THANK YOU!

The American Academy of Dermatology honors its corporate partners that support the dermatology specialty. AAD partners provide vital support as the Academy ensures that the specialty is well-positioned for the future.

2019 CORPORATE PARTNER CIRCLE MEMBERS

AAD Corporate Partner Circle membership is awarded to corporate partners who support the Academy at the Ruby Level and above for three consecutive years.

2019 CORPORATE PARTNERS

**DIAMOND - $500,000+**  
Abbvie  
Sanofi Genzyme and Regeneron  
Lilly USA, LLC

**SAPPHIRE - $250,000+**  
Amgen  
UCB Inc.  
Pfizer Inc.

**RUBY - $100,000+**  
Boehringer Ingelheim Pharmaceuticals, Inc  
LEO Pharma Inc.  
Bristol-Myers Squibb  
Novartis  
Dermstore  
Ortho Dermatologics  
Janssen Biotech, Inc.  
Walmart.com

**EMERALD - $50,000+**  
Dermavant Sciences  
Henry Schein Medical  
Galderma Laboratories L.P.  
Sun Dermatology

**BRONZE - $25,000+**  
Aclaris Therapeutics, Inc.  
Evolus  
Allergan  
Genentech  
CMEducation Resources | Integritas Communications  
Pharmatecture, LLC  
Med Learning Group
Board of Directors

George J. Hruza, MD, MBA
President
Laser & Dermatologic Surgery Center

Jane M. Grant-Kels, MD
Vice President
University of Connecticut Health Center

Bruce H. Thiers, MD
President-Elect
Medical University of South Carolina

Susan C. Taylor, MD
Vice President-Elect
Perelman Center for Advanced Medicine

Marta J. Van Beek, MD, MPH
Secretary-Treasurer
University of Iowa Hospitals and Clinics

Daniel D. Bennett, MD
Assistant Secretary-Treasurer
University of Wisconsin School of Medicine

Suzanne Olbricht, MD
Immediate Past President
Beth Israel Deaconess Medical Center

Class of 2020

Erin E. Boh, MD, PhD
Tulane Medical Center

Kimberly J. Butterwick, MD
Dermatology Cosmetic Laser Associates of LaJolla

Terrence A. Cronin, Jr., MD
Cronin Skin Cancer Center

Neil S. Sadick, MD
Sadick Dermatology

Linda F. Stein Gold, MD
Henry Ford Hospital
Class of 2021

Valerie D. Callender, MD
Callender Dermatology and Cosmetic Center

Patricia K. Farris, MD
Sanova Dermatology

Robert S. Kirsner, MD, PhD
University of Miami Department of Dermatology

Robert A. Weiss, MD
Maryland Laser, Skin and Vein Institute

Class of 2022

Diane S. Berson, MD
Weill Medical College of Cornell University

Seemal R. Desai, MD
Innovative Dermatology, PA

Abby S. Van Voorhees, MD
Eastern Virginia Medical School

Class of 2023

Lawrence J. Green, MD
George Washington University

Adelaide Hebert, MD
University of Texas Medical School

Alexander Miller, MD
University of California

Cyndi J. Yag Howard, MD
Yag-Howard Dermatology Center
Board Observers

Emily O. McLean, MD
Residents/Fellows Observer
Northwestern Medical Group

Travis W. Blalock, MD
Young Physician Observer
Emory University

Mauricio Goihman-Yahr, MD
International Observer
Jet International M-154

Incoming Officers

Kenneth J. Tomecki, MD
Incoming President-Elect
Cleveland Clinic

Neal Bhatia, MD
Incoming Vice President-Elect

Class of 2024

Murad Alam, MD, MSCI, MBA
Northwestern Medical Group

Cheryl M. Burgess, MD
Center for Dermatology and Dermatologic Surgery

Naomi Lawrence, MD
Cooper University Health Care

Amy McMichael, MD
Wake Forest University Medical Center

Andrew H. Weinstein, MD, MPH
Boynton Beach Skin
Present
Suzanne Olbricht, MD, FAAD, President
Theodore Rosen, MD, FAAD, Vice President
Henry W. Lim, MD, FAAD, Immediate Past President
Barbara M. Mathes, MD, FAAD, Secretary-Treasurer
Marta J. Van Beek, MD, MPH, FAAD, Assistant Secretary-Treasurer
George J. Hruza, MD, MBA, FAAD, President-Elect
Jane M. Grant-Kels, MD, FAAD, Vice President-Elect
Abby S. Van Voorhees, MD, FAAD
Diane S. Berson, MD, FAAD
Gary S. Wood, MD, FAAD
Janet G. Hickman, MD, FAAD
Kimberly J. Butterwick, MD, FAAD
Linda F. Stein Gold, MD, FAAD
Mark D. Kaufmann, MD, FAAD
Neil S. Sadick, MD, FAAD
Patricia K. Farris, MD, FAAD
Robert S. Kirsner, MD, PhD, FAAD
Robert A. Weiss, MD, FAAD
Scott M. Dinehart, MD, FAAD
Seemal R. Desai, MD, FAAD
Terrence A. Cronin, Jr., MD, FAAD
Valerie D. Callender, MD, FAAD
Danette D. Bentley, MD, FAAD, Young Physician Board Observer
Linda F. Stein Gold, MD, FAAD, International Board Observer

Not Present
Erin Boh, MD, PhD, FAAD
Marc D. Brown, MD, FAAD
Heidi Wat, MD, Residents/Fellows Board Observer

Incoming Board Members
Bruce H. Thiers, MD, FAAD, Incoming President-Elect
Susan C. Taylor, MD, FAAD, Incoming Vice President-Elect
Daniel D. Bennett, MD, FAAD, Incoming Assistant Secretary-Treasurer
Adelaide Hebert, MD, FAAD, Incoming Class of 2023
Alexander Miller, MD, FAAD, Incoming Class of 2023
Lawrence Green, MD, FAAD, Incoming Class of 2023
Cyndi Yag-Howard, MD, FAAD, Incoming Class of 2023
Travis W. Blalock, MD, FAAD, Incoming Young Physician Board Observer
Emily O. McLean, MD, Incoming Resident-Fellow Board Observer

Speakers / Guests
Sabra Sullivan, MD, PhD, FAAD, Chair, Council on Government Affairs and Health Policy
Kathryn Schwarzenberger, MD, FAAD, Physician Editor Dermatology World
Janet A. Fairley, MD, FAAD, Incoming President, Dermatology Foundation
Daniel Siegel, MD, MS, FAAD, Member, Professionalism & Ethics Committee
Anthony Bennett, Managing Director, RedSky Strategy
Craig A. Elmets, MD, FAAD, Chair, Council on Science and Research and the Guidelines Workgroup
CALL TO ORDER
Suzanne Olbricht, MD, FAAD, President and presiding, called the meeting of the Board of Directors of the American Academy of Dermatology to order at 8:00 a.m. (Eastern) on Monday, March 4, 2019. She welcomed the incoming officers and directors and guests.

QUORUM
Barbara M. Mathes, MD, FAAD, Secretary-Treasurer declared that a quorum was present for the transaction of business.

ORDER OF BUSINESS/INTRODUCTORY MATTERS
Antitrust Compliance Policy, Fiduciary Obligations, and Note Taking
Dr. Mathes referred the Board members to the background materials regarding the AAD/A Antitrust Compliance Policy and note taking during meetings and reminded them about the importance of following their fiduciary obligations, including maintaining confidentiality and declaring conflicts of interest.

Disclosure of Conflicts of Interest and Code of Conduct
The Board members’ disclosures of potential conflicts of interest and code of conduct were circulated. Dr. Mathes asked Board members to update their disclosures and to declare any other
actual or potential conflicts of interest with respect to specific agenda items for this meeting. None were declared.

Separate Order of Business
Dr. Mathes reminded the Board members that they would be following the American Institute of Parliamentarians Standard Code of Parliamentary Procedure (formerly Sturgis Code of Parliamentary Procedure), and that it is essential that the AAD follow the order of business and observe corporate formalities necessary to ensure the separateness of the two organizations.

AAD OFFICER AND DIRECTORS REPORTS

President’s Report
Dr. Olbricht reported that she created two ad hoc task forces, one on the search for an interim Executive Director and one on the search for the permanent Executive Director/CEO to replace Ms. Weiss, who recently resigned to take a position with another medical specialty society. She also reported on the creation of the Ad Hoc Task Force on DataDerm Sustainability and the Skin Cancer/Skin of Color Work group; the status of key AAD/A initiatives; recent meetings and events that she and other leaders had attended; and recent advocacy successes. Dr. Olbricht next reported on the revamped AccessDerm (teledermatology) program and the Moshi 2020 Conference on tropical diseases. She concluded her regular report by thanking the officers and the Board for their service and staff for their outstanding work during her presidency. She gave a special thanks to Dr. Mathes for her 7+ years of service as the Secretary-Treasurer and Assistant Secretary-Treasurer, as well as Ms. Weiss for her service as Executive Director and CEO.

Dr. Olbricht then provided remarks on the effect that artificial intelligence will have on medicine generally and the specialty of dermatology in particular.

Secretary-Treasurer’s Report
Twelve-Month Year-to-Date Financial Report Ending December 31, 2018
Dr. Mathes presented the Twelve-Month Year-to-Date Financial Report Ending December 31, 2018. She first reported on the key 2018 initiatives and accomplishments. Dr. Mathes then reported that the 2019 budget has a projected surplus of $113,192 on $51.4 million in revenues. She also reported on the unofficial, unaudited financial results for end of fiscal year 2018, noting that the final audited results will be presented at the May Board meeting. She discussed specific revenue and expense line items and reported an unofficial surplus of $1.88 million for 2018. She briefly reported on the status of AAD/A investments and the Reserve Income Fund (RIF). She noted that the RIF balance was short of the required balance, but this was permissible under the revised policy allowing the Endowment Fund balance to be considered in assessing RIF compliance. She thanked the Board for the opportunity to serve as Secretary-Treasurer and Assistant Secretary-Treasurer for the past seven years and thanked staff for all of their great work in support of her efforts. She also discussed the importance of the Secretary-Treasurer position in the AAD/A governance structure.

After discussion, a motion was made and duly seconded to approve the Twelve-Month Year-to-Date Financial Report Ending December 31, 2018 for information only.

ACTION: Approved

Long-Term Financial Retreat
Dr. Mathes presented the Long-Term Financial Retreat report. She stated that purpose of the retreat was to explore new revenue sources to supplement current revenue streams, including through license fees/royalties for AAD educational products. The attendees discussed the need to think creatively and possibly remove policies or practices that are inhibiting new revenue streams. Daniel D. Bennett, MD, FAAD, incoming Assistant Secretary-Treasurer will be taking responsibility
for implementing suggestions and ideas discussed at the retreat.

A motion was made and duly seconded to approve the Long-Term Financial Retreat report for information only.

**ACTION:** Approved

**Executive Director Report**
Elaine Weiss referred the Board to her written report and highlighted several issues in her verbal report. She summarized the year’s key initiatives, successes, and challenges, including the move to Rosemont, meetings, education, Practice Management Center, DataDerm, AccessDerm, election reforms, and various advocacy wins.

She thanked the Board for the opportunity to serve as the AAD/A Executive Director & CEO and expressed her gratitude to the staff for their great work and support.

She then presented a moving video tribute to Dr. Olbricht in honor of her successful year as AAD/A President.

**Dermatology Foundation Report**
Janet Fairley, MD, FAAD, Dermatology Foundation Incoming President, presented the Dermatology Foundation Report. She thanked the Board for its support over the years and summarized the purpose, activities, and accomplishments of the Foundation in promoting and supporting research on dermatologic conditions and treatments in the last year. She noted that the Foundation recently started a new planned giving program called Visionary Society.

**Relaunch of AAD.org**
Ms. Katie Domanowski and Mr. Erik Horn presented their Relaunch of AAD.org report. Ms. Domanowski stressed that the goal was to put the needs of members and other users first. She discussed the problems with the current website and the plan for addressing them. She noted that the first step was to conduct surveys, focus groups, and other activities to better understand user concerns and needs and will do extensive usability and concept research and testing to guide the redesign process. She presented the results of the research that had been done so far. She noted that the new site will have:

- Improved tools for quality control
- Tightened governance structure
- Better search management
- New content management system

She said the target re-launch date is Fall 2019.

**International Board Observer Report**
Mauricio Goihman-Yahr, MD referred the Board to his written report for information only. He noted that the Academy should be looking for ways to permit international dermatologists to practice medicine in the United States or other countries to which they migrate.

**Young Physicians Board Observer Report**
Danette D. Bentley, MD referred the Board to her written report for information only. She thanked the Board for the opportunity to serve as the Young Physician representative on the Board.

A motion was made and duly seconded to accept the reports of the Academy Officers, the Dermatology Foundation, the Relaunch of the AAD.org, and Board Observers as presented.
Private Equity and the Healthcare Environment
Dr. Olbricht introduced David Sheinfeld, Managing Director at Horizon Business Advisors LLC. Mr. Sheinfeld gave a report on private equity in the health care environment. He first provided background on how private equity works generally and then on the emergence of private equity in the medical field. He discussed both the benefits and costs/risks of selling/partnering with private equity firms and answered several questions from the Board.

The meeting was recessed and the AADA Board meeting was convened at 11:32 a.m. (Eastern).

The meeting was reconvened at 11:45 a.m. (Eastern).

Life in Practice/Membership Trends
Ms. Cindy Kuhn and Ms. Rosie Balk presented the Life in Practice/Membership Trends report. Ms. Balk noted the report was based on a survey of two sample groups: 7800 randomly-selected, demographically representative U.S. Fellows and a boost sample group of 870 members employed in dermatology groups owned by private equity entities. She presented the results of the survey to demonstrate the current state of dermatology practice, dermatologist happiness, and views on non-physician clinicians and supervision.

A motion was made and seconded to accept the Life in Practice/Membership Trends report for information only.

ACTION: Approved

Sunscreen Report
Henry W. Lim, MD, FAAD presented the Sunscreen Report. He updated the Board on oxybenzone and oxtinoxate bans in Hawaii and Key West and proposed legislation in California and Florida. He noted that the science does not clearly show that sunscreens with these chemicals is contributing to coral reef bleaching; rather numerous other factors, including climate change are much more important factors in damaging coral reefs.

Dr. Lim then gave a report on the FDA proposed sunscreen rule, which was issued on February 26, 2019. The proposed rule recognizes the importance of sunscreen as one component in a comprehensive sun protection strategy. It notes that the proposed rule is one step towards issuing a final sunscreen monograph as required by the Sunscreen Innovation Act of 2014. The final rule and monograph are expected to be issued in the Fall of 2019. Dr. Lim then provided more details on the proposed rule and answered questions from the Board.

A motion was made and duly seconded to accept the Sunscreen Report for information only

ACTION: Approved

HEARD FROM THE FIELD
Dr. Olbricht invited Board members to raise issues of concern that they were hearing about in the field. The comments focused on audiovisual issues during presentations and exhibit hall hours during the Annual Meeting.
AAD UNFINISHED BUSINESS
Ad Hoc Task Force on Strategic Corporate Positioning
Branding Update – AAD Brand Story
Abby Van Voorhees, MD, FAAD and Mr. Anthony Bennett from RedSky Strategy presented the Corporate Positioning Branding Update. They noted that the charge of the ad hoc task force is to review and come up with recommendations for updating the AAD/A brand. They discussed the steps that had been taken so far to evaluate the impressions of members and others about the current AAD/A brand through surveys and focus groups and summarized the results. They described the next step as the design phase in which they would develop a narrative around the AAD/A brand and a masterbrand design and architecture and then test it with members and others. They discussed the elements and themes of a brand narrative. They indicated that the manifesto for the rebranding initiative would focus on members as the Academy’s source of power and inspiration.

After discussion, a motion was made and duly seconded to approve and authorize the Ad Hoc Task Force to move forward with developing the brand narrative and to take the other steps discussed in the report.

ACTION: Approved

Journal of the American Academy of Dermatology International (JAADI)
Marta J. Van Beek, MD, MPH, FAAD presented the JAAD International report for information only and highlighted several issues on the development of the international edition. She reminded the Board that it approved moving forward with concept at its November 2018 meeting. She then presented the more detailed proposal for this international, open-access edition of JAADI. She noted that there is no financial exposure because of the online, open-access nature of the journal and that the target launch date is 2020.

After discussion, a motion was made and duly seconded to approve proceeding with the plan as proposed and signing the agreement with Elsevier to begin publishing JAADI.

ACTION: Approved

Council on Education
AAD04 (A-18) Advisory Board Resolution: Position Statement on Accreditation Council for Graduate Medical Education (ACGME) Dermatology Residency and Fellowship Training Exclusivity for ACGME Dermatology Resident and/or Fellows
Dr. Mathes presented the Council on Education report. She stated at its November 3, 2018 meeting, the AAD Board of Directors referred the following Advisory Board resolution to the Council on Education with a directive to draft a position statement.

RESOLVED, that the AAD issue a position statement, that is forwarded to Residency Training Program Directors and Department Chairs, stating that terms such as “residency training” and “fellowship training” be reserved for physicians as described by the Accreditation Council for Graduate Medical Education (ACGME); and be it further

RESOLVED, that the AAD/A as the pre-eminent teaching organization for dermatologists in the United States opposes the teaching of Nurse Practitioners and Physician Assistants alongside physicians in ACGME accredited dermatology residency programs using titles such as “dermatology residencies” and “dermatology fellowships.”
Testimony was only heard in support of the resolution. It was highlighted how these titles may mislead the public. Some expressed that there still needs to be a way for non-physicians to be credentialed. Members also discussed how the AAD’s truth-in-advertising position statement is in the process of being updated and may help address several of these issues.

The Board discussed the draft position statement set forth in the background materials at pp. 27-28.

After discussion, a motion was duly made and seconded to refer this position statement back to Council on Education to make it clearer that the terms residency and fellowship should only be used for physicians training programs and should not be used for non-physician training programs.

**ACTION:** Approved

**CONSENT AGENDA**

**Leadership Development Steering Committee**

Seemal R. Desai, MD, FAAD presented the Leadership Development Steering Committee report for information only. He highlighted the strategic goals, objectives, and successes of the Leadership Institute and reported on the results of a survey of individuals who have participated in the Institute’s programs.

A motion was made and duly seconded to approve Leadership Development Steering Committee report for information only.

**ACTION:** Approved

**AAD NEW BUSINESS**

**Ad Hoc Task Force on Data Collection Platform and Registries**

Dr. Van Beek presented the AHTF on Data Collection Platform and Registries report. She discussed the number of participants, patients, patient visits, and other data collected by the registry to date. She then gave examples of the types of diagnoses that can now be studied from the registry data. She also discussed DataDerm’s activities as a qualified clinical data registry and qualified registry under the Merit-Based Incentive Payment System (MIPS); data standardization and EHR recognition efforts; data governance; and 2019 priorities.

A motion was made and duly seconded to approve the Ad Hoc Task Force on Data Collection Platform and Registries report for information only.

**ACTION:** Approved

**Ad Hoc Nominating Committee**

Theodore Rosen, MD, FAAD stated that the Ad Hoc Nominating Committee proposed the following two candidates to the Board for election to serve as a Board representative on the Nominating Committee. This year the candidates were from the East / Northeast Region. The nominees were:

- Marc D. Brown, MD, FAAD
- Amit Garg, MD, FAAD

The Board discussed the two candidates and voted by closed ballot. Dr. Mathes announced that the new Board representative on the Nominating Committee would be Dr. Brown.
Dr. Rosen noted that the Advisory Board met the day before, Sunday, March 3, and elected Kevin Crawford, MD, FAAD to serve as the Advisory Board member representative on the Nominating Committee.

Bylaws Committee

**AAD Proposed Bylaws Amendment to Article VI-Nominating Committee Composition**

Mark D. Kaufmann, MD, FAAD presented the Bylaws Committee report. He stated the Bylaws Committee met via conference call on December 4, 2018 to discuss the proposed bylaws amendment from Ad Hoc Task Force on Election Oversight.

AAD BYLAWS

ARTICLE VI

Board of Directors

Section 3. Nomination and Election

(a) The Nominating Committee shall consist of six (6) members and a Chair who shall be voting members, and one (1) former president who shall be a non-voting member of the Committee. All shall be Fellows of the Academy (or Life or Honorary Members who have been Fellows) in good standing. Two (2) members of the Nominating Committee shall be elected by the Board of Directors; two (2) shall be elected by the Advisory Board; and two (2) shall be elected by the membership by electronic and/or other written ballot. Each member of the Nominating Committee except the Chair shall serve a term of two (2) consecutive election cycles, provided, however, that the terms of these members shall be staggered so that in each year the Board of Directors and the Advisory Board shall each elect one (1) member for a term of two (2) election cycles, and the membership shall elect one (1) member for a term of two (2) election cycles from two (2) candidates presented by the Nominating Committee. At the conclusion of each election cycle, the Nominating Committee shall elect one (1) member who has completed two (2) election cycles on the Committee to serve as Chair of the Committee for the next election cycle. Candidates for membership on the Nominating Committee shall be selected with due regard for geographic representation. No incumbent member of the Board of Directors may serve on the Nominating Committee. No person may serve consecutive terms on the Nominating Committee. Members of the Nominating Committee shall not be eligible for election to office or to the Board of Directors in the election following any election for which they have served on the Nominating Committee. The former president shall serve an automatic one-year appointment on the Nominating Committee upon completion of his/her appointment on the Ad Hoc Task Force on Election Oversight. No other former president shall, through election or appointment, serve on the Nominating Committee.

A motion was made and duly seconded to approve the bylaws amendment to modify the Nominating Committee’s composition as presented and send the proposed amendment to the membership for vote with a footnote that any former president who is serving or nominated to serve on the Nominating Committee prior to the effective date of this amendment shall be eligible to serve on the Nominating Committee in addition to the one former president allowed under this amendment.

**ACTION:** Approved

A motion was made and duly second to include a Board recommendation to approve the bylaws amendment in the ballot book.

**ACTION:** Approved
Amendment to AR on Bylaws Committee
Dr. Kaufman reported that the Bylaws Committee recommended the Board amend the Administrative Regulation on the Bylaws Committee to clarify that the Bylaws Committee does not make recommendations whether the membership should approve or not approve Bylaws amendments, but rather only determines whether Bylaws amendments are permissible based on the criteria listed in the Administrative Regulation.

A motion was made and duly seconded to approve the amendments to the Administrative Regulation on the Bylaws Committee.

ACTION: Approved by the required 2/3 vote

Confirmation of Secretary-Treasurer
Dr. Olbricht noted that the Secretary-Treasurers must be affirmed by every new AAD Board.

A motion was made and duly seconded to confirm Marta J. Van Beek, MD, MPH, FAAD as Secretary-Treasurer and Daniel D. Bennett, MD, FAAD as Assistant Secretary-Treasurer for the 2019-2020 AAD Board of Directors term effective at the close of the 2019 Annual Meeting.

ACTION: Approved

AAD Annual Organizational Resolution
Dr. Mathes stated that the Annual Organizational resolution, which was included in the Board's background materials, was a housekeeping matter that allows the officers and staff to transact business on behalf of the Academy.

A motion was made and duly seconded to adopt the AAD Annual Organizational Resolution as presented.

ACTION: Approved

AAD STRATEGIC DISCUSSION

Ad Hoc Task Force on Reimagining the Summer Meeting
Allison Vidimos, MD, RPh, FAAD presented the report of the Ad Hoc Task Force on Reimagining the Summer Meeting. She discussed the various elements of the proposal, including Innovation Day, the Derm Experience Hub (an interactive learning and networking area), Derm Shark Tank, and Derm 365 (a virtual communications platform connected with the meeting), as well as the welcome, faculty, and other receptions. She also discussed the budget implications of the various elements and the next steps—i.e., to establish a new meeting brand and create a task force to further develop the proposed concepts, budget, and funding sources. The Board provided feedback on the various concepts and whether it felt they were worth further development or not.

A motion was made and duly seconded to approve the report on Reimagining the Summer Meeting, including the moving forward with creating a meeting brand and a task force to further develop the major new components for the meeting, taking into account the Board’s feedback, with a goal of implementing such concepts beginning with the 2020 Academy Summer Meeting.

ACTION: Approved
The meeting was recessed and the AADA Board meeting was convened at 3:12 p.m. (Eastern).

The meeting reconvened at 3:17 p.m. (Eastern).

AAD NEW BUSINESS

Council on Science & Research
Position Statement: Sexual and Gender Minority Health in Dermatology
Klint Peebles, MD, FAAD presented the Position Statement: Sexual and Gender Minority Health in Dermatology from the Council on Science & Research report, which was set forth at pp. 115-117 of the background materials. Dr. Peebles provided background on the need for the statement and summarized the content of the statement.

A motion was made and duly seconded to approve the Position Statement: Sexual and Gender Minority Health in Dermatology.

ACTION: Approved

Psoriasis Clinical Guidelines
Craig A. Elmets, MD, FAAD presented the Psoriasis Clinical Guidelines from the Council on Science & Research report. He reported that this is the third section of these guidelines that has come before the Board for approval, with biologics and co-morbidities having been approved at previous meetings. He described the process for creating and vetting the guidelines, including member comments and noted that the phototherapy section will be published in a forthcoming issue of the *Journal of the American Academy of Dermatology*.

A motion was made and duly seconded to approve the draft Joint American Academy of Dermatology of Dermatology/National Psoriasis Foundation (AAD-NPF) guidelines of care for the management and treatment of psoriasis with phototherapy.

ACTION: Approved

Joint Guideline on Reconstruction after Skin Cancer Resection
Dr. Van Beek presented an update on the Joint Guideline on Reconstruction after Skin Cancer Resection from the Council on Science & Research report. She provided the background on the Memorandum of Understanding (MOU) with the other societies involved in the joint working group, including the American Society of Plastic Surgery as the lead group, the procedures that will be followed to develop the guidelines, and the questions that will be addressed. She noted that the process is on a fast track and discussed need for an expedited timeline for approval, essentially requiring Board approval of the guidelines before the next Board meeting in May.

A motion was made and duly seconded to approve sending an email ballot on the Joint Guideline on Reconstruction after Skin Cancer Resection to the Board prior to the 90-day deadline of April 28, 2019 as directed by the MOU.

ACTION: Approved

Professionalism and Ethics Committee
Position Statement on Discount Cosmetic Surgery Networks
Dr. Mathes referred the Board to the supplemental information and presented the recommendations from the Professionalism and Ethics Committee (PEC). She stated the first recommendation is to sunset the Position Statement on Discount Cosmetic Surgery Networks.
A motion was made and duly seconded to approve sunsetting the Position Statement on Discount Cosmetic Surgery Networks.

ACTION: Approved

Board Governance Policy on Conduct at AAD/A Meetings and other AAD/A Activities
Dr. Mathes stated the next PEC recommendation is to approve the newly-created Board Governance Policy (BGP) on Conduct at the AAD/A Meetings and other AAD/A Activities. Dr. Olbricht charged the PEC with reviewing the Academy’s current harassment policy, identify gaps and propose a new, comprehensive policy for the Board to review and ratify. The PEC formed a workgroup to tackle this task and created the draft policy. The policy was presented to and approved by the full Committee.

A motion was made and duly seconded to approve the Board Governance Policy on Conduct at AAD/A Meetings and other AAD/A Activities.

ACTION: Approved

AAD/A Committee Member Copyright Assignment, Confidentiality, and COI Agreement
Daniel M. Siegel, MD, MS, FAAD presented the AAD/A Committee Member Copyright Assignment, Confidentiality and COI Agreement. He noted that this agreement was a housekeeping matter to ensure that committee members assigned their copyright interest in committee work product to the Academy or Association and reminds them of their obligations to maintain confidentiality and disclose conflicts of interest.

A motion was made and duly seconded to approve the AAD/A Committee Member Copyright Assignment, Confidentiality, and COI Agreement.

ACTION: Approved

Administrative Regulation on Disclosure of Potential Conflict of Interest
Dr. Siegel then presented the Committee’s recommendations to the Administrative Regulation on Disclosure of Potential Conflict of Interest (COI). He first discussed the language necessary to comply with Accreditation Council for Continuing Medical Education (ACCME) requirements.

A motion was made and duly seconded to accept the ACCME-related revisions to the COI policy.

ACTION: Approved

The Board discussed the remainder of the proposed changes and indicated a need to expand the types of practice models that need to be disclosed (not just private equity) and the name of the employer. They also indicated that the definition of financial interest needs to be expanded to include employment relationships; but opposed the inclusion of financial ranges.

A motion was made and duly seconded to refer the remainder of the changes to the Administrative Regulation on Disclosure of Potential Conflict of Interest back to the PEC to add employer and practice model to the disclosure requirements, and not to include financial ranges.

ACTION: Approved
Ad Hoc Task Force on Modernizing Clinical Guidance
Terrence A. Cronin, Jr., MD, FAAD presented the Ad Hoc Task Force (AHTF) on Modernizing Clinical Guidance report. He reminded the Board of the mission statement of the AHTF and presented the recommendations for streamlining the guideline process. The changes were presented on pp. 239-248 of the background materials.

A motion was made and duly seconded to amend the proposed changes so that members of Guideline Work Group who are already conflicted can take on additional conflicts during their service on a guideline work group, but those that are non-conflicted members of the Work Group may not acquire new conflicts relevant to the charge of the Work Group until the guideline is published. A non-conflicted member acquiring new relevant conflicts during the course of guideline development will be removed and replaced by a non-conflicted member. The appointee removed for this reason will forfeit authorship role, even if s/he contributed significantly in developing the clinical guideline.

ACTION: Approved

A motion was made and duly seconded to approve the changes to the Administrative Regulation on Evidenced-Based Clinical Practice Guidelines as amended.

ACTION: Approved by the required 2/3 vote

*The Board moved into Executive Session at 5:45 p.m. (Eastern)*

*The Board moved out of Executive Session at 6:00 p.m. (Eastern)*

*Note that the minutes of the Executive Session are kept in the confidential files of the Executive Office and legal counsel.*

**ADJOURNMENT**
There being no further business, Dr. Olbricht adjourned the AAD Board of Directors Meeting at 6:00 p.m. (Eastern).

Respectfully Submitted,

Barbara M. Mathes, MD, FAAD
Secretary-Treasurer
Summation of 2019 Activities and Accomplishments:

I. Strengthening Communications
The AB’s mission is now to protect, promote, and preserve the interests of the individual practitioner of dermatology by:

1. Providing a forum for AAD/A members to present policy proposals for consideration by the AAD/A Board of Directors;
2. Serving as a conduit of information between the AAD/A Advisory Board, the represented societies and the AAD/A Board of Directors; and
3. Disseminating information on AAD/A policies and other issues vital to AAD/A members’ patients and practices.

As such, representatives to the AB are intended to serve as an important communication, policy and membership link between the Academy and the regional, state and local dermatologic societies. In 2019, the leadership of the AB and the Advisory Board Executive Committee (AB EC) worked to strengthen its outreach to the members of the AB through increased communication and solicitation of feedback on important policy issues and organizational changes. In addition, the AB EC meets via conference call on a monthly basis.

This year, following the Annual meeting the AB members were sent a summary of the meeting outcomes and a PowerPoint of the resolution outcomes that they could present at their respective state society meetings. There is also a monthly newsletter from the AB Chair that highlights current policy issues and other important information for AB members.

II. General Business Meeting
As a means of keeping representatives informed and engaged in relevant state-level issues that affect dermatology, and to provide the dermatologic societies the opportunity to share information about strategies in advocacy with the AB, the general business meeting features speakers with expertise in a variety of topics.

This year’s agenda focused on key advocacy issues facing the specialty and emphasized the importance of the AB’s role in the American Academy of Dermatology Association (AADA) as the eyes and ears to state and federal grassroots issues. The forum began with a message from the Academy’s Vice President, Ted Rosen, MD, FAAD. Dr. Rosen provided an Academy update and emphasized the importance of dermatology remaining united.

Next, Lawrence Green, MD, FAAD, provided an update on the 2019 state advocacy issues. Dr. Green highlighted the work the state policy committee is doing to address scope of practice issues. The AADA has many tools to address efforts by non-physicians to expand their scope of practice. The AADA scope of practice toolkit includes: providing states with direct lobbying assistance, template letters, draft resolutions, dermatologist testimony, written comments and any other supporting materials required to be successful. There are also several model bills that the AADA has developed that the AB can use in their own states.
The next presentation featured Matthew E. Fitzgerald, DrPH, AAD staff, who gave an update on the Quality Innovation Center (QIC). The QIC is envisioned to be the one stop shop for all things related to quality and patient safety for the Academy members. He explained that the Academy’s vision for the QIC is “to create a nationally recognized virtual center leading innovation and quality improvement, and effectively demonstrating the value of dermatology care.” Following this presentation, Henry W. Lim, MD, FAAD provided an overview of the current research sunscreen and UV filters. He also spoke about the Food and Drug Administration’s (FDA) proposed rule on sunscreen and what dermatologists should recommend to their patients when it comes to sunscreen.

Next Carys Mitchemore, PhD, gave an overview of the state of the science on UV filters to corals. She highlighted that there is very little research in this area as it is an emerging field. There is not enough data for a risk assessment to guide policy decisions. She explained that more research on the toxicity to corals is needed. After her presentation Suzanne Olbricht, MD, FAAD, presented on physician burnout. She explained that burnout can cause emotional fatigue and a reduce sense of personal accomplishment. She encouraged everyone to visit www.aad.org/burnout for more resources.

Lastly, Brett M. Coldiron, MD, FAAD, SkinPAC Chair, gave an update on the activities of the SkinPAC. He explained that SkinPAC is the political action committee (PAC) of the AADA. SkinPAC supports campaigns of candidates for federal elected office who have demonstrated an understanding of, and interest in the views and goals of the specialty.

III. Annual and Summer Meeting Resolutions

In November of 2016 the AAD/A Board of Directors approved the AB proposal that gave the AB the authority to vote on resolutions and other business two times each year. Now that the AB has transitioned into a “living AB,” more work is done year-around to ensure that relevant information is being shared with the AAD/A Board of Directors in a timely manner, rather than once a year after the Annual meeting.

A primary activity of the AB is to deliberate policy resolutions presented by individual members of the AB, dermatologic societies, or other individual Academy members. Those resolutions that are adopted by the AB go to the AAD/A Board of Directors for consideration, and for potential adoption as Academy policy.

The docket of 2019 resolutions was unique in that it encompassed a wide array of ongoing concerns, as well as new ideas for recurring problems and original proposals designed to shape the AADA policies in the coming years. The AB proposed a number of relevant policies, summarized below:

Annual Meeting Resolutions

- Adjuvant Therapy for High Risk Melanoma Patients: The AB advocated for a resolution that called for the AAD to encourage the pharmaceutical companies to initiate additional adjuvant trials for individuals with high risk non-metastatic melanoma, for example, Stage IIB and C. The Board of
Directors referred this resolution to the Council on Science and Research. Council members expressed that there is a clear need for more research in this area. They were supportive of sending letters and agreed to help develop the content. A letter to encourage companies to invest in Adjuvant Therapy for High Risk Melanoma Patients was developed and will be shared by the AAD/A.

- **Human Papilloma Virus Vaccination:** The AB adopted a resolution calling on the AAD to promote the vaccination of dermatology residents, fellows, and practicing dermatology physicians and appropriate ancillary staff. The Board of Directors referred this resolution to the Council on Science and Research to investigate the science around this and to consider further action. After discussion, the Council led the effort to look at the evidence about exposure risk for dermatologists and the efficacy of the vaccine for this situation. They developed a pro/con document that will be shared in an AAD article.

- **Sunscreen:** Access to sunscreen was an important topic for the AB this year. The AB passed a resolution that called for the AADA to facilitate the evaluation of the question of whether the use of sunscreens leads to “coral bleaching. It also recommended that the AADA establish a committee of scientists that includes non-clinicians to evaluate this question and to suggest further steps. Another resolution regarding the topic of sunscreen called for the AADA to advocate for availability of sunscreens including approval of the sale of safe formulations already available overseas. These resolutions were referred to the Ad Hoc Task Force on Sunscreen (AHTF). As a result of the resolutions the following language was added to the advocacy template letter addressing sunscreen bans:

  We are aware of and concerned about potential environmental impact of UV-filters. However, the toxicity related to absorption levels of all UV-filters in humans and wildlife is an emerging science. The latest studies conducted in Hawaii conclude that levels in the ocean and corals are at significantly lower levels than those reported to be toxic to coral reefs in laboratory settings. Further investigation is required in order to understand how UV-filters affect the environment and human health. We encourage you to consider this before taking any action to remove a product that has been established to protect from skin cancer.

  Additionally AADA is recommending to federal lawmakers that they: 1) Join the Congressional Skin Cancer Caucus; 2) Cosponsor H. Res. 323, which would support state and local efforts to improve access to sun safe materials, including allowing students to have access to sunscreens in schools; and 3) Support a National Academy of Sciences study on sunscreens that includes consideration of the benefits of sunscreen in skin cancer prevention. The AADA is also monitoring FDA action and encouraging the Agency to communicate the importance of sunscreens as part of a comprehensive UV-protection regime.
• **Conflict of Interest (COI) Disclosures and Private Equity:** The AB passed a resolution that called on the Board of the AAD to amend its COI document to include disclosure of financial interests with private equity that are relevant to dermatology. The Board of Directors moved forward with amending the COI form to include disclosure of financial interests with private equity. The updated COI form is available at: [https://www.aad.org/coi/](https://www.aad.org/coi/).

• **Drug Pricing:** The AB expressed its concern with rising drug prices. The first approved resolution called on the AADA to collaborate with medical specialty partners, patient advocacy groups, and other stakeholders to seek repeal of the 1987 Safe Harbor exemption to the Medicare Anti-Kickback Statute for Group Purchasing Organizations (GPOs) and Pharmacy Benefit Managers (PBMs). It also recommended that an AADA policy and position paper oppose exclusive pharmaceutical related contracting and support competition, possibly similar to the "any willing provider" concept.

The Board of Directors referred the resolution to the Drug Pricing and Transparency Task Force. The Drug Pricing and Transparency Task Force reviewed the resolution and provided the following recommendation: (1) The AADA comment letter submitted to the Department of Health and Human Services’ (HHS) recent proposed rule to eliminate the rebates that drug manufacturers pay to pharmacy benefit managers (PBMs) in Part D and Medicaid managed care organization plans, addresses the intent of the first resolved clause, and no further action is needed, (2) Regarding the repeal of the safe harbor exemption for GPOs, the AADA should remain neutral, and (3) The current position statement titled, *Patient Access on Affordable Treatments*, addresses the issue of exclusive pharmaceutical related contracting raised in the second resolved clause, and no further action is needed. This recommendation was approved by the Board of Directors.

The second resolution on drug pricing that the AB adopted stated that the AADA will support the concept of Point-of-Service Pricing (POSP), in which standard prices (such as Average Wholesale Prices), are incorporated into electronic prescribing software so that providers can know the financial burden of medications PRIOR to sending prescriptions to the pharmacy. The resolution also called for the AADA to investigate the feasibility of disseminating this information to paper-based practices. The Board of Directors reaffirmed the first resolve and referred the second resolve to the Council on Practice Management. The Council on Practice Management showed how it had begun the development of a drug pricing page in the Practice Management Center which will allow members to search for the cash price of a drug in their zip code and educate their patients on the cheapest drug pricing available to them. This page became available with the AAD’s overall website relaunch this year.

• **Quality Measures for Paper Based Dermatologists:** The AB passed a resolution that called for the AADA to recommend to the AADA committee in
charge of the creation of measures, to create multiple measures that would
also be feasible for Non-Electronic Health Records (EHR) based
dermatologists to accomplish. It also highlighted that the quality measures
committee should include representation of paper-based dermatologists that
is proportional to the number of AAD members using paper-based charts. The
Board of Directors did not approve the first resolve and referred the second
resolve to the Council on Practice Management. The Council was directed to
add data to the website to offer advice on how to get on an EHR to report.
The Council on Practice Management has created several resources for
paper-based practices including how to to not only avoid a penalty but obtain an
incentive with the Medicare Access and CHIP Reauthorization Act (MACRA)
reporting and how to report quality measures on paper. There is information
outlined specifically for paper-based practices at
https://www.aad.org/practicecenter/coding-and-reimbursement/macra/mips-
reporting-2019 and https://www.aad.org/practicecenter/quality/quality-
measures/quality-measures-selection. As the Centers for Medicare &
Medicaid Services (CMS) continues to develop the MACRA program, they
have noted that practices will ultimately have to shift to EHR-based reporting
options to avoid a penalty in the future, and the Academy will continue to
assist dermatology practices with this transition.

Summer Meeting Actions/Resolutions

- **AB Operational Guidelines:** This year the AB highlighted the importance of
getting young physicians involved in the AB. In response, the AB took steps
to adopt language that will allow for a resident to serve on the AB EC.

- **Provider Terminology:** The AB adopted a resolution that called for the AADA
advance its leadership position in advocating for truth in advertising and in its
publications and conferences, to cease using the term “provider” to describe
board-certified dermatologists, substituting “dermatologist,” “physician” or
another term that recognizes the education, training, and experience of
Fellows. Lastly, it recommended that the AAD encourage Fellows and the
media to use the term “dermatologist” or “physician” instead of “provider”
when describing board-certified dermatologists. The Board of Directors
referred the resolution to the Council on Communications and recommended
the Council create a position statement when referring to dermatologists as
physicians or board-certified dermatologists.

- **AAD Toolkit on Topical Sunscreen Use:** The AB adopted a resolution that
called on the AAD/A Board of Directors to identify and direct the appropriate
Council, committee or task force, to develop a toolkit on sunscreens in a
format most conducive for its effective use by AAD/A members to utilize when
giving expert public opinion on the importance of continued access to, and
use of, FDA-approved sunscreens. It also recommended that the toolkit on
sunscreen should also include scientifically-based educational materials for
our members regarding sunscreens and alternatives. The Board of Directors
referred the resolution to the State Policy Committee.
• **Opposition to Encroachment of the Medical License:** The AB adopted a resolution calling for the AADA to not support the Interstate medical licensure compact. The Board of Directors referred the resolution to the State Policy Committee.

• **Ultraviolet (UV) Acrylic Nail Lamp Exposure and Protection:** The AB advocated that the AADA establish a leadership position in advocating for the application of either UV-blocking gloves or physical-blocking sunscreen before undergoing UV acrylic nail treatments. The AB also called for the AADA to facilitate the evaluation of whether the use of UV nail lamps contributes to acral skin cancer by establishing a committee of scientists that includes non-clinicians to evaluate this carcinogenesis caused by UV nail lamps and to suggest further steps. The Board of Directors referred the first resolve of the resolution to the Council on Communications. The Board of Directors did not approve the second and third resolve clauses.

• **Non-discrimination of in-office physician dispensaries:** The AB passed a resolution highlighting the need for the AAD to amend its Position Statement on Dispensing such that a dermatologist who elects to appropriately dispense medications from an in-office dispensary should not face discriminatory contracting from PBMs. The resolution also highlighted that the issue of in-office dispensing by dermatologists be studied and the data be used to require PBMs to allow contracts for in-office dispensing consistent with the any willing provider concept if appropriate when based on available data. The Board of Directors did not adopt this resolution as the Academy cannot enforce this and it is subject to state law.

• **Medical Cannabis in Dermatology:** Cannabis use was identified as an emerging issue by the AB. As a result, the AB passed a resolution calling for the Board of Directors to convene a panel to study the appropriate use of cannabis in dermatology. The Board of Directors did not approve the resolution, largely on the grounds that there is a dearth of evidence to consider at this time. However, the Board agreed that the AAD should continue to monitor the evolution of the science, and focus on member education as it evolves. To that end, the AAD has plans to host an educational session on cannabis at the AAD Innovation Academy in Seattle.

### IV. Elections:

At the annual meeting, the AB hosted an election to fill one seat on the AAD Nominating Committee, two seats on the AB EC and the new Chair-elect and Vice-Chair-elect. The election results are below:

- **Chair-elect:** Andrew H. Weinstein, MD, MPH, FAAD
- **Vice Chair-elect:** Amy J. Derick, MD, FAAD
- **Nominating Committee:** Kevin Crawford, MD, FAAD
- **Executive Committee:** Elizabeth Muennich, MD, PhD, FAAD & Whitney D. Tope, MD, FAAD
V. 2019 Annual Meeting:
Following the Annual Meeting, the AB EC met to discuss ways to improve the annual AB meeting. The following items were discussed:
- The AB EC will be more proactive in recommending which Committees individual resolutions should be referred to when the AB Chair presents the resolutions to the AAD/A Board of Directors.
- Continue to encourage AB members to report back to their state societies the status of the resolutions.
- Continue to monitor the attendance for the AB General Business meeting and send warning letters when appropriate.

VI. Projected Activities for 2020:
1. The AB EC will continue to focus on increasing communications with the AAD/A Board of the Directors throughout the year.
2. The AB EC will continue to encourage AB members to attend the Legislative Conference and help represent states that have no member representation at the conference.
3. The AB will work to increase participation on the AB by AAD/A members from state and local societies and to encourage cross-communication among the various representatives, i.e., the societies, the executives, and the AB representatives, as well as other state representatives such as legislative committee chairs.
4. The AB EC will work to raise awareness of the voting process for the summer resolutions.

Terrence A Cronin, Jr., MD, FAAD
Chair, Advisory Board
The *Journal of the American Academy of Dermatology* (*JAAD*) had another outstanding year in 2019. *JAAD* maintained its position as one of the most widely read dermatological publications in the world and one of the most influential medical journals of the past 100 years. It exhibited solid performance on key metrics as well as continued innovation in the editorial and digital arenas. The following summarizes the most significant events and innovations for *JAAD* in 2019.

**JAAD Editorial Board and Staffing**

**Associate Editor Promoted**
Due to her outstanding work and unwavering commitment to *JAAD*, Nikki A. Levin, MD, PhD, FAAD, was appointed Senior Associate Editor to *JAAD*.

**New Associate Editors Named**
Two new Associate Editors were appointed in 2019 to replace two editors who were transitioning off of the Editorial Board.

Emily Altman, MD, FAAD, October 2019 – June 2023, replaced Jason Lott, MD, FAAD.
Robert Brodell, MD, FAAD, October 2019 – June 2023, replaced Jonathan Kantor, MD, FAAD.

**JAAD Case Reports**
*JAAD Case Reports* (*JDCR*) marked its fifth year in August 2019 and continues to grow in strength of readership, submissions, and citations. For more information on *JDCR* see page 5.

**JAAD to Launch New Journal**
Work is ongoing to launch a second companion journal to *JAAD*, called *JAAD International* (*JAADI*). Jonathan Kantor, MD, FAAD, has been appointed Founding Editor of *JAADI*. Dr. Kantor is a veteran member of the *JAAD* editorial team with global connections. *JAADI* is scheduled to launch March 2020.

**Key Metrics**
*JAAD* maintained or improved its performance on key metrics that gauge the quality and significance of scientific publications.

1. *JAAD*’s 2018 Impact Factor (reported in June 2019 by Clarivate Analytics) remained strong. It increased to 7.102 from 6.898 (June 2018).

2. *JAAD* has the second highest impact factor among the 64 journals in dermatology measured by Clarivate. *Journal of the American Medical Association Dermatology* is ranked first at 7.995 and *British Journal of Dermatology* (*BJD*) is ranked third at 6.714.
3. **JAAD** had the second highest total number of citations in the field at 27,929, with the *Journal of Investigative Dermatology (JID)* receiving the highest number of citations at 30,038. *JID*’s impact factor is ranked 4\textsuperscript{th} at 6.290.

4. A recent review of statistics utilized to determine impact factor revealed:
   a. Clinical dermatology journal influence is increasing.
   b. **JAAD** and **BJD** publish about twice the volume of articles as **JAMA Dermatology**.
   c. Top articles for **JAAD** are cited twice as often as those in **JAMA Dermatology**.
   d. **JAAD** articles are cited 2 – 3 times as often in the general medical (non-dermatology) literature.

5. **JAAD** received 2,455 new submissions between January 1, 2019 and October 31, 2019. New submissions increased by 19 percent compared to the same period in 2018 and is the highest year to date submission number on record.

6. **JAAD** maintained a high standard for publication quality with an overall acceptance rate of 33\% and 22\% for original articles.

**Editorial Highlights**

1. **JAAD** celebrated 40 years in publication since its launch in 1979.

2. In 2019, **JAAD** introduced a new article type, called Game Changers, a short narrative stating how an article that appeared in a previous edition of **JAAD** changed the game of dermatology. The narratives have been posted and promoted on the **JAAD** social media channels, and several of the Game Changers, specifically on Instagram, have received over 1,000 “likes.” An example of an image that received over 1,000 “likes” follows:
@JAADJournals Social Media

Readers are encouraged to follow and engage with the content presented on JAADjournal’s successful social media channels. As of October 31, 2019, JAAD’s social media boasted a strong following and excellent engagement on Twitter (launched July 2015), Facebook (launched June 2011), and Instagram (launched July 2018)

1. Facebook: 64,365 followers. JAAD’s Facebook page is the leading Facebook presence among comparable specialty journals.

2. Instagram: 23,600 followers. This is an exceptional number considering the Instagram page was launched in July 2018.

3. Twitter has over 6,600 followers.

4. The JAAD Journal Club (on Facebook) has gained 6,200 followers since its launch in September 2018. Emily Altman, MD, FAAD, is the JAAD Journal Club’s Editor who works closely with residency programs and authors to present articles for discussion during the academic calendar year.

Digital advances

The JAAD editorial team continues to focus efforts on enhancing and improving the digital experience for readers, authors, and reviewers to assure they can connect with JAAD content whenever, wherever, and however they wish. Important 2019 digital advances include:

1. Editorial Manager (the submissions database) was updated to include electronic author verification, which does away with manual signing and uploads of authorship forms and verifies proof of co-authorship. Authors no longer have to submit hand-written, signed authorship documents before submitting to the JAAD.

2. The editorial office worked closely with the Associate Editors to create an “ideal reviewer form” that provides a more stepwise method for conducting reviews. The Associate Editors reported that the new form is a major improvement.

3. In September 2019, JAAD and JDCR began using a system called Proof Central for final author corrections instead of PDF proofs, reducing manual intervention, and consequently increasing the overall quality of the correction process. Proof Central supports a “sequential workflow,” which means the editorial office receives the proof only after author corrections are made, enabling the editorial office to view the author corrections and amend them, if required or desired. As a result, proof return speeds have increased dramatically with 40% of the proofs returned within 24 hours, as compared to 6% with the prior process.
4. We are working to incorporate 2-D barcodes in the print edition that will link to video viewable on any handheld device.

5. We continue to work to make article collections more relevant and archived JAAD images more accessible.

Collaborations
JAAD continues to participate in the Shared Science Initiative, a reciprocal publication of articles of shared interests between journals published by Elsevier that currently include the *Journal of Pediatrics* and the *Journal of Allergy and Clinical Immunology*. JAAD also continued its collaboration with *JID* on a feature called the JAAD/JID Junction. Through a reciprocal partnership between the journals, featured articles on related topics appearing in JAAD and JID are chosen by the editors and made freely available to both journals' readers.

**JAAD Editorial Mentorship Program**
The JAAD Editorial Mentorship Program continues to provide young physicians with a unique opportunity to develop critical appraisal and editorial skills. Selected participants are assigned a mentor and have the opportunity to review a variety of manuscript submissions, including prospective studies, retrospective studies, surveys, reviews, and letters. In 2019 there were a total of 48 participants, 24 mentors and 24 mentees.

JAAD is a valuable benefit to the members of the American Academy of Dermatology (AAD) and is cited a top reason for being a member of the AAD. We continue to focus our efforts on quality and innovation and look forward to 2020 with great enthusiasm!

Sincerely,

Dirk M. Elston, MD, FAAD
Editor

Jane M. Grant-Kels, MD, FAAD
Deputy Editor
JAAD Case Reports (JDCR) marked its fifth year in August 2019, and continues to grow in strength of readership, submissions, and citations. The following are JDCR’s significant milestones for 2019:

1. JDCR’s submissions continued to increase in 2019. As of October 31, 2019 JDCR, received a total of 703 new submissions, which is a 17% increase over the same period in 2018.

2. The overall acceptance rate for JDCR in 2019 was 42%. We believe the quality can only be maintained by selectivity, and relatively high rejection rates are required given the number of manuscripts we receive.

3. Manuscript handling speed averaged 17 days from submission to first decision in 2019. In 2018, the manuscript handling speed averaged 20 days. We continue to strive to decrease the overall length of the review process.

4. The average acceptance to online publication timeframe is approximately four-to-six weeks.

Citations
In 2019, JDCR’s CiteScore increased to 0.93 from .78 (2018’s CiteScore). The CiteScore uses citation data from the Scopus database to rank journals. Scopus is Elsevier's abstract and citation database. As with other journal ranking metrics, comparing journals across disciplines requires a "normalized" ranking, which CiteScore provides as a percentile ranking within the journal's subject category.

Innovations
In June 2019, JDCR began publishing the monthly JDCR Case Challenge quiz. The JDCR Case Challenge provides .5 Continuing Medical Education/Maintenance of Certification (CME/MOC) credit that is claimed when quizzes are completed through the AAD’s Online Learning Center. The monthly claims for CME/MOC credit are comparable to JAAD’s CME articles, which shows this is a popular new feature for JDCR. The addition of this new content feature has also helped grow website traffic for the JAAD, which is also promoted monthly via the Academy Insider member newsletter.

Overall, JDCR has had an exceptional year in 2019, and we are looking forward to an even more successful year in 2020!

Respectfully submitted,

S. Brett Sloan, MD, FAAD
Editor

Milan Anadkat, MD, FAAD
Deputy Editor
Introduction: The American Board of Dermatology exists to assure safe, high quality dermatologic care for the public by setting, promoting and assuring standards of excellence in the practice of our specialty. The American Board of Dermatology is a voluntary, non-profit, private, autonomous organization founded in 1932 for the primary purpose of protecting the public interest by establishing and maintaining high standards of training, education and qualifications of physicians rendering care in dermatology. The objective of its activities is to provide assurance that a diplomate of the Board possesses the knowledge, skills and competencies essential for the provision of superior, specialized care to patients with cutaneous diseases.

2019 Directors

Drs. Christopher Bichakjian (Ann Arbor, MI), Anna L. Bruckner (Aurora, CO), Keith A. Choate (New Haven, CT), Edward W. Cowen (Potomac, MD), Dirk M. Elston (Charleston, SC), Tammie Ferringer (Danville, PA), Warren R. Heymann (Marlton, NJ), Christine J. Ko (New Haven, CT), Moise L. Levy (Austin, TX), Julia R. Nunley (Richmond, VA), Julie V. Schaffer (Hackensack, NJ), Mary S. Stone (Iowa City, IA), Erik J. Stratman (Marshfield, WI), Hensin Tsao (Boston, MA), Allison T. Vidimos (Cleveland, OH), Carl V. Washington (Decatur, GA) and Mr. Bruce M. Bartels (public member, York, PA).

2019 Executive Committee

Drs. Erik J. Stratman, President; Julie V. Schaffer, President-Elect; Edward W. Cowen, Vice President; Dirk M. Elston; Hensin Tsao.

Examinations

Certifying Examination

The 2019 examination was a one-day examination administered over the course of two weeks (July 15-18 and July 22-26) at the American Board of Pathology testing center in Tampa, Florida. 547 candidates took the 2019 certifying examination; 541 passed the examination. The overall passing rate was 98.9% (99.63% for the Reference Group of first-time examinees).

Online Practice Examination

On March 11 - 29, the 2019 Online Practice Examination was administered locally at the dermatology training programs (via PearsonVUE’s Anywhere Proctor technology) for Dermatology Year 2 and 3 residents. There were 1127 total candidates, from 141 US programs, 9 Canadian programs, 2 foreign programs. There were 103 residents from 23 ACGME-accredited osteopathic programs and 7 candidates from 2 AOA-accredited programs who took the exam.

BASIC Examination

On April 11, the 2019 BASIC Examination was administered locally at the dermatology training programs (via PearsonVUE’s Anywhere Proctor technology) for Dermatology Year 1 residents (DRY1). There were 569 total DRY1 candidates from 139 US programs, 8 Canadian programs, 23 accredited DO programs and 2 international programs. Additionally, 27 faculty members took the exam for informational purposes.
### MOC Examination

Spring Administration:
486 candidates took the examination and 472 passed (97% pass rate). 475 candidates took the General Dermatology module, 292 took Medical Dermatology, 124 took Surgical Dermatology, 38 took Dermatopathology, and 23 took Pediatric Dermatology. This administration, 31 candidates took an additional Dermatopathology module of 50 questions to renew their subspecialty certificate in Dermatopathology, and 16 candidates took an additional Pediatric Dermatology module of 50 questions to renew their subspecialty certificate in Pediatric Dermatology.

Fall Administration:
TBD

### Dermatopathology Subspecialty Examination

The Dermatopathology Subspecialty Certification Examination was administered in Tampa, Florida on September 10. A total of 71 candidates took the examination: 25 dermatologists and 46 pathologists; 25 dermatologists (100%) and 45 pathologists (97.8%) passed the examination.

### Pediatric Dermatology Subspecialty Examination

The Pediatric Dermatology subspecialty examination is administered bi-yearly. The next exam will be held in 2020.

### Micrographic Dermatologic Surgery Subspecialty Examination

The first MDS Subspecialty examination will be administered in 2021. To be considered, candidates must have graduated from an ACGME-approved 3-year dermatology residency, become a board-certified dermatologist maintaining certification, and pass the MDS Subspecialty Certification Exam. There will be a five-year practice pathway to sit for the exam. Under the practice pathway, diplomates may attest to active practice of micrographic surgery in their patient care. After 2025, candidates must complete a one-year ACGME-approved MSDO fellowship to be eligible for the exam.

### Young Diplomate Board Observer

In order to gain the perspectives of younger physicians and to obtain input from recently certified dermatologists the ABD has decided to regularly appoint an ABD-certified physician as a Board Observer for a three-year term.

### Booth

The ABD has sponsored a booth at the annual AAD convention since 2003. The booth at the 2019 AAD Annual Meeting in Washington, DC was well-attended. We addressed many questions about MOC and assisted diplomates with updating their MOC Tables on our website. We also took the opportunity to discuss our upcoming longitudinal assessment platform, CertLink®.

---

Thomas D. Horn, MD, MBA  
Lela A. Lee, MD  
Randall K. Roenigk, MD
Present
Suzanne Olbricht, MD, FAAD, President
Theodore Rosen, MD, FAAD, Vice President
Henry W. Lim, MD, FAAD, Immediate Past President
Barbara M. Mathes, MD, FAAD, Secretary-Treasurer
Marta J. Van Beek, MD, MPH, FAAD, Assistant Secretary-Treasurer
George J. Hruza, MD, MBA, FAAD, President-Elect
Jane M. Grant-Kels, MD, FAAD, Vice President-Elect
Abby S. Van Voorhees, MD, FAAD
Diane S. Berson, MD, FAAD
Gary S. Wood, MD, FAAD
Janet G. Hickman, MD, FAAD
Kimberly J. Butterwick, MD, FAAD
Linda F. Stein Gold, MD, FAAD
Mark D. Kaufmann, MD, FAAD
Neil S. Sadick, MD, FAAD
Patricia K. Farris, MD, FAAD
Robert S. Kirsner, MD, PhD, FAAD
Robert A. Weiss, MD, FAAD
Scott M. Dinehart, MD, FAAD
Seemal R. Desai, MD, FAAD
Terrence A. Cronin, Jr., MD, FAAD
Valerie D. Callender, MD, FAAD
Danette D. Bentley, MD, FAAD, Young Physician Board Observer
Mauricio Goihman-Yahr, MD, International Board Observer

Not Present
Erin Boh, MD, PhD, FAAD
Marc D. Brown, MD, FAAD
Heidi Wat, MD, Residents/Fellows Board Observer

Incoming Board Members
Bruce H. Thiers, MD, FAAD, Incoming President-Elect
Susan C. Taylor, MD, FAAD, Incoming Vice President-Elect
Daniel D. Bennett, MD, FAAD, Incoming Assistant Secretary-Treasurer
Adelaide Hebert, MD, FAAD, Incoming Class of 2023
Alexander Miller, MD, FAAD, Incoming Class of 2023
Lawrence Green, MD, FAAD, Incoming Class of 2023
Cyndi Yag-Howard, M, FAAD D, Incoming Class of 2023
Travis W. Blalock, MD, FAAD, Incoming Young Physician Board Observer
Emily O. McLean, MD, Incoming Resident-Fellow Board Observer

Speakers / Guests
Sabra Sullivan, MD, PhD, FAAD, Chair, Council on Government Affairs and Health Policy
Kathryn Schwarzenberger, MD, FAAD, Physician Editor Dermatology World
Erin S. Gardner, MD, FAAD, Chair, Electronic Health Records (EHR) Task Force
Allison T. Vidimos, MD, RPh, FAAD, Chair, AHTF on Reimagining the Summer Meeting
CALL TO ORDER
Suzanne Olbricht, MD, FAAD, President and presiding, initially called the meeting of the Board of Directors of the American Academy of Dermatology and Association to order at 11:32 a.m. (Eastern) on Monday, March 4, 2019.

QUORUM
Barbara M. Mathes, MD, FAAD, Secretary-Treasurer declared that a quorum was present for the transaction of business.

ORDER OF BUSINESS/INTRODUCTORY MATTERS
Antitrust Compliance Policy, Fiduciary Obligations, and Note Taking
Dr. Olbricht referred the Board members to the background materials regarding the AAD/A Antitrust Compliance Policy and note taking during meetings and reminded them about the importance of following their fiduciary obligations, including maintaining confidentiality and declaring conflicts of interest.

Disclosure of Conflicts of Interest and Code of Conduct
The Board members’ disclosures of potential conflicts of interest and code of conduct were circulated. Dr. Mathes asked Board members to update their disclosures and to declare any other actual or potential conflicts of interest with respect to specific agenda items for this meeting. None were declared.
Separate Order of Business
Dr. Mathes reminded the Board members that they would be following the American Institute of Parliamentarians Standard Code of Parliamentary Procedure (formerly Sturgis Code of Parliamentary Procedure), and that it is essential that the AADA follow the order of business and observe corporate formalities necessary to ensure the separateness of the two organizations.

AADA OFFICER AND DIRECTORS REPORTS
Dr. Olbricht reminded the Board that her report, the Secretary-Treasurer’s report, the Executive Director’s report, the International Board Observer Report, and the Young Physician Board Observer reports were presented during the Academy Board meeting.

American Medical Association

Relative Value Scale Update Committee (RUC)
Mark D. Kaufmann, MD, FAAD presented the Resource-based Relative Value Scale Committee (RUC) verbal report for information only.

SkinPAC Board of Advisors
Neil S. Sadick, MD, FAAD presented the SkinPAC Board of Advisors report for information only. He stated that SkinPAC had already collected $315,000 dollars from more than 715 members, which was ahead of the previous election cycle. He described the benefits that contributors receive and the importance of SkinPAC in supporting AADA’s advocacy priorities.

A motion was made and duly seconded to approve all the AADA officer reports, the CPT and RUC reports, and the SkinPAC report for information only, and take parallel actions for any other AAD matters that may also apply to the AADA.

ACTION: Approved

The AADA Board meeting recessed at 11:45 a.m. (Eastern).

The AADA Board meeting reconvened at 3:12 p.m. (Eastern).

AADA NEW BUSINESS

Council on Practice Management
AADA AB Resolution AADA02: Dermatology’s Response to Centers for Medicare & Medicaid Services (CMS) Congress’ Invitations to Streamline Electronic Documenting and Reduce Administrative Burdens
Erin S. Gardner, MD, FAAD presented the Council on Practice Management report. He explained the reasons why electronic documenting needs to be streamlined and other related administrative burdens need to be reduced.

A motion was made and duly seconded to approve the following report and its recommendations, (lines 41 - 58) on addressing the AADA Advisory Board resolution on Dermatology’s Response to Centers for Medicare & Medicaid Services (CMS)/Congress’ Invitations to Streamline Electronic Documenting and Reduce Administrative Burdens and to charge the EHR Task Force to come up with a position statement that includes principles for reducing electronic documenting and other
administrative burdens associated with EHRs.

**ACTION:** Approved

**Preparation of Buffered Lidocaine**

Allison T. Vidimos, MD, RPh, FAAD gave a report on AADA’s advocacy efforts to persuade the United States Pharmacopeial Convention (USP) to reconsider its existing policies regarding the in-office preparation of buffered lidocaine. She noted that the upshot of these efforts is that the USP has agreed to test buffered lidocaine samples from dermatology offices to determine whether the use of sterile lidocaine for up to 12 hours, as AADA proposes, is safe and effective. The AADA Work Group on Compounding is also developing a position statement to establish guidelines for the preparation of buffered lidocaine, and is going to propose that the FDA issue a monograph for compounding sterile lidocaine in the office setting.

*The AADA Board meeting recessed at 3:17 p.m. (Eastern).*

*The AADA Board meeting reconvened at 5:25 p.m. (Eastern).*

**Council on Government Affairs and Health Policy**

2019 Advocacy Agenda

Sabra Sullivan, MD, PhD, FAAD presented the report of the Council on Government Affairs and Health Policy (GAHP), including the proposed advocacy agenda. She provided background on the process for developing the agenda and priorities, including a survey of advocacy stakeholders.

A motion was made and duly seconded to approve the 2019 Advocacy Agenda as presented.

**ACTION:** Approved

**Position Statement on Reflectance Confocal Microscopy (RCM)**

Dr. Sullivan reported that, because there is a dearth of domestic research that supports the use of RCM as an effective diagnostic modality for basal cell carcinoma (BCC) and squamous cell carcinoma (BCC), and a recent report questioned its efficacy for BCC and SCC, as well, the Patient Access and Payer Relations Committee and Council on GAHP asked that the AADA’s current position statement on RCM be revisited.

A motion was made and duly seconded to revisit the current AADA position statement on Reflectance Confocal Microscopy and direct the Council on GAHP and Council on Science and Research to work together on these revisions.

**ACTION:** Approved

**Confirmation of Secretary-Treasurer**

Dr. Olbricht noted that the Secretary-Treasurers must be affirmed by every new AADA Board.

A motion was made and duly seconded to confirm Marta J. Van Beek, MD, MPH, FAAD as Secretary-Treasurer and Daniel D. Bennett, MD, FAAD as Assistant Secretary-Treasurer for the 2019-2020 AADA Board of Directors term effective at the close of the 2019 Annual Meeting.

**ACTION:** Approved
AADA Annual Organizational Resolution
Dr. Mathes stated that this resolution, which was included in the Board’s background materials, was a housekeeping matter that allows the officers and staff to transact business on behalf of the Association.

A motion was made and duly seconded to adopt the AADA Annual Organizational Resolution as presented.

ACTION: Approved

A motion was made and duly seconded to accept the AADA Consent Reports, and for the Association to take the same actions as were taken by the Academy Board of Directors for all the other applicable reports.

ACTION: Approved

ADJOURNMENT
There being no further business, Dr. Olbricht adjourned the AADA Board of Directors Meeting at 5:45 (Eastern).

Respectfully Submitted,

Barbara M. Mathes, MD, FAAD
Secretary-Treasurer
In 2019, SkinPAC set multiple fundraising records, raising $903,805 from 1,742 AADA members for a participation rate of 12.6%. This is a record high in both dollars raised and individual contributors. SkinPAC also attracted 325 first time contributors in 2019.

Over the course of 2019, SkinPAC contributed $717,500 to House and Senate leadership, key committee members and dermatology champions. These contributions have been disbursed in a bipartisan manner, with 52.5% ($376,500) being contributed to Democrats and 47.5% ($341,000) being contributed to Republicans.

In 2020, SkinPAC will continue to focus on increasing overall member participation, strengthening peer to peer fundraising strategies, and increasing participation among residents and young physicians. The SkinPAC Board will also continue to utilize a disbursement strategy that complements and furthers the American Academy of Dermatology Association’s overall legislative and advocacy priorities.
To Members of the American Academy of Dermatology Association (AADA)

Note on the Passing of Dr. Stephen I. Katz:  As you know, about a year ago, NIAMS lost our longstanding former Director, Dr. Steve Katz, a renowned dermatologist, and friend and colleague to many in the AADA community. During the 23 years that he directed NIAMS, he exhibited fairness, collegiality toward other NIH Institutes and Centers, and good stewardship of the taxpayers’ dollars. In addition, Steve brought a warmth and kindness to his job—traits which made him beloved as well as effective. Those of us who worked with Steve internalized those values, and they continue to guide us as we work to advance the NIAMS mission.

*******************************

Thank you for the opportunity to share highlights of research activities and plans at the NIAMS and National Institutes of Health (NIH).

Mission of the NIAMS:  The mission of the NIAMS, a part of the NIH, is to support research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases; the training of basic and clinical scientists to carry out this research; and the dissemination of information on research progress in these diseases.

NIH and NIAMS Budget:  Thanks to bipartisan support, the NIH and NIAMS have seen budget increases since 2016. At the NIH level, some of these funds have been devoted to specific activities such as Alzheimer's and cancer research and programs to combat the opioid addiction crisis. At NIAMS, we have invested in supporting early-stage researchers and fostering innovative research in our mission areas. NIAMS continues to search for ways to best leverage our resources. In order to increase transparency and the community’s understanding of how we spend our budget, we publish a series of figures on our website that illustrate the Institute's funding plans.

Commitment to Early Stage Investigators:  NIAMS continues to support the training and career development of the next generation of biomedical researchers. NIAMS, like other NIH Institutes and Centers, has had a slightly more generous payline for R01-equivalent applications from early-stage investigators (ESIs). In 2019, the NIH announced that it will launch a new grant award program in memory of former NIAMS Director, Dr. Stephen Katz. The

1 https://www.niams.nih.gov/about/directory/stephen-i-katz-md-phd
2 https://www.niams.nih.gov/about/budget/fy2019
3 https://www.niams.nih.gov/about/budget/fy2020
award is still under development but is expected to enable ESIs to address highly innovative ideas that may represent an entirely new research direction from the studies they conducted as trainees\(^5\). Within the Dermatology Branch of the NIAMS intramural research program, the Institute recently began the Stephen I. Katz Scholars Program. It allows outstanding individuals who have completed clinical training in adult or pediatric dermatology to pursue advanced research training in the Dermatology Branch as a bridge to independent research\(^6\).

NIAMS continues to support the Supplements to Advance Research, or STAR, program\(^7\), which allows the awardees to conduct innovative and high-risk research within the broader scope of their peer-reviewed research project. It also enables investigators to expand upon and explore new opportunities to facilitate the transition from a single project to a research program. NIAMS funded four new STAR awards in 2018, including one award related to skin biology and diseases\(^8\). In 2019, NIAMS funded one new award, which also was relevant to dermatology.

Research Innovations for Scientific Knowledge (RISK): In 2018, the NIAMS re-issued funding opportunity announcements for its RISK program in skin and rheumatic diseases\(^9\)\(^10\). The purpose of RISK is to support innovative high-risk, high-impact ideas for rapid breakthroughs or paradigm shifts that may improve public health and launch new fields of scientific inquiry. The most recent round of awards was made in 2019 and included 3 awards relevant to skin biology and diseases. The Institute plans to issue additional awards in fiscal year (FY) 2020.

NIAMS Strategic Plan: In September 2019, the NIAMS released its Strategic Plan for FYs 2020-2024\(^11\). The Plan was prepared with considerable input from the NIAMS Advisory Council, the research community, health advocacy organizations, and the public. The updated document outlines the Institute’s perspective on research needs and opportunities within its mission. It includes not only information about disease- and tissue-specific topics, but also cross-cutting convergent research themes, identified during listening sessions with the NIAMS communities. Finally, the plan lays out the Institute’s vision for how work over the next 5 years may lead to meaningful improvements in human health. This vision highlights the need to “promote the unexpected” by creating a research environment that fosters transformative new ideas. Realizing this vision will entail maintaining the investigator base, looking to the community for exciting new ideas.

---

\(^5\) [https://www.nih.gov/about-nih/who-we-are/nih-director/statements/ensuring-integrity-longevity-strength-biomedical-research-enterprise](https://www.nih.gov/about-nih/who-we-are/nih-director/statements/ensuring-integrity-longevity-strength-biomedical-research-enterprise)

\(^6\) [https://www.niams.nih.gov/labs/career-development-outreach/scholars-translational-research](https://www.niams.nih.gov/labs/career-development-outreach/scholars-translational-research)


\(^8\) [https://www.niams.nih.gov/newsroom/announcements/niams-awards-four-supplements-advance-research-star-projects-programs-0](https://www.niams.nih.gov/newsroom/announcements/niams-awards-four-supplements-advance-research-star-projects-programs-0)


ideas, as well as taking advantage of opportunities to fund larger scale team science efforts. The plan is intended to serve as a resource to encourage creative approaches for generating scientific discoveries that will ultimately improve the health of the American public. We also hope that it will provide our partners with ideas about interests that we share, and ways that we can collaborate.

**Outreach Event:** On October 16, 2019 NIAMS held its 7th biannual Coalition Outreach and Education Meeting\(^{12}\). The NIAMS Coalition\(^ {13}\), an independent consortium of nearly 90 professional and voluntary organizations representing patients, health care providers, and researchers, leads efforts to promote and educate all stakeholders on the importance of research at the NIAMS. The meeting provided Coalition members with opportunities to expand their understanding of the NIH and the NIAMS, meet and network with NIAMS staff and fellow Coalition members, and share experiences and strategies.

In closing, I want to acknowledge the outstanding staff who manage the NIAMS skin biology and diseases programs. In addition to Dr. Gayle Lester, who serves as the Acting Director of our Division of Extramural Research; Dr. Ricardo Cibotti is the Director of the Skin Immunology and Diseases, Skin Microbiome Program; Dr. Hung Tseng is Director of the Epidermis, Dermis, and Skin Senses Program; and Dr. Alexey Belkin is Director of the Skin Repair, Pigmentation and Appendages, Vasculature/Lymphatic Systems Program. I encourage you to contact me, Gayle, Ricardo, Hung, or Alexey at any time with concerns or suggestions. I would also encourage you to visit the NIAMS and NIH websites for more information on the topics included in this article, as well as many other programs, including a wealth of reliable information for patients and the public.

We welcome your comments and questions at any time!

**Robert H. Carter, M.D.**
Robert H. Carter, M.D.
Acting Director
National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Institutes of Health
Department of Health and Human Services

---

\(^{12}\) [https://www.niams.nih.gov/about/partnerships/niams-coalition/meeting-summary](https://www.niams.nih.gov/about/partnerships/niams-coalition/meeting-summary)

\(^{13}\) [https://www.niams.nih.gov/about/partnerships/niams-coalition](https://www.niams.nih.gov/about/partnerships/niams-coalition)