ice skating, and new beginnings with the change of year. However, the winter weather takes a toll on the skin.

The cold air outside combined with the dry heat indoors can damage and dry out the skin. Xerosis, or dry skin, can lead to cracks in the skin called fissures and erosions. These can be painful. Dry skin can also cause pruritus, or itching, and can exacerbate skin conditions such as atopic dermatitis. Many patient visits this time of year often include questions regarding what they can

do to help heal that dry winter skin.

Dry skin care involves a number of different components, and minor changes to a patient’s skin care routine can make a huge impact. For the shower, it’s best to turn down the heat. A chill in the air makes a nice long, hot shower very enticing, but the skin won’t appreciate this later. Warm, not hot, and shorter showers will help minimize dryness in the skin. Choosing a gentle, fragrance-free soap will also help.

Moisturization is one of the key components to combating winter skin. Choose a ceramide-based moisturizer to get the most out of your application. Ceramides are lipid, or fat molecules that are found in the skin. They help hold skin cells together and this allows the skin to retain moisture. Moisturizer should be applied as many times a day as needed. It is especially helpful to apply after a bath or shower, after the skin has been pat dry, and after each hand washing throughout the day, for optimal effect.

Finally, nighttime can be a great opportunity to allow the skin to heal. Applying a thick moisturizer or ointment at night and then covering the skin with cotton gloves, socks, or pajamas will help the moisture penetrate the skin while you sleep.

For more information, visit the American Academy of Dermatology for tips on relieving dry skin care at <https://www.aad.org/public/skin-hair-nails/skin-care/dry-skin>.



In the News!

Welcoming 2017 with Healthy Skin!

UConn Dermatology would like to wish everyone a very 'skin healthy' 2017 year! We hope you will consider UConn Dermatology for dermatologic care. With offices in Farmington, Canton, and Southington, our highly experienced, board-certified faculty and providers will administer excellent health care for you and your family. Call for an appointment and we will be glad to assist you.

Congrats!

We are privileged to announce that Jane Grant-Kels, MD, is the recipient of the American Academy of Dermatology (AAD) Presidential Citation Award. Dr. Grant-Kels will receive this award at the upcoming AAD Annual Meeting that will be held in March 2017 in Orlando, FL.

We would also like to congratulate Dr. Marti Rothe and Dr. James Whalen on their recent appointment to professor and Dr. Hanspaul Makkar on his recent appointment to associate professor.

FotoFinder at UConn Health!

Total body photography is the best way to track potential changes in moles and lesions for early detection of possible skin cancer. FotoFinder also integrates the traditional handheld dermoscopic images with the digital images. The system enables dermatologists to compare images taken previously to determine if any significant changes have occurred over time. Lesions imaged previously can be compared to the more recent photos side by side. Additionally the dermatologist can zoom in on any image for more detail. UConn Dermatology is proud to be the premier and only Connecticut center with advanced technology like FotoFinder and reflectance confocal microscopy. If you are interested in finding out more details, speak with your UConn provider.

You Can Make a Difference...

Your gift to the George H. Grant Department of Dermatology Melanoma Research Fund #22430, will help UConn Health make advances in the diagnosis, treatment and prevention of melanoma. Every contribution 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 health.uconn.edu/giving.

Thank you for your generous support!

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

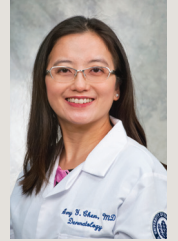
**UConn Health
Department of Dermatology**

Main Line: 860-679-4600

Web: health.uconn.edu/dermatology

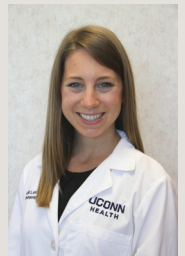
Amy Chen, MD

Dr. Chen is a board-certified dermatologist and an assistant professor. She obtained her bachelor's degrees from the Massachusetts Institute of Technology. She received her medical degree from Wayne State University School of Medicine. After finishing a clinical trials fellowship in the Department of Dermatology at Wright State University School of Medicine, she went on to complete her dermatology residency there, where she also served as the chief resident. Dr. Chen's clinical interests include complex medical dermatology, rheumatologic dermatologic diseases, autoimmune blistering disorders as well as general dermatology such as atopic dermatitis, psoriasis, acne and skin cancer. Dr. Chen is also a fellow with the American Academy of Dermatology.



Caroline LaRosa, MD, PGY3

Dr. LaRosa is our second year dermatology resident who earned her dual bachelor's degree in nutritional science and molecular and cell biology at UConn. She then went on to earn her medical degree at Penn State University. Originally from Connecticut, Dr. LaRosa returned home to complete her intern year at UConn before joining us in the Department of Dermatology for her residency. Outside of work, she enjoys cooking, being with family and friends, and spending time outdoors (with sun protection of course!)



Phlebotomist at UConn Dermatology

What does a phlebotomist do?

Phlebotomists are trained to draw blood for donation or laboratory tests. They collect blood from finger sticks or with a needle from veins or arteries. A phlebotomist finds a vein suitable for blood extraction from the patient. Once a vein is located and punctured with a needle, the needle remains in place while the phlebotomist collects blood in sample tubes which are vacuum sealed with a rubber stopper. We are happy to announce that we now have a phlebotomist on-site for the convenience of our patients. They are here Monday through Friday, 8 am to 5 pm.

