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measuring concentrated energies

## 2015 Annual Report

American Society for Dermatologic Surgery  
American Society for Dermatologic Surgery Association





## 2014-15 ASDS/ASDSA Board of Directors

*First row (from left): Cheryl M. Burgess, MD; Leonard H. Goldberg, MD, FRCPC; Ashish Bhatia, MD; President-Elect Naomi Lawrence, MD; President George J. Hruza, MD, MBA; Immediate Past President Mitchel P. Goldman, MD; Executive Director Katherine J. Duerdoth, CAE; Ken K. Lee, MD; Secretary Murad Alam, MD; Resident Representative Brian Raphael, MD. Second row: Resident Representative Nishit S. Patel, MD; Vice President Thomas E. Rohrer, MD; Derek H. Jones, MD; Dermatologic Surgery journal Editor-in-Chief William P. Coleman III, MD; Historian / Parliamentarian Alastair Carruthers, FRCPC; Terrence A. Cronin Jr., MD; Marc D. Brown, MD. Not pictured: Diane S. Berson, MD; Adam M. Rotunda, MD.*

## Meet the ASDS/ASDSA Staff

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By measuring our directed energies each year through *Fluence*, our annual report, we are documenting our goals, our strategies and our successes on behalf of the members of the American Society for Dermatologic Surgery and the American Society for Dermatologic Surgery Association.

This third annual report shares the stories of our achievements for 2015, which happens to mark the 45th anniversary of the first unofficial Society meeting in 1970 when 29 dermatologists met during a break of the American Academy of Dermatology annual meeting in Chicago.

By coincidence, Chicago was host to our 2015 ASDS Annual Meeting. This year, we recorded our highest-ever attendance when 1,040 dermatologic surgeons spent three and a half days learning the latest about Mohs, skin cancer and reconstruction surgery; cosmetic treatments; and practice management. The educational sessions we attended will help further position our membership as the leading experts in skin cancer procedures as well as cosmetic treatments.

Along with the Annual Meeting, we are especially proud this year of the progress we made in several integral areas, including advocacy, *Quest*, branding and media relations. Look inside this report for a recap of these important programs and more.

All of our work this year and moving into 2016 will help us reach our new vision: ASDS dermatologists will be universally acknowledged as the leading experts in helping patients achieve optimal skin health and beauty through their mastery of surgical, medical and cosmetic treatments. Similar work by ASDSA will help advance the specialty by advocating for members and patients.

A Society is only as strong as its membership, and ASDS and ASDSA grows stronger each year. For that, we thank the 6,100 dermatologic surgeons who are making a difference for the specialty by joining in our journey together.

A handwritten signature in black ink that reads "George J. Hruza". The signature is fluid and cursive.

George J. Hruza, MD, MBA  
2014-15 ASDS / ASDSA President

“Forty-five years later, ASDS continues to wield an increasing influence on behalf of our members, our specialty and our patients.”

## ASDS Leadership Initiatives

### *Planning the path for the future*

ASDS continues to excel as the proven leader in the field of dermatologic surgery – from providing a unified voice on advocacy issues and unparalleled education to a national branding campaign, annual consumer surveys and the latest digital knowledge networking tool. Always looking to the future, the Society also supports residents and young dermatologic surgeons through a variety of programs. In 2015, the Society expanded its leadership role through several new and expanded initiatives.

### FELLOWSHIP PROGRAM

The ASDS Cosmetic Dermatologic Surgery Fellowship Accreditation Program has grown exponentially since its inception just two years ago – growing to 10 accredited programs and 11 Fellows in place for 2015 with another five programs approved for 2016.



The 18 Fellows graduating from accredited programs to date have valuable credentials because of their in-depth and specialized post-residency training in cosmetic dermatologic surgery. This training comes at a time when not only is consumer demand for cosmetic procedures on the rise, but also while residency and procedural dermatology fellowship programs are struggling to provide the resources necessary to effectively address the cosmetic aspects of dermatology practices.

Accredited programs and their program directors in 2015 include:

- Cosmetic Laser Dermatology – Goldman, Butterwick, Groff, Fabi & Wu – Mitchel P. Goldman, MD
- Hollywood Dermatology and Cosmetic Surgery Specialists – Eduardo T. Weiss, MD
- Laser & Skin Surgery Center of Northern California – Suzanne Kilmer, MD
- Maryland Laser, Skin and Vein Institute – Robert A. Weiss, MD
- Massachusetts General Hospital Dermatology Laser and Cosmetic Center – Mathew M. Avram, MD, JD

#### **Mathew M. Avram, MD, JD**

Chair, Cosmetic Dermatologic Surgery Fellowship Accreditation Work Group

*Our fellowship accreditation program formalizes the training process and raises the distinction of the dermatologic surgery specialty.*



*These young members of the Future Leaders Network are gaining the skills they need to lead the next generation of leaders in dermatologic surgery.*

**David A. Laub, MD**

Chair, Leadership Development Work Group



- McDaniel Laser & Cosmetic Center – David H. McDaniel, MD
- McGaw Medical Center of Northwestern University – Murad Alam, MD
- Skin Care and Laser Physicians of Beverly Hills – Derek H. Jones, MD
- SkinCare Physicians – Jeffrey S. Dover, MD
- UPMC Cosmetic Surgery and Skin Health Center – Suzan Obagi, MD

Added as accredited programs in the fall after a comprehensive review and site visit process were:

- Gateway Aesthetic Institute and Laser Center – Mark B. Taylor, MD
- Laser & Skin Surgery Center of New York – Roy G. Geronemus, MD
- Skin Associates of South Florida – Joely Kaufman, MD
- Skin Laser and Surgery Specialists of NY & NJ – David J. Goldberg, MD, JD
- Union Square Laser Dermatology – Anne M. Chapas, MD

## SURGICAL DIRECTORS FORUM

An idea that was generated late in 2014 has taken hold and grown not only in its membership but its influence in just a year's time. The Surgical Directors Forum first met at the 2014 ASDS Annual Meeting – with 15 in attendance representing surgical directors of residencies and directors of Mohs and cosmetic fellowship programs. They discussed the future and how the group might be effective – taking a vote on only a single action item: supporting the ASDS decision to send a letter to ACGME requesting reversal of the elimination of sclerotherapy, chemical peels and dermabrasion from the residency training curriculum. The results: The ACGME Residency Review Committee posted the revision for public review and comment in January and then agreed in July to reinstate the curriculum requirements.



This formidable group met again in March, April, May and October, tackling issues such as defining areas of common concerns, building a dialog with the Joint Commission on accreditation standards, discussing Accountable Care Organizations in the academic setting and strengthening the network of Surgical Directors to collaborate on research and educational resources.

## FUTURE LEADERS NETWORK

In its sixth year, the Future Leaders Network (FLN) continues to create opportunities for young and mid-career professionals to enhance their leadership skills and prepare them to become the next generation of leaders in dermatologic surgery.



With a one-year leadership and project management curriculum and mentors to guide them, these leaders work on a focused project to benefit the Society and the specialty, culminating in presentations to the membership at large at the ASDS Annual Meeting. Projects undertaken in 2015 included:

- Understanding Facial Anatomy for Safer Filler Injection video. Mentee Katie Belezny, MD. Mentor Derek H. Jones, MD.
- Step-by-Step Dermatologic Surgery video series. Mentee David Carr, MD. Mentor Thomas E. Rohrer, MD.
- Expanding Phlebology within Dermatologic Surgery. Mentee Daniel P. Friedmann, MD, with Mentor Margaret A. Weiss, MD. Mentee Vineet Mishra, MD, with Mentor Mitchel P. Goldman, MD.
- International Training under ASDS Guidance. Mentee Nicole Howe, MD. Mentor Glenn D. Goldman, MD.
- 100 Before & After Photos from 100 Members of ASDS. Mentee Jennifer Peterson, MD. Mentor Pearl E. Grimes, MD.
- ASDS Skin Expert Series: Patient Education Newsletters. Mentee Ritu Saini, MD. Mentor Gary J. Brauner, MD.

## ASDS Education and Research

*Providing foundations for growth, success*

Education continues to be at the core of the ASDS mission, as seen by the Society's offerings of the most innovative, effective, evidence-based programs, all to help members provide the highest quality patient care.

ASDS continues to provide a range of unparalleled lifelong learning experiences:

- A best-in-class ASDS Annual Meeting.
- Educational exchanges where ASDS experts visit residency programs, preceptees visit practices for one-on-one mentorships and learning, and free resources are available for fellows and young dermatologic surgeons.
- Intimate hands-on educational courses, including new offerings that focus on advanced skills.
- Self-directed learning resources from online tools to subscriptions to educational products and DVDs.

In the area of research, ASDS experts continue to advance the field of dermatologic surgery. Among 2015 achievements:

- Publishing of five consensus recommendation documents.
- Awarding \$96,000 through the Cutting Edge Research Grant program.
- Presenting the first research grant awarded by the Fredric S. Brandt, MD, Innovations in Aesthetics Fellowship Fund.

### ASDS ANNUAL MEETING

The 2015 ASDS Annual Meeting in Chicago featured the most significant research and latest techniques in cosmetic, medical, reconstructive and Mohs procedures, all presented by expert dermatologic surgeons in settings designed to foster idea generation and collaboration. With 1,113 attendees, the 3½-day Annual Meeting included more than 270 faculty members giving approximately 565 presentations during 90 hours of educational programming.

**Hayes B. Gladstone, MD**  
Chair, 2015 Annual Meeting Work Group

*Knowing ASDS works continually to make each Annual Meeting the best it can be, we were pleased to learn that our members rate it as best-in-class.*



Among highlights of the Chicago meeting:



- The Leadership in Innovation Lecture by Jeffrey A. Klein, MD; the Annual Lawrence M. Field, MD, Honorary Lecture by Marc B. Roscher, MD, of South Africa; and the opening keynote Visiting Professor address by Thomas A. Mustoe, MD.
- Hands-on workshops and patient demonstrations focusing on tumor excision/wound repair as well as techniques for injectables, advanced suturing and sclerotherapy and vein techniques.
- New offerings, including a two-part body contouring panel, cosmetic consultation role-playing, a multi-disciplinary high-risk skin management overview, new techniques for managing skin cancer, a neck-lift instructional session and interactive patient demonstrations.
- Game show-style competitions, including the ever-popular Iron Surgeon and Golden Scalpel Knowledge Bowl as well as the new Dermatologic Surgeons Family Feud.
- Time to connect with colleagues at the elegant Gala at the Shedd Aquarium, informal Welcome Reception and exciting Silent Auction.
- Events just for residents and young dermatologic surgeons, including the Annual YDS Dinner, a Resident Networking Reception and daily hospitality suites.
- An ASDS Member App featuring all the Annual Meeting had to offer, from educational program information and evaluations to exhibitor lists and hotel floor plans.
- Displays from more than 120 exhibitors, showcasing the latest products and developments in dermatologic surgery.

### Annual Meeting Insights

The Society conducted market research in 2015 to gain a better understanding of what members value about the ASDS Annual Meeting to drive growth in future attendance. The research shows that attendees appreciate the depth of the high-caliber educational content that is unique from what is offered at other conferences. Nearly three out of four members rate the Annual Meeting's overall value as "excellent" or "very good" – earning it a best-in-class designation according to industry standards. ASDS also achieved that best-in-class designation in five

of the members' top seven reasons for attending the Annual Meeting:

- Offering a sufficient depth of content.
- Offering a sufficient breadth of content.
- Offering the latest surgical techniques.
- Presenting credible, unbiased content.
- Offering a reasonable meeting length.

The research results are being converted from the theoretical into an action plan. Feedback is being incorporated into preparations for the 2016 ASDS Annual Meeting in New Orleans and beyond.

### EDUCATIONAL EXCHANGE

Both mentors and mentees benefit when experts and rising dermatologic surgeons share their skills and experiences in educational exchange formats.

Now completing its third year, the Visiting Professor Program enhances the educational experience of dermatology residents at no cost to the residency program. Fourteen leaders in dermatologic surgery offer their time to visit programs and provide lectures on chemical peels, surgical skills and tumescent local anesthesia.



*Marc B. Roscher, MD (left) and Lawrence M. Field, MD, are active proponents of ASDS educational exchanges.*

The exclusive ASDS Preceptorship Program – where graduating residents, fellows and practicing members spend a week visiting the practice of an established dermatologic surgeon – promotes excellence and fosters the highest standards of patient care. A total of 50 preceptees received approval in 2015 to visit any of 185 participating preceptors, providing unparalleled opportunities for one-on-one learning.

ASDS offers learning across the globe through two outreach efforts established through the Lawrence M. Field, MD, International Dermatologic Surgery Educational Exchange Fund.

# BY THE NUMBERS...

## 1,113

ASDS Annual Meeting attendees

## \$96,000

Funding awarded through CERG program

## 58,152

Screen views of ASDS Member App with Annual Meeting features

- In the International Traveling Mentoring Program, 167 approved mentors and hosts from 31 countries offer teaching and learning opportunities.
- In the International Preceptorship Program, one international dermatologic surgeon each year is selected to visit a preceptor in the United States to learn techniques and procedures not available in his or her country of origin. The 2015 recipient was Choon Chiat Oh, MD, of Singapore, who visited John A. Carucci, MD, PhD, in New York.

Two other ASDS resources provide education connections. DermSurg Fellowship Finder is a web-based comprehensive database of all Mohs, procedural, cosmetic and laser surgical fellowships in the United States. The Partners in Professional Development program matches young dermatologic surgeons with ASDS members willing to share advice on establishing new practices.

## EDUCATIONAL COURSES

From residents to advanced practitioners to office teams, ASDS offered a brand new line-up of educational courses in 2015 with an unequalled opportunity to expand skills, explore new advances and improve patient care.

The inaugural **Premier Annual Resident Cosmetic Symposium**, held in April in Dallas, provided scholarships to 100 residents and surgical directors for comprehensive hands-on and didactic training in injectables, peels, veins, body sculpting and lasers/energy-based procedures. With residency programs facing limitations of time and resources, this 2½-day course led by Craig F. Teller, MD, and Susan H. Weinkle, MD, helped fill the training gap in the ever-changing, ever-growing realm of cosmetic procedures.

**The State-of-the-Art in Minimally Invasive Aesthetics: Anatomy to Advances** – held in June during the 23rd World Congress of Dermatology – featured 24 top ASDS experts candidly discussing breakthroughs and the latest

treatment in minimally and non-invasive treatments. Directors Derek H. Jones, MD, and Alastair Carruthers, FRCPC, led 88 international participants in learning how to master the experts' techniques and solve perplexing patient predicaments.

Entire practice teams were encouraged to attend the **Practice Management, Marketing and Social Media** course offered in July in Chicago. Directors Cheryl M. Burgess, MD, and Jody A. Comstock, MD, led 78 participants in learning strategies and tactics used by successful practices to improve business operations, increase staff efficiency and effectively use new social media vehicles to attract new patients and retain current patients.

Designed for more experienced injectors, the **Advanced Injection Techniques: Maximize Safety and Minimize Complications** course – held in October in New York City – provided 84 attendees with a variety of methods from top experts to achieve excellent outcomes in panfacial volume restoration and shaping. Directors Rebecca Fitzgerald, MD, and Shannon Humphrey, MD, led the course that featured live patient demonstrations and case-based presentations to expound on the use of different structural tissue layers to minimize complications and deliver natural-appearing results.

## SELF-DIRECTED LEARNING

From online tools to self-assessments, to subscriptions to educational products and DVDs, ASDS is committed to providing self-directed learning resources to fit everyone's learning style and scheduling needs.

Exclusively devoted to cosmetic and reconstructive cosmetic and reconstructive surgery involving the skin, hair and nails, the *Dermatologic Surgery* journal publishes the most comprehensive and up-to-date information in the field. This monthly scientific publication





includes peer-reviewed original articles, case reports, ongoing features, literature reviews and correspondence. The journal – mailed at no charge to members – also is available for download on the *Quest* digital knowledge network.

The ASDS e-learning portal at *asdselearning.net* provides ASDS members with flexible, convenient access to quality educational resources. Learning modules provide the full course experience in the comfort of a home or office.

- **ASDS Circle of Excellence** – Achieving a designation (available now for soft-tissue fillers) provides members with an attestation to peers, patients and referring physicians and validates their commitment to the highest level of expertise and patient care through continuing education.
- **Mini-MBA Series** – This two-part series provides proven practice management and marketing strategies as well as tips from successful practices.
- **Leadership Development Series** – A six-part series focuses on how to become a more effective manager, coach and leader.
- **Management of Actinic Keratosis, Squamous Cell Carcinoma and Basal Cell** – An educational video explains how to recognize, diagnose and treat suspicious lesions.
- **Medical Triaging & Tips for the Nurse in the Cosmetic Dermatology Practice** – First-line responders can learn how to effectively respond to patient care questions and understand the impact on patient safety and outcomes.



The *Quest* digital knowledge network also provides many e-learning resources exclusive to ASDS members including:

- **Understanding Facial Anatomy for Safer Filler Injection** – This FLN video produced in 2015 focuses on high risk areas of vascular anatomy, landmarks for safe injection and strategies to prevent complications.
- **Dermatologic Surgery Fundamentals Series** – Seven new presentations were added in 2015 to these quick-reference guides – developed through the FLN – that help residents understand key principles in dermatologic surgery. Topics include: surgical instruments and sterilization; suture properties and wound closure materials; electrosurgery; wound healing and dressings; suturing; anatomy of the aging face; soft-tissue augmentation; complications from fillers; complications from neuromodulators; full- and split-thickness skin grafts; skin substitutes and second intention healing; and complications in dermatologic surgery.

- **ResQ procedural dermatology review** – The study tool offers 500 board-style questions and answers.
- **Better Surgical Education Video Series** – This six-part lecture series by ASDS experts reviews types of flaps, hyaluronic acid fillers and physiology of facial aging.
- **ASDS educational podcasts** – These audio interviews with ASDS colleagues impart essential information on coding, patient safety and pain management.

Other self-directed learning opportunities available include:

- **ASDS Live Learning Center** – ASDS Annual Meeting presentations can be viewed or downloaded.
- **ASDS products** – A variety of clinical and practice management publications and DVDs specific to dermatologic surgery are available at discounted member pricing.

## RESEARCH

Supporting its mission to foster, support, develop and encourage investigative knowledge in dermatologic surgery, ASDS provides members with the tools and assistance they need to achieve the highest standards in clinical practice and patient care.

In 2015, consensus recommendations were published in the *Dermatologic Surgery* journal on the treatment of non-melanoma skin cancers (basal cell and squamous cell) and sclerotherapy as well as on the storage and reuse of previously reconstituted botulinum toxin Type A. Published on the *Quest* digital knowledge network were consensus recommendations on resource management for a dermatology practice in an academic setting.

Uniting education and innovation in dermatologic surgery, 10 grants totaling \$96,000 were awarded in 2015 through the Cutting Edge Research Grant program. These research projects advance the practice of dermatologic surgery, stimulate the invention of new technologies or document the outstanding and high volume of work of dermatologic surgeons. Six grants were awarded to those submitting Board-directed research topics.

ASDS also awarded the first research grant through the Fredric S. Brandt, MD, Innovations in Aesthetics Fellowship Fund. To advance the legacy of Dr. Brandt who died in April – and supported by The Allergan Foundation – the fund promotes and supports the career development of cosmetic dermatologic surgeon-scientists focused on cosmetic treatments and patient care.

## ASDSA Advocacy

*Raising our collective voice.*

*Enhancing our political relevance.*

*Developing ongoing relationships.*

**A**SDSA advocates for its members and their patients through its unified, policy agenda, providing a strong voice and trusted resource to both state and federal policymakers.

In 2015, this voice was once again heard – in Congress, at state capitols, inside collaborative efforts, during regulatory hearings, at the American Medical Association House of Delegate meetings and with numerous collaboration efforts with specialty medicine colleagues. ASDSA supports its members and their patients through relevant direct lobbying, pertinent meeting representation, shared solutions and hosting events designed to elevate dermatologic surgery and its important issues to key stakeholders.

ASDSA works with a variety of national and state specialty societies (including the American Academy of Dermatology), state medical associations, the American Medical Association and patient advocacy groups to amplify its voice in the policymaking arena. ASDSA volunteers are critical to these efforts:

- The newly renamed and focused State-based Advocacy Network for Dermatologic Surgery (SANDS) is a strong network of “go-to” member advocates in each state. SANDS include both experienced members and residents. They can be called to testify on behalf of ASDSA at hearings, write and call their elected officials, act as eyes and ears in their states and provide guidance on how policies would impact the specialty and patients.
- Work Groups that focus on both research and policy priorities, grassroots advocacy, and state and federal affairs.
- New priority activities including skin cancer prevention, performance improvement and patient-centered research.

**George J. Hruza, MD, MBA**  
2014-15 ASDS / ASDSA President



*Congressman Mike Quigley's District Manager Krysh Shaw and Meyer Horn, MD, meet at an ASDSA skin cancer screening in Chicago.*

*A record eight ASDSA position statements were either created or updated with relevant data and information in 2015 to help members make their cases to policymakers. We salute the work done by those involved for their foresight and diligence in staying current in today's changing health care environment.*



*Staying relevant at the federal level is of utmost urgency for our specialty. We need to cultivate beneficial relationships at the legislative and regulatory levels that help ensure our patients have access to cutting-edge dermatologic treatments only our members can deliver.*



**Murad Alam, MD**

AMA CPT Advisor and ASDS Secretary

- Liaisons to the American Medical Association, health care organizations and coalitions.
- Participation in the effort to pass the most meaningful physician payment reform in more than 20 years – repeal of the Sustainable Growth Rate (SGR).
- Working with Partnership to Improve Patient Care (PIPC) to identify optimal patient outcomes for skin cancer treatments.
- Active participation around issues related to fair practice reimbursements, making sure dermatologic surgeons and their patients' voices are heard.

## ASDSA EXTERNAL LIAISONS

ASDSA members volunteer to serve in key roles as liaisons to external organizations aligned with our vision and the association's work. At the AMA House of Delegates meeting this year, for example, ASDSA helped craft, introduce and pass three resolutions aimed at improving the practice setting for dermatologic surgeons (prescription product labeling, access to in-office administered drugs and appropriate use of compounded drugs in medical offices). Volunteer liaisons include:

**AAD Mohs Committee:** Lawrence J. Green, MD;  
Clifford W. Lober, MD

**AAD Government Affairs and Health Policy and Practice (GAHPP) Council:** George J. Hruza, MD, MBA  
**Accreditation Association for Ambulatory Health Care (AAAHC):** George J. Hruza, MD, MBA

**Alliance for Specialty Medicine (ASM):** George J. Hruza, MD, MBA

**American Medical Association (AMA):**

- Delegate – Jessica J. Krant, MD
- Alternate Delegate – Chad L. Prather, MD
- Young Physician Section (YPS) Representatives – Anthony M. Rossi, MD; William L. Waller III, MD (alternate)
- Resident and Fellow Section Representative – Nita Kohli, MD, MPH

- Coding and Procedural Terminology Committee (CPT) Advisor – Murad Alam, MD
- Alternate CPT Advisor – Jeremy S. Bordeaux, MD, MPH
- Specialty Society Relative Value Scale Update Committee (RUC) Advisor – Mark D. Kaufmann, MD
- Alternate RUC Advisor – Aaron K. Joseph, MD
- **Facilities Guidelines Institute** – George J. Hruza, MD, MBA
- **Federation of Specialty Plastic Surgery Societies (FSPSS)** – AMA Delegate Jessica J. Krant, MD, and AMA Alternate Delegate Chad L. Prather, MD
- **Intersocietal Accreditation Commission (IAC) Vein Center** – Mitchel P. Goldman, MD
- **National Coalition for Skin Cancer Prevention (NCSCP)** – Ian A. Maher, MD
- **Partnership to Improve Patient Care (PIPC)** – Christian L. Baum, MD
- **Physician Consortium for Performance Improvement (PCPI)** – Anthony M. Rossi, MD

## ADVOCATE TOOLBOX

ASDSA strives to provide its members with interactive and current resources to enhance grassroots efforts related to its advocacy agenda. Among 2015 offerings available on the ASDSA website ([asdsa.asds.net](http://asdsa.asds.net)):

- State-by-state resources on patient safety areas most important to members – truth in advertising and office-based surgery laws and regulations.
- Videos on billing practices and how to become an effective advocate created by the Resident Grassroots Advocacy Work Group.

## PERTINENT POSITIONS

Being on the forefront of a changing landscape for health care, it is imperative that the Association's positions reflect the current practice environment, patient safety priorities and are scientifically sound. This year, the Policy Priorities Work Group diligently worked to create both new and revised position statements in the areas needing the most attention:

# BY THE NUMBERS...

## 1,114

Calls to action sent to members on key state issues

## 65

Strategic alliances on state issues

## 17

Strategic alliances on federal issues

## 200+

Member contacts to federal legislators on key federal issues

- **Physician Oversight of Medical Spas:** This revised statement strengthens the organization's opposition to medical spas without an on-site physician and continues to oppose the corporate practice of medicine.
- **Physician Delegation:** Now supporting direct on-site supervision of non-physician providers and opposing the independent practice of non-physician providers outside of a physician-led team, this newly revised statement used to include training principles.
- **Compounding Pharmacies:** Including a new emphasis on the in-office administration of drugs, this statement supports a physician's right to compound and administer drugs in an office setting and opposes regulations that restrict physicians from using their clinical judgements in administering compounded medications.

## ADVOCACY OUTREACH

In order to maximize advocacy efforts, members must build relationships with their elected officials. External efforts to promote the ASDSA advocacy agenda in 2015 included:

- Leading the effort to support state Truth in Advertising language with multi-organization coalition efforts in Pennsylvania.
- Joining representatives from other skin cancer organizations to participate in the Skin Cancer Prevention Health Fair at the Capitol Visitor Center in Washington, D.C. Cheryl M. Burgess, MD, helped raise awareness of skin cancer prevention and indoor tanning issues while offering skin cancer screenings to members of Congress.
- Meeting with the Joint Commission and United States Pharmacopeia to work on issues related to accreditation and state practice acts that do not allow physicians to administer drugs in the office when they are considered compounded medications.
- Discussing legislation with relevant Congressional offices, participating in the AADA Legislative Fly-In and actively lobbying Congress on the issues impacting medical specialists during the ASM Fly-in.

- Submitting formal regulatory comments to CMS on the 2015 Proposed Physician Fee Schedule and other related payment policy regulations. Repeatedly and successfully urging, along with others, Congress and the federal agencies to consider the best way to not only to retain the global surgical package but to improve its value and



*ASDSA members Arash Koochek, MD (left), and Ian A. Maher, MD (right), meet John Antonishak, Executive Director of the National Council for Skin Cancer Prevention.*

coding. Advocating that modifications be phased in and not made into discrete components. Opposing the use of the Appropriate Use Criteria to withhold payments while suggesting only a provider-led entity develop, modify or endorse the AUC.

- Working within the National Council on Skin Cancer Prevention and spearheading successful efforts to convince Southwest Airlines to change its advertising campaign promoting tanning. Also leading efforts to attempt to convince Lululemon to change its pro-tanning marketing materials.
- Holding the first ASDSA-hosted SkinPAC reception at the ASDS Annual Meeting and raising \$22,300.
- Collaborating on holding a local community skin cancer screening event with a Congressional office to promote awareness and build relationships (ASDSA member Meyer Horn, MD, and Rep. Mike Quigley's office in Chicago).

## STATE HIGHLIGHTS

ASDSA had a hand in influencing legislation in favor of the dermatologic surgery specialty across the country.

### Truth in Advertising

ASDSA has been leading efforts with coalition partners in multiple states to pass this type of legislation that helps patients make informed decisions about their health care. The coalition – which consists of multiple national medical

specialty societies, the American Medical Association and the American Osteopathic Association – works to pass model truth in advertising legislation. Specifically, this legislation would reserve the advertisement of the terms “board certified” for physicians who have undergone the rigorous certification process by a member board of the ABMS, AOA or other board deemed equivalent by the state.

This legislation also requires all health care advertisements to be free from any and all deceptive and misleading information and requires practitioners to clearly identify the type of license held. This legislation is pertinent to patient safety as patients are often confused about who is providing their health care. The goal of this legislation is to clear up any “white coat confusion” and empower patients to make informed decisions. Among 2015 successes were bills requiring disclosure of level of licensure in advertisements and nametags that were signed into law in Georgia and Nebraska (effort funded by an ASDSA Ignite Grant).

### Patient Safety Legislation

ASDSA supports public policy that ensures medical procedures are performed by appropriately trained and supervised practitioners acting within their scope of practice. Among achievements in 2015:

- Defeating bills expanding the scope of practice for naturopaths in North Dakota and estheticians in Virginia.
- Leading a historic coalition of physician specialties in Oregon to try to defeat advanced estheticians’ evolving use of lasers. Although legislation ultimately passed, ASDSA was the leader in new efforts to proactively influence safe laser use by non-physicians.

### Cosmetic Medical Procedures Taxes

ASDSA, along with national and state strategically aligned organizations, opposes any effort to impose a tax on cosmetic medical procedures and products. In 2015, ASDSA helped to stave off attempts to implement these taxes in Maine and Utah.

### Indoor Tanning

In the interest of skin cancer prevention, ASDSA supports public policy efforts to educate the public about the dangers of indoor tanning and supports indoor tanning bans for minors. Among 2015 achievements:

- Helping to pass under-18 indoor tanning bans in New Hampshire and North Carolina.
- Successfully supporting a bill to allow sunscreen and educational resources in public schools in Texas.

- Successfully supporting Oregon legislation to allow children to have access to sunscreen and protective clothing at school.

### Network adequacy

ASDSA advocates for accurate, up-to-date provider directories; comprehensive, timely access by patients to primary, specialty and subspecialty care; transparency regarding network inclusion decision-making; and a reasonable appeals process. ASDSA believes comparative effectiveness, patient population considerations should be taken into account in network inclusion decision-making. Among work of note in 2015:

- Working actively with the National Association of Insurance Commissioners (NAIC) and the AAD-led Network Adequacy Coalition to strengthen the model legislation to include favorable definitions of specialists and subspecialist for the benefit of patients seeking dermatologic surgeons.
- Collaborating in Nevada on a joint effort to strengthen the state’s definition of specialty and subspecialty in a Department of Insurance rule rewrite to protect consumers.
- Contributing comment letters and grassroots support in Ohio and California to bolster rules to allow patients access to needed specialists and subspecialists.

### REGULATORY ROUND-UP

At the federal level, ASDSA members in 2015 served as experts for a variety of regulatory initiatives for the Food & Drug Administration (FDA):

- Urged the Office of Management and Budget to release its draft FDA rule, General and Plastic Surgery Devices: Restriction of Sunlamp Products, and, in late December, the FDA released its sentinel rule calling for tightened regulations on sunlamp products.
- Testified at two hearings of the FDA on the patient need to have access to safe and effective products related to submental fullness (Kybella) and a loss of hand volume (new indication for Radiesse).
- Collaborated on providing education to the FDA with the American Society for Laser Medicine & Surgery (ASLMS) on dermal fillers and low-level light clinical applications/fluence.
- Assisted the FDA in identifying experts for a project on facial injection patient safety.
- Contributed to the FDA’s docket on compounding and the related comments to USP on sterility and other compounding issues.

## ASDS Branding

*Continuing the national campaign to benefit the specialty*

With its concentrated focus on digital advertising, the ASDS branding campaign launched in mid-2013 continues to drive consumers to the ASDS website, where these prospective patients search for an ASDS member in their area. In 2015, the Society expanded the campaign to begin educating referring physicians about ASDS member expertise.

Both the consumer and physician facets of the branding campaign elevate the awareness of Society members as THE experts in skin health and beauty.

*While the national branding campaign continues to do its job of attracting consumers to visit our website and ultimately find a dermatologic surgeon in their area, we are excited this year to expand our messaging to reach referring physicians.*



Since the beginning, the consumer campaign has focused on digital advertising – with Google AdWords and remarketing ads tied to branding video landing pages. In 2015, all-new AdWords were launched nationwide with connections to content-rich ASDS website pages. New sets of remarketing ads featuring images and dialogue from the vignette-style branding campaign videos were created to better connect the takeaway messages.

And the campaign is working. With 7 million web impressions from Google AdWords and 1.8 million remarketing ads generated since mid-2013, thousands of consumers interested in more information about cosmetic and skin cancer treatments clicked through to the ASDS website and typed in their location to “Find an ASDS member dermatologist” near

**Naomi Lawrence, MD**  
2014-15 ASDS / ASDSA President-Elect  
Chair, Branding and PR Work Group



## BY THE NUMBERS...

**7 million**

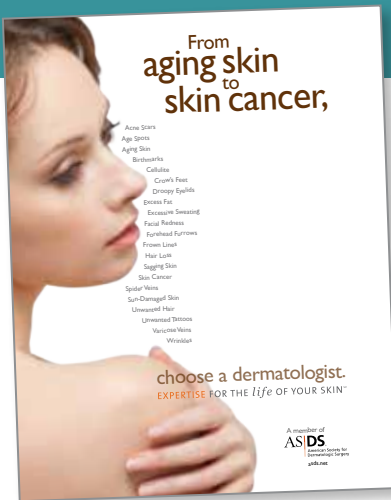
Total Google AdWords impressions

**1.8 million**

Total remarketing ad impressions

**15**

Branding campaign videos created for online ads and member use



them. Of those, about half are clicking on a member's profile to check out contact and website information.

Understanding the importance and popularity of online videos, the Society moved in a new direction in 2015 after discovering

the popularity of last year's video telling the real-life story of women's basketball coach Lisa Pace, 37, as she battles multiple skin cancers – including five melanomas – after being “addicted” to indoor tanning during college.

The six new videos in 2015 feature three actual cosmetic female patients telling why they decided to seek treatments and how they feel about the way they look. The three patients are featured again in a second set of videos that also include short interviews with their ASDS member dermatologic surgeons.

Two national print opportunities arose in 2015 when a 12-page Skin Health supplement was inserted in USA Today newspapers in major markets and another insert focused on The Future of Cosmetic Surgery and Procedures was inserted into the LA Times. In both publications, readers saw ASDS branding campaign ads and articles written by ASDS members.

The next phase of the branding campaign – launched in late 2015 – is to encourage physicians to refer their patients to ASDS members. The print advertisement –

asking physicians to “Trust us with your patients” – first appeared in a November issue of Medical Economics magazine, distributed to 90 percent of general practitioner physicians in the United States.

This phase of the campaign couldn't come at a better time, with value-based health care demanding that primary and specialty care physicians work together to deliver cost-effective and superior care to patients.

The advertisement touts ASDS members as leading experts in skin health and suggests physicians keep ASDS members in mind for treatment of skin cancer, skin conditions such as hyperhidrosis and scarring, and varicose veins. Physicians are asked to visit [asds.net/refer](http://asds.net/refer), where they can search for an ASDS member in their area.

Together, these multi-faceted and cost-effective campaign strategies are helping build consumer and physician awareness and preference for ASDS members for both medically necessary and cosmetic skin procedures.



# multi·fluence

## ASDS Impact Factors

*Promoting expertise. Creating connections.  
Raising awareness.*

The overall ASDS “impact factor” – its relative importance within the field – continues to grow through:

- Promoting the expertise of its members.
- Creating connections between members and the public.
- Raising awareness about issues relevant to the specialty.

With the branding campaign doing its job in the digital world to promote member expertise to consumers and referring physicians, other Society initiatives, programs and publications are attracting media attention and raising awareness of important issues.

### NEWS VIDEOS

With video accounting for 66 percent of global Internet traffic and visual content shared more often than text content, ASDS launched a news video initiative in 2015 to increase the conversion potential of its messaging.



*ASDS is reaching a much larger audience with our message by distributing videos with our major news stories.*



In August, ASDS developed and distributed its first video news release – in addition to issuing a series of traditional press releases and an infographic – to publicize the results of the 2015 ASDS Consumer Survey on Cosmetic Dermatologic Procedures. The nationally circulated video was featured on more than 100 television station websites. The video features the top statistics from the consumer survey while showing a variety of procedures being performed on patients. The supplemental procedures footage shown during the voiceover – called B roll – was shot at two ASDS member offices in the spring.

**Elizabeth L. Tanzi, MD**  
Chair, Media Relations Work Group



A second video called "ASDS: A History of Innovation" was released shortly after the ASDS Annual Meeting. That video features the work done by ASDS Board member Adam M. Rotunda, MD, that led to Kybella, the first-in-class injectable that dissolves submental fat. Kybella – approved by the FDA in the spring – is the latest in a long list of innovations of ASDS members. That video (and accompanying article) was picked up by a variety of news outlets, including Reuters.



## MEDIA RELATIONS

Aside from the expansive efforts on the procedures and cosmetic surveys, ASDS issued dozens of news releases in 2015 to attract media interest – with each generating between 29,500 to 57,500 online news impressions.

ASDS widely publicized two consensus recommendation documents on basal cell and squamous cell carcinomas that were published in the *Dermatologic Surgery* journal in 2015. For each, the media outreach and accompanying infographics featured the basic facts about the common skin cancers, pictures of their various types, their treatment options and costs. For both, Mohs Micrographic Surgery was listed as the "treatment of choice" for high-risk cases, for lesions in cosmetically sensitive location and for tumor recurrences.

In a new initiative, ASDS began issuing a series of press releases tied to other articles in the *Dermatologic Surgery* journal. In one, ASDS featured an article that showed melanoma survival and recurrence rates are unaffected by pregnancy. ASDS also focused on a study that showed cryolipolysis (fat-freezing) procedures are effective in reducing enlarged male breasts. As a result of the stories, both of these journal articles were among

**Squamous Cell Carcinoma**  
First-ever consensus recommendations  
ASDS American Society for Dermatologic Surgery

**ASDS experts: Early treatment of SCC improves outcomes**

**Treatments**

**GOALS**

- Complete tumor elimination
- Maintain maximum function
- Provide the best cosmetic outcome

**SURGICAL OPTIONS**

**Mohs Micrographic Surgery**

- "Treatment of choice" for:
  - High-risk SCCs
  - SCCs in cosmetically sensitive locations
  - Tumor recurrences
- Advantages:
  - Highest cure rate for high-risk and recurring SCCs
  - Spares normal tissue
  - Tumor removal and reconstruction usually performed on same day
  - Among the lowest-cost treatment options

**Surgical excision**

- Used for low-risk SCCs
- Pathology is performed
- Faster healing and improved cosmetic results compared to electrodesiccation and curettage
- Limited margin assessment decreases cure rates
- Cost may be less than Mohs if done in one office-setting visit

**Electrodesiccation and Curettage**

- Lesion is scraped and burned
- Used for low-risk SCCs
- High recurrence rates
- Often leaves a white scar

**OTHER ALTERNATIVES**

**Radiation therapy**

- Occasionally recommended for patients when surgery is not an optimal choice
- Can be very expensive

**Photodynamic therapy**

- Topical medication followed by light therapy
- Cure rates lower than surgery
- Excellent cosmetic outcomes

**Topical medications**

- Relatively inexpensive
- Long-term studies of efficacy lacking

**Common types of SCC**

**ACTINIC KERATOSIS AND NON-BOWEN'S DISEASE**

- Precancerous skin lesion
- Scaly patch or growth that may be dry, rough or firm
- May vary in size up to one or more centimeters in diameter

**BOWEN'S DISEASE**

- Typically a slow-growing tumor in sun-damaged skin of the elderly
- Distinct appearance compared to surrounding skin
- More common in men than women

**INVASIVE NON-BOWEN'S DISEASE**

- Fast growth or nodule often topped by scale or crust
- May form an ulcer or bleed
- May form anywhere on the body
- Can become invasive with potential to spread

**INVASIVE BOWEN'S DISEASE**

- Rapidly growing, ulcerated tumor occurring in a scaly or red patch
- Can become invasive with potential to spread

**WHAT IS SCC?**

- **SECOND-MOST COMMON** skin cancer in the United States
- Estimated **700,000** new cases each year
- Most SCCs occur on the head, neck and extremities
- Most SCCs can be treated with minor surgical procedures
- SCCs that continue to grow can cause tissue **destruction** and become **invasive**

**WHO GETS SCC?**

- Occurs in **all skin types** and races
- Most common in **light-skinned** individuals
- Occurs in men **three times more often** than in women

**WHO GETS SCC?**

- **Occupations** have a five times higher risk
- **Salons** are at a greater risk
- **UV rays**. UVB is the primary also contributes
- **As arctic and soot exposure**
- **ers** that suppress the immune system
- **add quickly see a dermatologist because the first treatment** of the initial lesion. for repeated tumors than for primary tumors.

**Analysis of Treatment Methods**  
Hiras, MD, Suzanne M. Orlinick, MD, Dermatologic Skin Cancer Treatment, ASDS

asds.net

**Basal Cell Carcinoma**  
First-ever consensus recommendations  
ASDS American Society for Dermatologic Surgery

**ASDS experts: Surgical options provide best outcomes**

**Treatments**

**GOALS**

- Complete tumor elimination
- Avoid or correct any functional impairment resulting from the tumor removal
- Provide the best cosmetic outcome

**SURGICAL OPTIONS**

**Mohs Micrographic Surgery**

- "Treatment of choice" for:
  - High-risk BCCs
  - BCCs in cosmetically sensitive locations
  - Tumor recurrences
- Advantages:
  - Lowest rate of recurrence and metastasis
  - Spares normal tissue
  - Most cost-effective when excision, pathology and repair are done in one office-setting visit

**Surgical excision**

- Pathology is performed
- Recurrence rate higher than Mohs
- Cost may be less than Mohs if done in one office-setting visit

**Electrodesiccation and Curettage**

- Lesion is scraped and burned
- Used for low-risk BCCs
- Often leaves white scars
- High recurrence rate

**OTHER ALTERNATIVES**

**Radiation therapy**

- Occasionally recommended for patients when surgery is not an optimal choice
- Can be very expensive

**Cryosurgery**

- Low-cost skin freezing procedure
- High recurrence rate
- Permanent white scars are common

**Photodynamic therapy**

- Topical medication followed by light therapy
- Cure rates lower than surgery
- Excellent cosmetic outcomes

**Topical medications**

- Relatively inexpensive
- Long-term studies of efficacy lacking

**Most common types of BCC**

**NODULAR**

- Pearly or translucent growth
- Visible blood vessels common
- Often bleeds and crusts

**SUPERFICIAL**

- Pink-red, scaly patch
- Can look like eczema or psoriasis

**MORPHEIFORM**

- Pale or flesh-colored
- Flat or slightly raised
- Indistinct borders
- Resembles a scar

**WHAT IS BCC?**

- **MOST COMMON** cancer in the United States
- Nearly **3 million** new cases each year
- Most BCCs occur on the face
- BCCs rarely metastasize, but left untreated may cause tissue **destruction**, cosmetic **deformities** and functional **disabilities**

**WHO GETS BCC?**

- Occurs in **all skin types** and races
- **Incidence rate is doubling every 25 years**
- **Increasing rates** for women and those under age 40
- **Highest risk** in light-skinned individuals
- **Increases** in frequency with age
- Most **aggressive subtypes** in those under age 35

**WHAT CAUSES BCC?**

- **Chronic exposure to UVA or UVB rays** – whether from sunlight, tanning booths or UV light therapy – typically 15 to 20 years between the time of UV damage and appearance of BCC

**Predisposition factors:**

- **Prior history** of BCC or squamous cell carcinoma (SCC)
- Gene mutations
- Exposure to **external carcinogens** such as X-rays or arsenic
- Suppressed immune systems from disease or medication

**Mean COST of BCC surgery (including Mohs)**

- In comparison to **office-based surgery**
- **90% more expensive**
- Hospital operating room: **368% more expensive**

**Recommendation**

Patients with a suspicious lesion should undergo a **complete skin examination** by a qualified physician because they often have additional cancers or pre-cancers at other sites and also are at an increased risk for developing malignant melanoma.

**Source:** "Consensus for Non-melanoma Skin Cancer Treatment: Basal Cell Carcinoma, Including a Cost Analysis of Treatment Methods." May 2015. *Dermatologic Surgery*. Authors: Arinola, N.B. Kavass, MD, Terrence Coombs Jr., MD, Basal Borewig, MD, George Healy, MD and Richard Bannett, MD. URL: <http://onlinelibrary.wiley.com/doi/10.1111/dsu.12101>

asds.net

# BY THE NUMBERS...

## 1,002,942

Annual page views on ASDS website

## 17,934

Free screenings provided to date through Choose Skin Health

the highest rated in the publisher's new Altmetric report that ranked 2015 individual scholarly articles by the measure of attention it received based on volume, sources and authors. These new additional public-facing news stories on scientific studies not only bring the journal's scientific findings to consumers, but they elevate the public's perception of ASDS member expertise.

Among other topics for news releases this year were: a response to the first-year progress report on the Acting Surgeon General's "Call to Action to Prevent Skin Cancer;" the establishment of two ASDS funds to honor the legacy of Fredric S. Brandt, MD; and a feature story on the first set of graduates from ASDS Cosmetic Dermatologic Surgery Fellowship programs.



### PUBLIC SERVICE ANNOUNCEMENT VIDEOS

A pair of powerful ASDS Public Service Announcement (PSA) videos to raise awareness about the need for men to adopt sun-protective behaviors and the dangers of indoor tanning were distributed in 2015 just in time for Skin Cancer Awareness Month in May. The videos – each 30 seconds in length – were distributed to media nationwide to help spread the message about the growing incidence of skin cancer.

One video was created as a result of a Future Leaders Network project; the other a result of the ASDS branding campaign.



As his 2013-14 FLN project, Terrence Keaney, MD, spearheaded the creation of a 30-second PSA and a 4-minute video that use humor to drive home the importance of sun-safe behaviors in men for a video titled, "Guys, don't be like Paul." The second PSA video warns of the dangers of indoor tanning.

### PUBLIC RESOURCES WEB PAGES

Consumers trust they can find comprehensive, accurate information on medically necessary and cosmetic treatments and conditions on the ASDS website ([asds.net](http://asds.net)). With content sorted by skin conditions and their possible treatment options, the website not only provides facts, details and explanations but also offers prospective patients information on how to prepare for a procedure and possible complications. Consumers are encouraged to find more information by connecting with an ASDS member through the "Find a dermatologic surgeon in your area" web feature. The search results can be filtered based on any of 45 treatment option categories and include links to member websites in addition to practice information and geocoded maps highlighting nearby member offices.

*We're honored that the Choose Skin Health free skin cancer screening program is being recognized for the impact it is making on the world.*

**Ian A. Maher, MD**  
Chair, Public Service Work Group



## CHOOSE SKIN HEALTH

ASDS member volunteers continue to provide free cancer screenings and make a difference in the fight against skin cancer as part of a partnership program with Neutrogena. In 2015, the Choose Skin Health program was recognized for its impact when it received a Power of

A Gold Award from the American Society of Association Executives. The Power of A Awards honor organizations that “distinguish themselves with innovative, effective and broad-reaching programs and activities that positively impact America and the world.”

For six years, Choose Skin Health has tapped into celebrity star power to draw attention to the program, with luminaries such as Jennifer Garner, Hayden Panettiere, Gabrielle Union and Sandra Echeverria (in a Spanish PSA) participating in outreach messages to the public. Print ads – featured in major national magazines – urge the public to practice sun-safe behaviors such as wearing sunscreen and avoiding tanning beds. ASDS members have provided

almost 18,000 free screenings since the program's inception, with 1 in 10 being diagnosed with skin cancer during the screenings.

In the Power of A award announcement, judges said Choose Skin Health “exemplifies how associations make a difference every day – not just to the industry or profession they represent, but to society at large.”

## SUN SAFE SOCCER, SUN SAFE SURFING AND HAIR STYLISTS AGAINST SKIN CANCER

These national programs – a result of Future Leaders Network projects – raise awareness about sun-safe behaviors and suspicious lesions. In Sun Safe Soccer, coaches encourage their players to apply sunscreen before putting on shinguards and to seek shade before and after the game. In Sun Safe Surfing, participants are taught the importance of wearing sun-protective clothing and applying waterproof sunscreen. In Hair Stylists Against Skin Cancer, stylists are trained for what to do if they spot a suspicious lesion while working with their clients. Referral cards



can indicate the spot they noticed and encourage them to see an ASDS member to get the lesion checked.



# intra·fluence

## ASDS Membership

*Embracing innovation.*

*Inspiring excellence.*

*Leading the way.*

As the premier specialty group representing dermatologists performing cosmetic, reconstructive and Mohs procedures, ASDS members are known as the experts in treating skin and soft tissue with both surgical and non-surgical methods. Membership in the Society continues to provide a multitude of benefits:

- Training in the latest techniques at the ASDS Annual Meeting and hands-on educational courses.
- ASDSA representation on legislative and regulatory issues.
- Connections with consumers through the branding campaign, public education programs and media relations.
- The camaraderie and peer collaboration of nearly 6,100 ASDS members for information and advice.
- Complimentary subscriptions to *Dermatologic Surgery* – the top-ranked subspecialty journal – and *Currents*, the bimonthly member magazine.
- Access to the Quest digital knowledge network that allows members to instantly access and organize the knowledge, expertise and educational resources of the ASDS dermatologic surgery community – and take it on-the-go.



*Residents and young dermatologic surgeons enjoy many educational sessions and networking events at the ASDS Annual Meeting.*

*ASDS offers something for every resident – whether you are interested in developing your leadership skills, learning procedures from world-renowned dermatologic surgeons or simply obtaining the resources to pass the boards.*



In 2015, numerous programs focusing on membership recruitment and retention – and others exclusively for residents – were developed or enhanced.

### MEMBER NEEDS AND OPINION SURVEY

The 2015 survey revealed ASDS and ASDSA are rated highly by members for being responsive (93 and 88 percent, respectively) and effective at helping them with their issues and priorities (90 and 88 percent, respectively).

**Nishit Patel, MD**

Chair, Resident Exchange Work Group

# BY THE NUMBERS...

## 266

Resident scholarships awarded for 2015 ASDS Annual Meeting

Educational offerings were deemed “just right” in seven of eight categories: basic cosmetic, advanced cosmetic, basic oncologic, advanced oncologic, basic reconstruction, advanced reconstruction and medical/therapeutic. In the final category, members said there are “not enough” practice management courses. The survey results reinforced that services offered to residents are influential in their decisions to retain membership. Among members ages 31-40, 86 percent indicated services received as a resident were important or very important factors in their membership decisions.

### RECRUITMENT AND RETENTION

Numerous promotional efforts – including mailings, eblasts, faxes, print and digital advertisements and personal outreach – yielded a 2015 retention rate of core members on par with previous years. Exhibits at the AAD Annual Meeting in March and the World Congress of Dermatology in June focused on reaching out to recruit new members.

### YOUNG DERMATOLOGIC SURGEONS

Strategic initiatives designed to increase the value of membership to those out of residency seven years or fewer were executed by the Young Dermatologic Surgeons Work Group. At the ASDS Annual Meeting, courses geared to these newer members as well as residents included Scientific Fundamentals in Cosmetic



Residents went head-to-head during the Golden Scalpel Knowledge Bowl at the ASDS Annual Meeting.

## Nearly 6,100

Members providing camaraderie and peer collaboration

Dermatologic Surgery and Core Curriculum tracks in cosmetic dermatologic surgery and reconstructive surgery. In addition, YDS members were matched with senior faculty speakers at the meeting. Networking events included a sold-out YDS Networking Dinner plus YDS Work Group members presenting at the Resident Luncheon. Throughout the year, Visiting Professors lecturing at residency programs are accompanied by a local YDS member to explain the benefits of ASDS membership.

### RESIDENTS

ASDS maintains its focus on providing benefits for residents. Besides continuing to offer free membership during residency, highlights for 2015 include:

- Growth in the Resident Liaison program, with 113 liaisons representing 106 of the 159 residency programs.
- Distribution of the ASDS Dermatologic Wound Closure Kit to all U.S. second-year residents.
- Distribution to all residents, via the *Quest* digital knowledge network, the *ASDS Primer in Dermatologic Surgery (A Study Companion)*, *Laser, Energy and Aesthetic Devices Primer*, *Dermatologic Surgery* journal, ResQ procedural dermatology review, Dermatologic Surgery Fundamentals Series, Better Surgical Education video series, *Currents* magazine and the ASDS Membership Directory.
- The ASDS Resource Resident Kit, mailed to third-year residents completing their residency in 2015. The kit included the *Building Your Dermatologic Surgery Practice* book and other materials.
- The Resident Exchange continues to work to represent residents and help disseminate information on programs, competitions and courses.
- The offering of the popular Resident Networking Reception at the Annual Meeting.
- Electronically sending an expanded version of the bimonthly *Currents* member magazine to all residents.

## ASDS Procedures Survey

*Showcasing experience and training*

**D**ermatologic surgeons performed nearly 9.5 million medically necessary and cosmetic procedures in 2014, remaining steady with the 2013 total but up 21 percent from two years ago. The totals – revealed in the ASDS Survey on Dermatologic Procedures – showed increases in a variety of categories.

The annual survey of practicing members again illustrates how dermatologic surgeons continue to be chosen by patients for their unique training and wide-ranging experience to treat not only the health of the skin but also its function and beauty.

As the incidence of skin cancer regrettably continues to rise, dermatologic surgeons continue to demonstrate their commitment to skin cancer awareness and prevention as well as their expertise in diagnosis and treatment. Of the 3.08 million skin cancer treatments performed by ASDS members in 2014, about 207,000 were for melanoma.

ASDS members also performed more than 311,000 phototherapy procedures to treat pre-cancerous cells (actinic keratosis) as well as sun damage, acne and rosacea.

Dermatologic surgeons performed 6.4 million cosmetic treatments as patients took advantage of new techniques and tools. The top cosmetic treatments were:

- Laser, light and energy-based procedures: 2.06 million
- Neuromodulator injections: 1.75 million
- Soft-tissue fillers: 1.01 million

**Susan H. Weinkle, MD**  
Co-Chair, Survey Work Group



*The sustained growth in a wide range of procedures performed by ASDS members provides evidence of the public’s recognition that we are the experts in the health, function and beauty of the skin.*

## BY THE NUMBERS...

**3.08 million**

Skin cancer treatments

**2.06 million**

Laser/light/energy-based procedures

**1.74 million**

Wrinkle-relaxing injections

**1.01 million**

Soft-tissue filler treatments

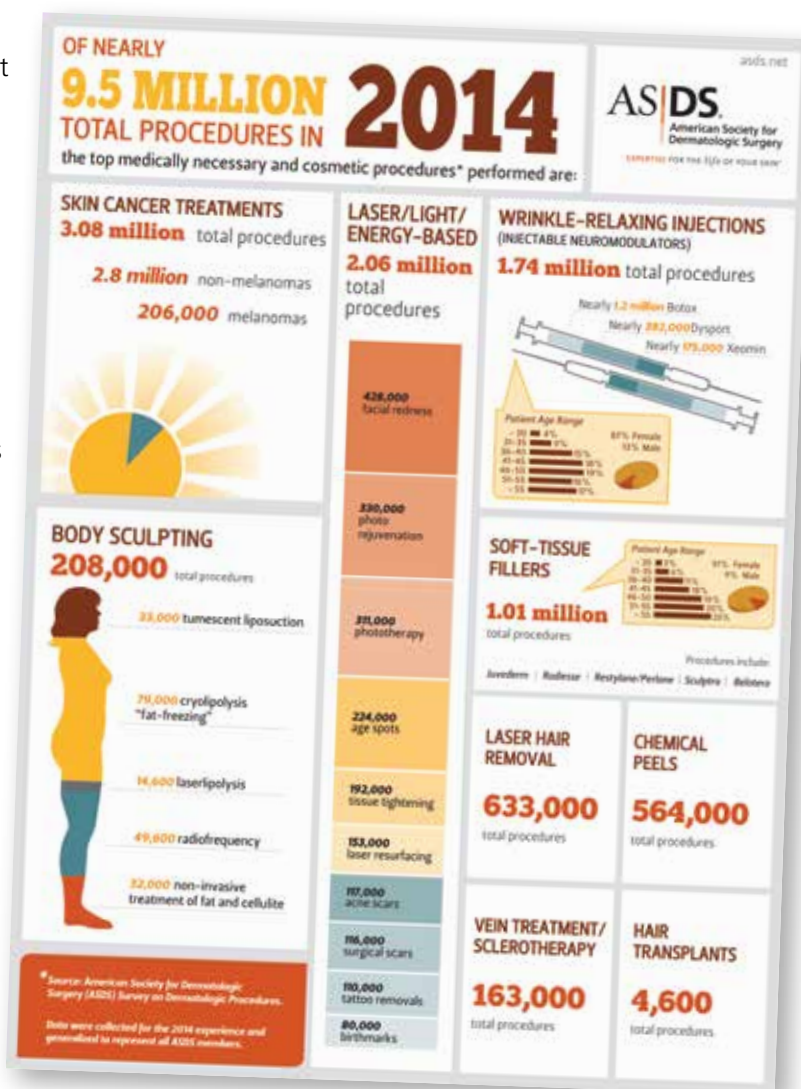
Besides phototherapy, a number of other laser, light and energy-based used for specific conditions had large totals, including:

- Facial redness: 428,000
- Photo rejuvenation: 329,000
- Age spots: 224,000

Laser hair removal saw a nearly 27 percent increase (to 633,000) as patients – ever mindful of safety and the level of expertise of their practitioners – chose ASDS member dermatologists for this procedure.

Ranking as one of the fastest-growing categories, ASDS members performed more than 207,000 body sculpting procedures in 2014, marking a 16 percent increase from 2013 and a 53 percent climb since 2012. The minimally invasive and non-invasive techniques used by dermatologic surgeons reduce inches and eliminate stubborn fat.

The survey effort – overseen by the Survey Work Group and led by Co-Chairs Susan H. Weinkle, MD, and Thomas E. Rohrer, MD – produces an annual snapshot as well as trend data for the media. As procedure totals continue to grow in all categories, this means more patients are choosing ASDS members for their unique training and experience to treat the health, function and beauty of the skin.



# poly·fluence

## ASDS Cosmetic Survey

*Revealing rising interest  
in cosmetic procedures*

**H**alf of consumers were considering a cosmetic skin procedure in 2015, with dermatologists again named as the greatest influence in this decision, according to the third annual Consumer Survey on Cosmetic Dermatologic Procedures.

The survey of more than 7,300 Americans reflects overall consumer views about cosmetic treatments and ratings for 10 specific procedures. It underscores the value consumers place on physicians' distinct qualifications, with the expertise held by ASDS members proving especially resonant.



The specialty in which a physician is board-certified is the single most important factor when selecting a practitioner for a cosmetic procedure – more significant than cost, physician referral or eight other choices.

For the third year in a row, dermatologists carry more influence regarding decisions to have cosmetic procedures than friends, physician referrals or 11 other factors. Patients who had procedures favored dermatologists for seven of the 10 procedure categories, up from five in the 2014 survey.

The majority of respondents in eight of 10 categories who had visited a dermatologist chose an ASDS member. And in all 10 categories, the majority of respondents indicated they would consider an ASDS member for a procedure.

**Thomas E. Rohrer, MD**  
Co-Chair, Survey Work Group



*ASDS members are pioneers and leaders in the realm of skin procedures, and that is not going unnoticed by the public. Patients are turning to our members as their top choice for a growing number of cosmetic procedures.*



# ence

## BY THE NUMBERS...

**5 in 10**

Consumers are considering cosmetic procedures

**10 of 10**

Patients would choose an ASDS member for their treatment

The survey also supplied renewed insight into what compels consumers to seek cosmetic treatments. To a large extent, intrinsic motivations steer their decisions.

For the third straight year, the leading factors for pursuing treatments are the desire to “look as young as I feel or better for my age,” “appear more attractive” and “feel more confident.”

The blind online survey asked average Americans what bothers them the most about their appearance. About 88 percent said excess weight, followed by skin texture and/or discoloration (72 percent), and lines and wrinkles around/under the eyes (69 percent) and excess fat under the chin/neck and sagging facial skin (both at 67 percent).

These concerns coincide with some of the procedures most often being considered: ultrasound, laser, light and radiofrequency treatments for wrinkles; laser and light treatments to reduce facial redness, improve skin tone or improve scars; and microdermabrasions.

Consumers gave the highest overall satisfaction rates to cosmetic procedures performed by dermatologists more often than by other practitioners, such as neuromodulator and soft-tissue filler treatments.

ASDS spread the word across the nation of the third annual survey results through multiple news releases, an infographic and its first-ever news video.



The Survey Work Group is encouraged by the findings that show the influence of dermatologic surgeons in cosmetic surgery. Expanded media relations efforts used the survey results to spread the message that ASDS members have the unique training and experience to recognize the special needs of the skin through various life stages.

# techno·fluence

## ASDS Quest Digital Knowledge Network

*Providing new ways to connect*

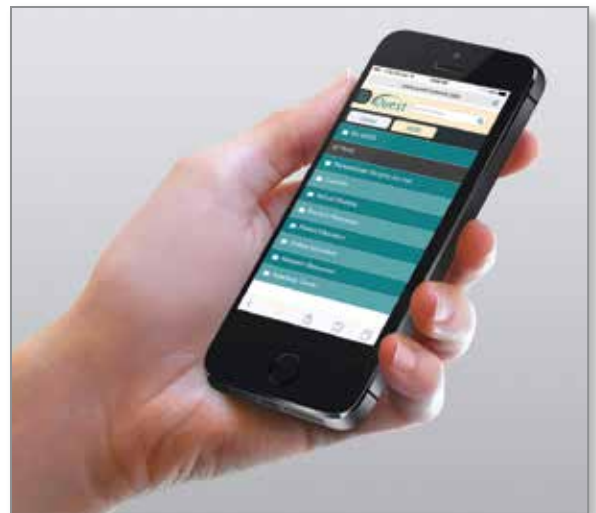
# Quest

ASDS Digital Knowledge Network

The premise behind Quest is simple – for ASDS members to perform at their customary high level, they need to access and absorb a large volume of clinical information. Quest has made doing so a much smoother process, all while engendering a deeper connection among those in the specialty. Quest provides ASDS members a 24/7 platform through which they can interact and learn from one another.

*Quest is an incredibly powerful resource that positions ASDS members for future success. The immediate access to high-end educational resources from any web-enabled device as well as the ability to collaborate with fellow members is invaluable.*

The Quest discussion board could well be one of the digital knowledge network's most powerful features with members able to get advice, share effective practices, discuss the latest research or products, receive feedback on ideas or techniques and continue conversations. The addition of Shared Interest Groups – or SIGs – encourages connections with colleagues by linking members with similar interests and challenges and providing a forum for them to easily interact and share resources. With a wide variety of subject-matter and role-based categories, there are groups to engage every member.



Participation in SIGs also offers a great opportunity for members to participate in leadership roles and flex their teaching skills. Each SIG has access to the new Quest interactive case builder where they can illustrate techniques, best practices or challenging cases. Case studies can be created



**William P. Coleman III, MD**  
Editor-in-Chief, *Dermatologic Surgery* journal

# flu<sup>en</sup>ce

## BY THE NUMBERS...

**500%**

Increase in discussion posts on Quest in 2015

**18**

Number of Special Interest Groups available on Quest

**37,725**

Number of Quest visits in 2015



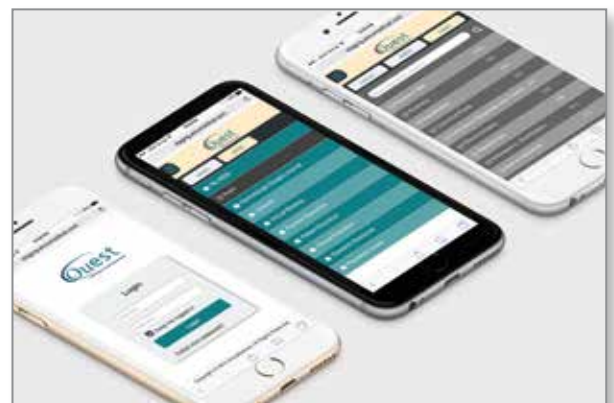
on any topic with branching logic and feature direct access to library reference material, multimedia attachments and community discussions. Integrated editing, reviewing and publishing capabilities are included.

Finding information on Quest also has become more efficient with new Google.com search technology. The powerful new search feature lets users search the entire Quest database including *Dermatologic Surgery* journals

(1975 to present), discussions, notes, personal documents, audio and video content. Filters allow users to refine the search to a specific area and then just click on the search result to go to the exact spot in the publication.

With Quest cloud-based syncing allowing access from anywhere and anytime on any web-based device, ASDS members can instantly:

- Access ASDS resources, including the *Dermatologic Surgery* journal.
- Get ready for exams with ResQ procedural dermatology review.
- “Tear out” articles, videos, discussions and organize them into personal binders.
- Add notes, highlight passages and bookmark sections.
- Add – and share – their own content.
- Leverage interactive case studies to expand their knowledge.
- Join SIGs and online discussions to share pearls and resources.



## ASDS Supporters

### *Building a strong Society*



**S**trong partnerships build a strong Society. ASDS believes in the development of partner relationships and strives to identify and create customized opportunities for all levels of supporters.

While contributions aid ASDS programs and services, partners also benefit by reaching leaders in the field as well as the premier specialty group trained to treat skin and soft tissue for both medically necessary and cosmetic concerns. ASDS members also help by pledging contributions to the Dermatology Advancement Fund (DSAF) – with the new Lifetime Sustaining Stegman Circle as the most prestigious giving level – to support targeted initiatives. In 2015, ASDS members set a record for member giving with more than \$500,000 in ASDS member contributions to DSAF.

In 2015, industry and member supporters provided more than \$1.6 million in contributions. Because of these strong partnerships, the Society will continue to enhance its work to advance the field of dermatologic surgery.

### **INDUSTRY PARTNER LEVELS**

From the Diamond level to Pewter and five partner levels in between, ASDS recognizes its corporate support based on annual cumulative totals. The companies in the top three categories include:

**Diamond Level:** Allergan, Inc. and Allergan Foundation

**Platinum Level:** Galderma Laboratories, L.P.; Merz Aesthetics, a division of Merz North America, Inc.

**Copper Level:** Alphaeon; Cynosure; Ethicon; Proctor and Gamble; Revance; Suneva; Syneron/Candela

### **DERMASURGERY ADVANCEMENT FUND**

Through DSAF, members provide additional support to aid the Society's goal to be the leaders in the field of dermatologic surgery and advocates for patient safety and education. Gifts can be designated as "unrestricted" or be directed to one of three initiatives: targeted research, patient education or public awareness for the specialty.

**Susan H. Weinkle, MD**

Chair, Development and Industry Relations Work Group



*Our industry partners play an important role in the success of ASDS. Their support and dedication continues to help ASDS deliver outstanding services and programs to our members.*



# BY THE NUMBERS...

# 1

## Diamond Partner

# 28

## Industry Advisory Council seats

# Over \$1.6 million

## 2015 contributions from corporate supporters

ASDS members and others can give to the Society in five ways: Stegman Circle, Legacy Donations, Tributes, Resident Scholarships and the Fredric S. Brandt, MD, Memorial Research Fund.

The Stegman Circle is the most prestigious level of member giving. Members pledge \$25,000 over five years or industry donates \$125,000 over five years. In 2015, three members became new Stegman Circle members. This year, a new level of Stegman Circle giving was announced. To join the new top-level Lifetime Sustaining Stegman Circle, Stegman Circle members pledge an additional \$25,000 in total after they have completed their original \$25,000 donation. Eighteen members joined the new Lifetime Sustaining Stegman Circle level:

- Murad Alam, MD
- Tina S. Alster, MD
- Harold J. Brody, MD
- Alastair Carruthers, MD
- Jean Carruthers, MD
- Sue Ellen Cox, MD
- Patricia Farris, MD
- Timothy C. Flynn, MD
- Mitchel P. Goldman, MD

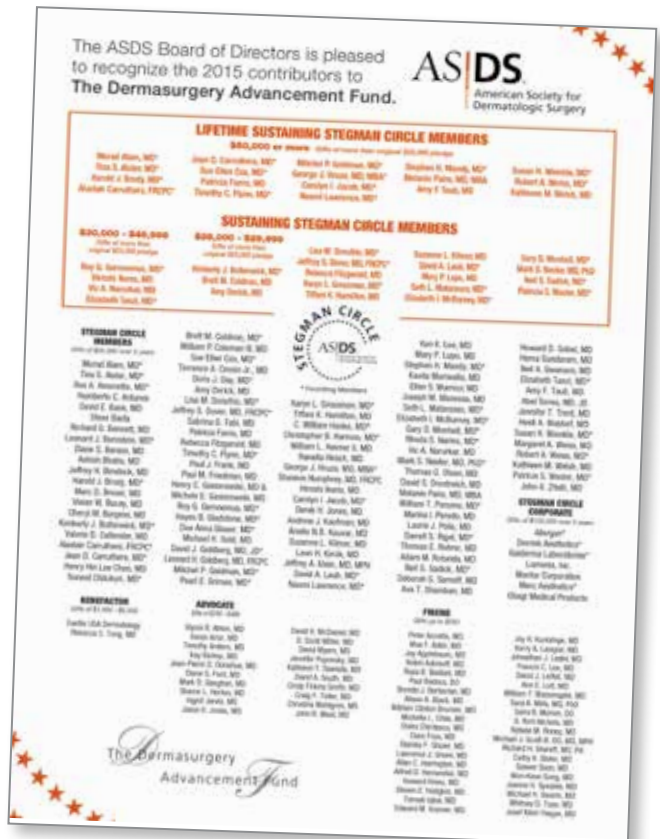
- George J. Hruza, MD, MBA
- Carolyn Jacob, MD
- Naomi Lawrence, MD
- Stephen Mandry, MD
- Melanie Palm, MD, MBA
- Amy F. Taub, MD
- Susan H. Weinkle, MD
- Robert A. Weiss, MD
- Kathleen M. Welsh, MD

## INDUSTRY ADVISORY COUNCIL

The Industry Advisory Council provides a dynamic forum for industry representatives and ASDS leaders to establish rewarding partnerships supporting the dermatologic surgery profession, associated technologies and treatment modalities. The 28 members of the 2015 IAC gained unprecedented access to the best minds in the dermatologic surgery profession and partnered on important endeavors and innovative projects to enhance the specialty.

## EXHIBITORS AND ADVERTISERS

ASDS offers exhibitor and advertising opportunities that help participants gain greater visibility in the profession, extend outreach efforts beyond current scopes and broaden the valuable benefits from connecting with the right experts in dermatologic surgery. At the ASDS Annual Meeting and at educational courses, exhibitors have access to high-profile members from around the globe. In addition, a variety of targeted print and online advertising opportunities is available to promote products and services to dermatologic surgeons.



## ASDS/ASDSA Finances

### *Watching the bottom line*

**T**he financial health of ASDS and ASDSA continues to be strong. While 2015 revenue and expenses will not be finalized until after an official financial audit in April 2016, operating revenues are projected to be \$6.4 million and combined operating expenses are projected to be \$6.1 million. Increased support from corporate sponsors and increased Annual Meeting attendance opened opportunities to initiate and grow new programs to add value for the membership and fuel growth of the Society's overall financial position. By year end 2015, the operating Reserve Fund will exceed the policy requirement by \$2 million.

From 2010 to 2015, trends show a slight increase for the major revenue streams:

- **Dues** – Income has steadily increased through that timeframe because of high retention and steady membership growth.
- **Meeting registrations and exhibits** – Income in this area has increased 17 percent since 2010, with the highest ever attendance for the 2015 Annual Meeting.
- **Sponsorships** – Corporate support reached an all-time high of \$1.69 million in 2015.

Total projected operating expenses for 2015 increased 6 percent from the previous year, due mainly to a 23 percent increase in costs in education areas including the ASDS Annual Meeting and educational courses. Projected member contributions for 2015 will exceed \$500,000, with almost \$380,000 coming from the new Lifetime Sustaining Stegman Circle.

*As the financial health of ASDS and ASDSA continue to be strong, we are able to offer members more benefits through new or improved programs, products and services.*



**Abel Torres, MD, JD**

2014-15 ASDS Treasurer and Finance Committee Chair

## BY THE NUMBERS...\*

**24%**

Increase in grants and sponsorships over 2014

**20%**

Increase in net assets since 2011

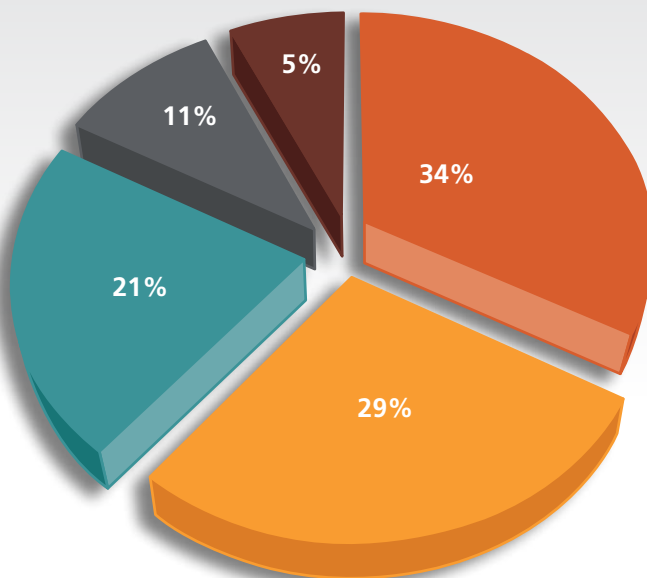
**18%**

Increase in Annual Meeting revenue from 2014

\*Based on estimates

### Revenues\*

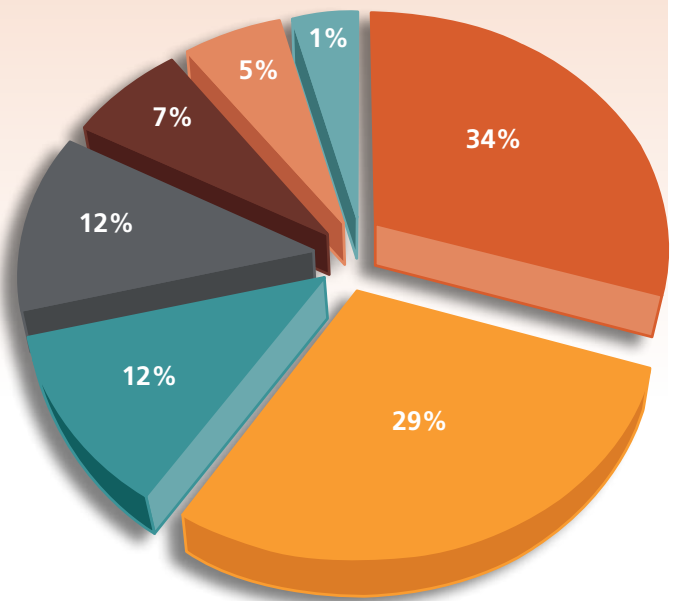
- Corporate / DSAF Support **34%**
- Dues **29%**
- Education and Meetings **21%**
- Journal **11%**
- Advertising, Product Sales, Other **5%**



### Expenses\*

- Education **34%**
- Governance / Administration / Future Leaders Network **29%**
- ASDSA **12%**
- PR / Communications / Marketing **12%**
- Journal **7%**
- Fund-raising / Industry Advisory Council **5%**
- Member Recruitment / Retention **1%**

\* 2015 projections



# super.fluence

## ASDS & ASDSA Awards

*Honoring those who make a difference*

Each year, committed member volunteers and interested constituents generate ideas, serve as resources and execute visions. In 2015, ASDS and ASDSA honored the following individuals and organizations, plus received honors for their work.

### SERVICE AWARDS

**Samuel J. Stegman, MD, Award for Distinguished Service:** Stephen H. Mandy, MD

**President's Awards:** Drs. Alastair and Jean Carruthers; Mark D. Kaufmann, MD; Susan H. Weinkle, MD

**Outstanding Service Award:** Ian A. Maher, MD

**Excellence in Education Awards:** Joel L. Cohen, MD; Dee Anna Glaser, MD; George J. Hruza, MD, MBA; Ken K. Lee, MD; Stephen H. Mandy, MD; E. Victor Ross, MD

**Choose Skin Health: Top Overall Screener** – Andrew T. Jaffe, MD  
**Top Regional Screeners** – Kalan R. Gilbert, MD; Daniel J. Ladd, MD; Lindsay D. Sewell, MD; Yardy Tse, MD; Linda Zhou, MD  
**Top Practice** – Riverchase Dermatology

### RESEARCH AWARDS

**Cutting Edge Research Grants:** Jerry D. Brewer, MD; Pooja Chitgopeker, MD; Conroy Chow, MD; Ian A. Maher, MD; Emily Newsom, MD; Bichchau Michelle Nguyen, MD; Jill S. Waibel, MD; Douglas Wu, FRCPC; Ashley Wysong, MD; Yaohui Gloria Xu, MD

**George J. Hruza, MD, MBA**  
2014-15 ASDS / ASDSA President



*Stephen H. Mandy, MD, was presented the prestigious Samuel J. Stegman, MD, Award for Distinguished Service at the ASDS Annual Meeting Gala in Chicago.*

*Our organization is so fortunate to have so many members who volunteer to serve our organization, advocate for patients and conduct research on important topics.*







ASDSA President George J. Hruza, MD, MBA (left), presents Lawrence J. Green, MD, with a Patient Safety Hero award.



Nebraska State Sen. Robert Hilkemann (left) is presented with his State Legislative Patient Safety Hero award by ASDSA member David Watts, MD, who himself was awarded a Physician Patient Safety Hero award.



Ian A. Maher, MD (left), is presented with the ASDS Award for Outstanding Service by ASDS President George J. Hruza, MD, MBA.

**Fredric S. Brandt, MD, Innovations in Aesthetics Fellowship Fund grants:** Abigail Waldman, MD

**Young Investigators Writing Competition:** Wesley Wu, MD

**Abstracts: Top Oral Abstract** – Richard G. Glogau, MD  
**Top Scientific Poster** – Jane Yoo, MD

## ASDSA AWARDS

**State Dermatological Society Patient Safety Hero:** Nebraska Dermatology Society

**Physician Patient Safety Hero:** Lawrence J. Green, MD; David Watts, MD

**State Legislative Patient Safety Hero:** Nebraska State Sen. Robert Hilkemann

**Ignite Grant:** Minnesota Dermatological Society

## AWARDS PRESENTED TO ASDS / ASDSA

**2015 Power of A (ASAE):** Gold Award to the Choose Skin Health free skin cancer screening program



**32nd Annual Healthcare Advertising Awards:** Merit Award for *Fluence*, the 2014 ASDS/ASDSA Annual Report



## 2015 MarCom Awards:

### Three Platinum Awards:

- Association Annual Report: 2014 *Fluence*
- Design for Annual Report: 2014 *Fluence*
- Member Magazine: *Currents*

### Five Gold Awards:

- Annual Report Writing: 2014 *Fluence*
- Direct Mail Brochure: Practice Management, Marketing and Social Media Course brochure
- Informational Video: Consumer Survey news video
- PowerPoint presentation: 2014 Annual Meeting Business Meeting
- Training Manual: ASDS Style Guide



### Six Honorable Mentions:

- Advocacy External Newsletter: ASDSA monthly e-newsletter
- Direct Mail Brochure: 2015 ASDS Annual Meeting brochure
- Educational Video: Fight back against skin cancer with an ASDS member dermatologist video
- Public Relations Brochure: 2014-15 ASDS Experts Guide
- Public Service Announcement: 30-second spot on avoiding indoor tanning
- Public Service Announcement: Future Leaders Network 30-second spot on sun-safe behaviors for men

### 2015 Hermes Creative Awards:

Gold Award for *Fluence*, the 2014 ASDS/ASDSA Annual Report



**2015 APEX Awards:** Award of Excellence to *Fluence*, the 2014 ASDS/ASDSA Annual Report



## Looking ahead

### *Focusing on engagement*

Dear ASDS/ASDSA members and all interested parties:

One of the lessons the Society's leadership team has learned through the years is that an engaged membership can make a difference to our overall success. What we also have learned is that members can be engaged in many ways:

- Attending our Annual Meeting or educational courses.
- Reaching out to legislators on key advocacy issues.
- Using our branding campaign materials.
- Taking our procedures survey.
- Reading the *Dermatologic Surgery* journal.
- Offering free skin cancer screenings through Choose Skin Health.
- Donating to the Dermasurgery Advancement Fund.

We have momentum in each of these categories, but can we do more? Can we do better? We believe the answer to both is yes if we work on one simple basic tenet: increasing member engagement. This will be an important strategic goal for 2016, and we have a vision for many of the issues and topics that can bring us together.

### **SPECIAL INTEREST GROUPS (SIGs)**

SIGs provide an ideal platform to collaborate with like-minded colleagues by identifying needs, pooling research, discussing difficult cases and – ultimately – elevating our practice of medicine. We have set up SIGs that will meet both in person at the ASDS Annual Meeting and other conferences and 24/7 on *Quest*. These groups will share insights throughout the year with ongoing conversations.

SIG communities include: body contouring; cosmeceuticals; hair treatments; practice management; public service; reconstruction; resurfacing and rejuvenation; skin cancer; surgical lifts; veins; and wrinkles, folds and volumizing – to name a few.

No matter where our members live and regardless of their practice type or the length of their career, these SIGs deepen the value of our membership. Our hope is everyone will take advantage of this no-pressure environment to learn from, network with and find support from their peers.

**Naomi Lawrence, MD**

2015-16 ASDS / ASDSA President



*Being in a SIG offers me the opportunity to surround myself with other professionals who have similar interests or challenges in a 'think tank' sort of environment. It enables all of us to advance our individual knowledge while helping to collectively lead the specialty forward.*

## RESIDENTS AND YOUNG DERMATOLOGIC SURGEONS

The Society already offers many resources and opportunities for residents and Young Dermatologic Surgeons. In 2016, we hope to increase that feeling of belonging by collaborating with the Annual Chief Residents Meeting, identifying top resident *Quest* users, connecting with medical students right after they match in Dermatology and completing the *Medical Students Guide to Dermatologic Surgery*.

For Young Dermatologic Surgeons, we can increase engagement by providing more practice-building support, creating a benchmarking survey that could be an online tool to allow YDS members to compare their practice operations, telling more mentorship/role model success stories and offering an educational presentation on *Quest* on cosmeceutical ingredients.

### ABSTRACT REVIEWERS

We want to involve more members in our Annual Meeting planning. To do that, we have created a subgroup to 20 to 30 ASDS members to review and score abstracts. The Annual Meeting Work Group will then make its selection from the ratings provided. This subgroup will serve as a proving ground for future Annual Meeting Work Group members.

### ADVOCACY AND PRACTICE AFFAIRS

In 2016, we will look to generate hard data to support what we know intuitively: dermatologic surgeons provide cost-efficient care with excellent outcomes and highly satisfied patients. We will support a review of the literature to substantiate dermatologists' cost-effectiveness and care in procedural dermatology and initiate a multi-site study on quality-of-life benefits from cosmetic procedures conducted by our members. Other studies on value analysis also will be encouraged and evaluated.

In order to maximize advocacy efforts, members must build relationships with their elected officials. ASDSA is expanding its Virtual Fly-In program in 2016 and will be asking all SANDS members to pro-actively meet with their members of Congress while they are at home connecting with their constituents and provide them with their key issues impacting patient safety and fair reimbursement. The May 2016 Congressional recesses will be targeted for advocacy briefings with legislators.

Additionally, a model bill is in development to preserve patient safety through safe laser use. ASDSA is forming a safe laser use coalition with interested physician and patient groups to advance this model bill. This effort will be central to ASDSA's patient safety efforts in the states as it will offer them a pro-active solution for keeping their citizens safe from inappropriate use of lasers by unqualified practitioners.

More online state-by-state resources on patient safety areas most important to members will be available on the ASDSA website. The first two resources – covering truth in advertising and office-based surgery laws and regulations – went live in 2015. In 2016, we will focus on statutes and rules including laser use; and delegation, training and supervision.

### THINK TANK ON EMERGING ISSUES

To further engage our past Presidents, they will be invited to participate in regular Think Tank sessions held in-person at various times during the year. This forum will serve as a sounding board on emerging critical topics and provide ideas and guidance on issues of importance to dermatologic surgeons and the Society. The first Think Tank was held in conjunction with the 2015 Annual Meeting, at which time nearly 20 past Presidents discussed ideas on how ASDS members can carve a niche in the new era of value-based health care. Task forces have already been formed to focus on patient satisfaction and value analysis.

### SURGICAL DIRECTORS FORUM

Engaging the surgical directors of residencies and directors of Mohs and cosmetic fellowships by forming the Surgical Directors Forum in 2015 was a significant achievement. We have ambitious goals for 2016 to strengthen this network, including creating a prototype aesthetic practice business plan for residency programs to demonstrate return-on-investment; developing work Relative Value Units (RVUs) for cosmetic procedures; and investigating a mechanism for products and devices to be supplied by industry to residency programs.

With an engaged membership and exciting initiatives to pursue, we have no doubt we can take our Society to the next level.



Naomi Lawrence, MD  
2015-16 ASDS / ASDSA President

# 2015 Annual Report

American Society for Dermatologic Surgery  
American Society for Dermatologic Surgery Association



## 2015-16 ASDS /ASDSA Board of Directors

*First row (from left): Executive Director Katherine J. Duerdoth, CAE; Diane S. Berson, MD; Adam M. Rotunda, MD; Ashish Bhatia, MD; President Naomi Lawrence, MD; Vice President Lisa M. Donofrio, MD; Kavita Mariwalla, MD; Hayes B. Gladstone, MD; Secretary Murad Alam, MD. Second row: Treasurer Mathew M. Avram, MD, JD; Resident Representative Melanie Clark, MD; Resident Representative Brian Raphael, MD; Terrence A. Cronin Jr., MD ; Immediate Past President George J. Hruza, MD, MBA; Historian / Parliamentarian Alastair Carruthers, FRCPC; Derek H. Jones, MD; President-Elect Thomas E. Rohrer, MD; Leonard H. Goldberg, MD, FRCPC; Jeremy S. Bordeaux, MD, MPH. Not pictured: Dermatologic Surgery journal Editor-in-Chief William P. Coleman III, MD.*

*flu*fluence  
measuring concentrated energies

American Society for Dermatologic Surgery  
American Society for Dermatologic Surgery Association

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