

ASDS, ASCDAS Announce 2009 Joint Meeting

BY ALICIA AULT

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The American Society for Dermatologic Surgery and the American Society of Cosmetic Dermatology and Aesthetic Surgery will hold their annual meetings jointly in Phoenix in October, the groups announced.

The decision was driven largely by the faltering economy, but also by a desire to offer a new and innovative program to the membership of both societies, according to officers of both groups.

The decision to combine forces at one annual meeting was warmly embraced by board members and the membership.

The goal of the collaboration was primarily to make it less cost-prohibitive for dermatologists to network with each other and with manufacturers and other exhibitors, said Dr. Ranella Hirsch, ASCDAS past president.

"We wanted to deliver more—more attendees, more opinion leaders," she said, adding that "from our point of view, it was a natural partnership between the best of each society."

Traditionally, the two meetings are held about 6 weeks apart. Combining them

reduces hurdles for dermatologists, who now won't have to shut down a practice twice in a short period, or have to choose

between the two meetings, said Dr. Phil Werschler, ASCDAS president.

There is a large overlap between the ASDS and ASCDAS membership, he said. But the ASDS

meeting has been more surgically oriented, while the ASCDAS meeting has placed more emphasis on aesthetic procedures, he said.

The ASDS is looking forward to offering some of the more basic courses

that ASCDAS offers, Dr. Robert Weiss, ASDS president, said in an interview.

ASCDAS also brings cosmeceutical expertise that ASDS usually only touches on; ASDS will offer more content on skin cancer, and topics such as chemical peels and hair transplants that might not be part of the ASCDAS agenda, Dr. Weiss said.

The idea for a joint meeting may also have been spurred by the spirit of unity embodied by the 2008 presidential election, said Dr. Weiss.

The meeting will "show other specialties our unity and it's going to help propel dermatologic surgery," he predicted.

Representatives from the two societies said that currently there is no plan to hold a joint meeting again in 2010. ■

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Sagging Economy Creates New Wrinkles For Cosmetic Surgery

BY BRUCE JANCIN

Denver Bureau

PHOENIX — Cosmetic surgeons are experiencing a major atrophy in business because of the national economic downturn.

Both gross billings and patient volumes for cosmetic surgery were down by one-third in the past year, according to the American Academy of Cosmetic Surgery's 2008 Economic Impact Survey, released here during the group's annual meeting.

It seems, however, that cosmetically oriented dermatologists have been spared the major financial hit taken by cosmetic surgeons who focus on large, invasive, big-ticket procedures, according to Dr. Dee Anna Glaser, president of the academy's Cosmetic Surgery Foundation.

"Times are tough, there's no doubt about that. Overall there has been a decline in most cosmetic practices, but I think some have been more affected than others. Practices that are more dermatologic-cosmetic and less invasive have seen much less if any decline. Some of the less invasive procedures have even seen an increase in some practices as patients who are trying to watch their dollars try to figure out what they can still do to enhance and improve their looks," said Dr. Glaser, who is professor and vice chairman of dermatology at St. Louis University.

In addition, many cosmetically-oriented dermatologists have been able to maintain a strong bottom line in the current economic climate by doing more noncosmetic procedures, she added in an interview.

The American Academy of Cosmetic Surgery economic survey, which was conducted late last year, drew a 16% response rate from the group's 1,520 members. The respondents averaged 11.4 years of experience in providing cosmetic surgery, which accounted for 63% of their practices.

Among the key survey findings:

- ▶ 79% of respondents indicated that their cosmetic surgery practices have been affected by the stalled economy.
- ▶ 82% indicated that more of their patients are opting for less expensive, less invasive procedures.
- ▶ 51% have increased marketing efforts in response to the economic situation.
- ▶ 30% of respondents have laid off employees.
- ▶ 39% are seeing more patients from their original specialty.
- ▶ Respondents reported that gross billings from cosmetic procedures were down by 33% and that patient volume was down by 34%.
- ▶ 53% of cosmetic surgeons were very confident or somewhat confident that their practice volume would fully rebound in the coming year. ■

VA Researchers Unable to Find Causal Link Between Tretinoin and Mortality

BY MARY ANN MOON

Contributing Writer

A recently reported association between topical tretinoin and increased mortality is not causal and most likely is due to chance, according to a recent report.

The interim finding of an unexpected rise in lung cancer incidence and all-cause mortality prompted the premature halt of the Department of Veterans Affairs Topical Tretinoin Chemoprevention (VATTC) trial, a large 6-year study that was designed to determine whether the treatment could prevent basal and squamous cell skin cancers in patients who already had at least two such keratinocyte carcinomas.

Increased lung cancer incidence and mortality had previously been reported with systemically administered compounds closely related to tretinoin.

Dr. Martin A. Weinstock of the Providence (R.I.) VA Medical Center, and his associates in the VATTC trial conducted a post hoc analysis of the mortality data and confirmed an association with mortality—but no definitive causal links. "We do not conclude that this trial provides appropriate grounds for hesitating to use topical tretinoin in clinical practice," they wrote in the *Archives of Dermatology*.

In an editorial comment that accompanied the report, Dr. Lisa M. Schilling and Dr. Robert P. Dellavalle said that even though the investigators "chalk their results up as a chance finding," debate about the safety of topical tretinoin will probably continue. Until further evidence emerges to definitively establish the safety or harmfulness of the treatment, physicians should "at a minimum" discuss the VATTC results with their patients who use tretinoin cream—particularly with elderly men, who composed the bulk of the study population.

"This dialogue should include that the results of the VATTC may have been due to chance, but also that the outcome of death was not initially anticipated," Dr. Schilling and Dr. Dellavalle noted.

In addition, "owing to the ad hoc analysis, var-

ious important risk factors, such as smoking status, might not have been completely ascertained," they wrote.

In their post hoc study, Dr. Weinstock and his associates at six VA medical centers randomly assigned 566 patients to use tretinoin 0.1% cream on the face and ears once or twice daily, and 565 patients to use only the vehicle cream as a control. The mean patient age was 71 years, and 97% were men.

Six months before the scheduled end of the trial, the intervention was terminated because of a statistically significant excess of deaths at that time (82 deaths) in the treatment group, compared with the control group (53 deaths). More deaths were later identified, for a total of 122 in the intervention group and 90 in the control group.

The VATTC trial data showed no dose-response relationship between exposure to topical tretinoin and death risk, as well as no interaction between the medication and smoking in mediating mortality risk. Moreover, "we found it difficult to construct biologically plausible mechanisms that would explain a direct causal link . . . and we were unable to conceive of a plausible mechanism by which tretinoin could indirectly lead to a fatal outcome," they wrote (*Arch. Dermatol.* 2009;145:18-24).

That implausibility, together with "lack of specificity of causes of death, inconsistency with previous experience, weakness of other supportive evidence in our data, and weak statistical signal" led the researchers to their conclusions.

In their editorial comment, Dr. Schilling and Dr. Dellavalle of the VA Medical Center in Denver noted that, unlike other researchers, Dr. Weinstock and the VATTC investigators publicized their unexpected mortality data (*Arch. Dermatol.* 2009;145:76).

"We highly commend Weinstock et al. for reporting and highlighting these results," they wrote in their editorial.

Dr. Weinstock has received support from Galderma Laboratories L.P., Johnson & Johnson, and Ligand Pharmaceuticals Inc. ■



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DR. WEINSTOCK