

Blog Brings Texas Dermatology Students Together

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NEW ORLEANS — Some members of the dermatology community are getting in on the latest Internet craze—blogging.

A “blog,” which is shorthand for “Web log,” can be anything from an online diary to a list of Web links. Blogging has really taken off in areas like entertainment and politics, but now a group at the University of Texas, Galveston, is trying it out as

a way to bring together medical students interested in dermatology.

Medical students at the University of Texas Medical Branch (UTMB) launched a blog last summer (www.digutmb.blogspot.com) as a way to encourage interest in dermatology and improve communication about activities on campus and in the community.

Tasneem Poonawalla, Pharm.D., a medical student at UTMB, and Richard F. Wagner, Jr., M.D., a professor of dermatology

there, presented information on the blog at the annual meeting of the American Academy of Dermatology.

“People are just more cohesive now because of the Web site,” said Dr. Poonawalla, who came up with the idea for the blog and operates the site.

Ms. Poonawalla said she doesn’t consider herself to be technologically savvy but found that creating the site was fairly easy. She used one of a number of online services that help users to construct

Web sites using customizable templates.

The site acts as an electronic newsletter and offers information on research, clinical experiences, and volunteer opportunities within the dermatology community. It highlights achievements by students, residents, and faculty at UTMB.

The site can also help students find dermatology mentors, and even offers information to patients about preventive measures to protect against skin diseases.

So far, the site has been dominated by announcements, Ms. Poonawalla said, but she is working toward creating more of a conversation on the blog.

“It’s a great resource,” said Dr. Wagner, who is also the faculty advisor for the student-run blog.

There has been a lot of positive response about the blog, Dr. Wagner said, and he has used it as a way to provide students with more information about pursuing a career in dermatology.

The Web site is unique, he said, because it is so comprehensive. “Ours is sort of like a diary of what is happening day to day,” Dr. Wagner said.

The biggest plus, Ms. Poonawalla said, is having so much information accessible in one place.

Her advice to people thinking about starting a blog is to just go for it. “People tend to get intimidated by technology,” she said. ■

BRIEF SUMMARY OF PRESCRIBING INFORMATION

Duac® Topical Gel (clindamycin, 1% - benzoyl peroxide, 5%)

For Dermatological Use Only.
Not for Ophthalmic Use.

Rx Only

INDICATIONS AND USAGE

Duac Topical Gel is indicated for the topical treatment of inflammatory acne vulgaris.

Duac Topical Gel has not been demonstrated to have any additional benefit when compared to benzoyl peroxide alone in the same vehicle when used for the treatment of non-inflammatory acne.

CONTRAINDICATIONS

Duac Topical Gel is contraindicated in those individuals who have shown hypersensitivity to any of its components or to lincomycin. It is also contraindicated in those having a history of regional enteritis, ulcerative colitis, pseudomembranous colitis, or antibiotic-associated colitis.

WARNINGS

ORALLY AND PARENTERALLY ADMINISTERED CLINDAMYCIN HAS BEEN ASSOCIATED WITH SEVERE COLITIS WHICH MAY RESULT IN PATIENT DEATH. USE OF THE TOPICAL FORMULATION OF CLINDAMYCIN RESULTS IN ABSORPTION OF THE ANTIBIOTIC FROM THE SKIN SURFACE. DIARRHEA, BLOODY DIARRHEA, AND COLITIS (INCLUDING PSEUDOMEMBRANOUS COLITIS) HAVE BEEN REPORTED WITH THE USE OF TOPICAL AND SYSTEMIC CLINDAMYCIN. STUDIES INDICATE A TOXIN(S) PRODUCED BY CLOSTRIDIA IS ONE PRIMARY CAUSE OF ANTIBIOTIC-ASSOCIATED COLITIS. THE COLITIS IS USUALLY CHARACTERIZED BY SEVERE PERSISTENT DIARRHEA AND SEVERE ABDOMINAL CRAMPS AND MAY BE ASSOCIATED WITH THE PASSAGE OF BLOOD AND MUCUS. ENDOSCOPIC EXAMINATION MAY REVEAL PSEUDOMEMBRANOUS COLITIS. STOOL CULTURE FOR *Clostridium difficile* AND STOOL ASSAY FOR *Clostridium difficile* TOXIN MAY BE HELPFUL DIAGNOSTICALLY. WHEN SIGNIFICANT DIARRHEA OCCURS, THE DRUG SHOULD BE DISCONTINUED. LARGE BOWEL ENDOSCOPY SHOULD BE CONSIDERED TO ESTABLISH A DEFINITIVE DIAGNOSIS IN CASES OF SEVERE DIARRHEA. ANTIPERISTALTIC AGENTS SUCH AS OPIATES AND DIPHENOXYLATE WITH ATROPINE MAY PROLONG AND/OR WORSEN THE CONDITION. DIARRHEA, COLITIS AND PSEUDOMEMBRANOUS COLITIS HAVE BEEN OBSERVED TO BEGIN UP TO SEVERAL WEEKS FOLLOWING CESSATION OF ORAL AND PARENTERAL THERAPY WITH CLINDAMYCIN.

Mild cases of pseudomembranous colitis usually respond to drug discontinuation alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation and treatment with an antibacterial drug clinically effective against *Clostridium difficile* colitis.

PRECAUTIONS

General: For dermatological use only; not for ophthalmic use. Concomitant topical acne therapy should be used with caution because a possible cumulative irritancy effect may occur, especially with the use of peeling, desquamating, or abrasive agents.

The use of antibiotic agents may be associated with the overgrowth of nonsusceptible organisms, including fungi. If this occurs, discontinue use of this medication and take appropriate measures.

Avoid contact with eyes and mucous membranes.

Clindamycin and erythromycin containing products should not be used in combination. *In vitro* studies have shown antagonism between these two antimicrobials. The clinical significance of this *in vitro* antagonism is not known.

Information for Patients: Patients using Duac Topical Gel should receive the following information and instructions:

1. Duac Topical Gel is to be used as directed by the physician. It is for external use only. Avoid contact with eyes, and inside the nose, mouth, and all mucous membranes, as this product may be irritating.
2. This medication should not be used for any disorder other than that for which it was prescribed.
3. Patients should not use any other topical acne preparation unless otherwise directed by their physician.
4. Patients should report any signs of local adverse reactions to their physician.
5. Duac Topical Gel may bleach hair or colored fabric.
6. Duac Topical Gel can be stored at room temperature up to 25°C (77°F) for up to 2 months. Do not freeze. Keep tube tightly closed. Keep out of the reach of small children. Discard any unused product after 2 months.
7. Before applying Duac Topical Gel to affected areas, wash the skin gently, rinse with warm water, and pat dry.
8. Excessive or prolonged exposure to sunlight should be limited. To minimize exposure to sunlight, a hat or other clothing should be worn.

References: 1. Leyden JJ. A review of the use of combination therapies for the treatment of acne vulgaris. *J Am Acad Dermatol.* 2003;49:5200-5210. 2. Vernon P. Acne vulgaris: current treatment approaches. *Adv Nurse Pract.* 2003;11:59-62. 3. Toyoda M, Morohashi M. An overview of topical antibiotics for acne treatment. *Dermatology.* 1998;196:130-134. 4. Tan H-H. Topical antibacterial treatments for acne vulgaris: comparative review and guide to selection. *Am J Clin Dermatol.* 2004;5:79-84. 5. Lookingbill DP, Chalker DK, Lindholm JS, et al. Treatment of acne with a combination clindamycin/benzoyl peroxide gel compared with clindamycin gel, benzoyl peroxide gel and vehicle gel: combined results of two double-blind investigations. *J Am Acad Dermatol.* 1997;37:590-595. 6. Fagundes DS, Fraser JM, Klaus HC. Difference in the irritation potential and cosmetic acceptability of two combination topical acne gels—combined results of two comparative studies. *Today's Ther Trends.* 2003;21:269-275. 7. Tangheiti EA, Gold MH. A two-center patient preference study comparing two benzoyl peroxide/clindamycin gels in acne vulgaris patients. Poster presented at: 63rd Annual Meeting of the American Academy of Dermatology; February 18-22, 2005; New Orleans, La.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Benzoyl peroxide has been shown to be a tumor promoter and progression agent in a number of animal studies. The clinical significance of this is unknown.

Benzoyl peroxide in acetone at doses of 5 and 10 mg administered twice per week induced squamous cell skin tumors in transgenic TgAC mice in a study using 20 weeks of topical treatment.

Genotoxicity studies were not conducted with Duac Topical Gel. Clindamycin phosphate was not genotoxic in *Salmonella typhimurium* or in a rat micronucleus test. Benzoyl peroxide has been found to cause DNA strand breaks in a variety of mammalian cell types, to be mutagenic in *Salmonella typhimurium* tests by some but not all investigators, and to cause sister chromatid exchanges in Chinese hamster ovary cells. Studies have not been performed with Duac Topical Gel or benzoyl peroxide to evaluate the effect on fertility. Fertility studies in rats treated orally with up to 300 mg/kg/day of clindamycin (approximately 120 times the amount of clindamycin in the highest recommended adult human dose of 2.5 g Duac Topical Gel, based on mg/m²) revealed no effects on fertility or mating ability.

Pregnancy: Teratogenic Effects: Pregnancy Category C: Animal reproduction studies have not been conducted with Duac Topical Gel or benzoyl peroxide. It is also not known whether Duac Topical Gel can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Duac Topical Gel should be given to a pregnant woman only if clearly needed.

Developmental toxicity studies performed in rats and mice using oral doses of clindamycin up to 600 mg/kg/day (240 and 120 times the amount of clindamycin in the highest recommended adult human dose based on mg/m², respectively) or subcutaneous doses of clindamycin up to 250 mg/kg/day (100 and 50 times the amount of clindamycin in the highest recommended adult human dose based on mg/m², respectively) revealed no evidence of teratogenicity.

Nursing Women: It is not known whether Duac Topical Gel is secreted into human milk after topical application. However, orally and parenterally administered clindamycin has been reported to appear in breast milk. Because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness of this product in pediatric patients below the age of 12 have not been established.

ADVERSE REACTIONS

During clinical trials, all patients were graded for facial erythema, peeling, burning, and dryness on the following scale: 0 = absent, 1 = mild, 2 = moderate, and 3 = severe. The percentage of patients that had symptoms present before treatment (at baseline) and during treatment were as follows:

	Local reactions with use of Duac Topical Gel % of patients using Duac Topical Gel with symptom present Combined results from 5 studies (n = 397)					
	Before Treatment (Baseline)			During Treatment		
	Mild	Moderate	Severe	Mild	Moderate	Severe
Erythema	28%	3%	0	26%	5%	0
Peeling	6%	<1%	0	17%	2%	0
Burning	3%	<1%	0	5%	<1%	0
Dryness	6%	<1%	0	15%	1%	0

(Percentages derived by # subjects with symptom score/# enrolled Duac subjects, n = 397).

HOW SUPPLIED

Duac® (clindamycin, 1% - benzoyl peroxide, 5%) Topical Gel is available in a 45 gram tube - NDC 0145-2371-05.

Prior to Dispensing: Store in a cold place, preferably in a refrigerator, between 2°C and 8°C (36°F and 46°F). Do not freeze.

Dispensing Instructions for the Pharmacist: Dispense Duac Topical Gel with a 60 day expiration date and specify “Store at room temperature up to 25°C (77°F). Do not freeze.”

Keep tube tightly closed. Keep out of the reach of small children.

U.S. Patent Nos. 5,466,446, 5,446,028, 5,767,098, and 6,013,637
Patents Pending



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833185 Rev. 0504

AAMC Explores Ways of Curbing Med School Debt

U.S. medical schools need to improve their tuition- and fee-setting processes to help students pay off their debts, the Association of American Medical Colleges concluded in a new study.

The median indebtedness of medical school graduates has increased dramatically during the last 20 years—from \$20,000 for both public and private schools in 1984, to almost \$140,000 and \$100,000 for private and public schools, respectively, last year. Physician income has remained relatively flat, according to the study conducted by an AAMC working group.

To address rising tuition costs and student debt, the AAMC recommended that medical schools offer:

- Greater predictability about the student costs of a medical education.
- Ongoing financial education for medical students.
- More financial aid, with an emphasis on need-based scholarships and on programs offering loan repayment and forgiveness in exchange for service in the military or to underserved populations.
- Periodic self-reviews of attendance costs.

Medical schools should also reevaluate their funding of medical education and develop innovative methods to generate financial support for financial aid programs that would address current health care needs, the AAMC recommended.

—Jennifer Silverman