



Skin Health

FROM THE MOUNT SINAI DEPARTMENT OF DERMATOLOGY

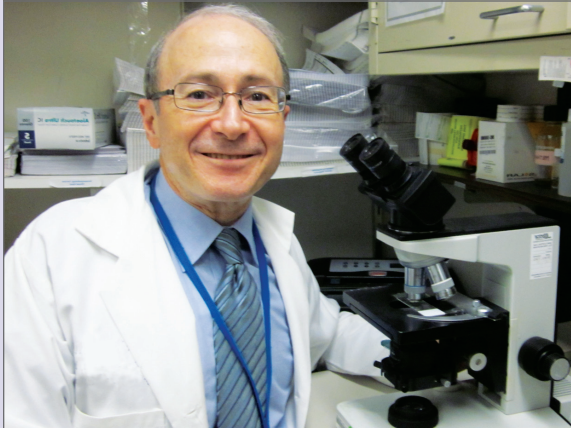
FALL 2013



MESSAGE FROM THE CHAIR

A Brighter Future for Psoriasis Patients

By Mark G. Lebwohl, MD, Sol and Clara Kest Professor and Chair



Dr. Mark G. Lebwohl

Mount Sinai has been at the forefront of psoriasis research since the 1980's, when we introduced a topical combination regimen that remains the standard of care around the world even today. This consists of both a superpotent corticosteroid and a vitamin-D analog such as calcipotriene (Dovonex®) or calcitriol (Vectical®). The use of combination therapy led to the invention of Taclonex®, a popular and effective psoriasis formula that contains two topical agents.

While refining the concept of combination therapy, we discovered that some topical preparations inactivate others, and subsequently we fostered the understanding that two or more ingredients, when applied together, must be shown to be compatible. In recent years this rule has been embraced for all topical medicines, not just for psoriasis drugs.

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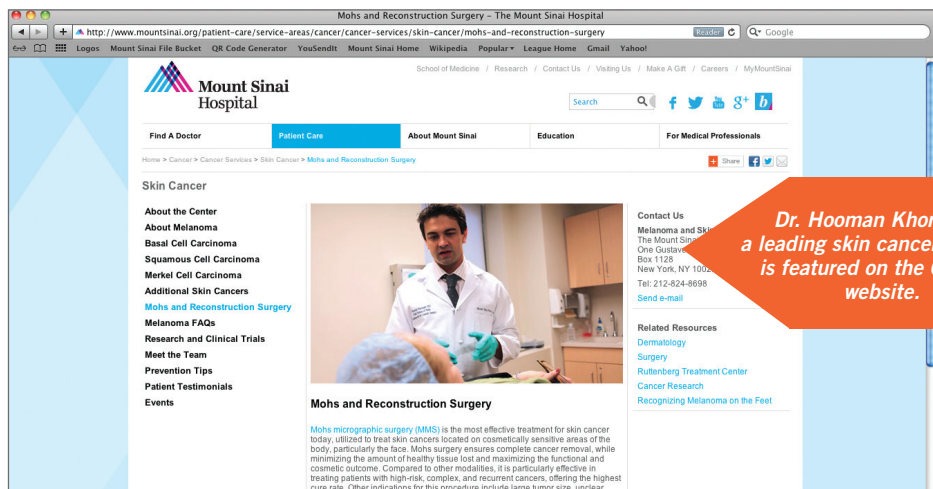
BREAKING NEWS

Melanoma and Skin Cancer Center

By Philip Friedlander, MD, PhD

The Tisch Cancer Institute is pleased to announce the creation of the Melanoma and Skin Cancer Center, a virtual gathering place designed to provide a full array of medical resources to skin cancer patients. As part of its mission to deliver the highest quality of care, the Center has assembled a team of leading specialists representing the fields of dermatology, medical oncology, surgery, dermatopathology, podiatry, and social work.

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Dr. Hooman Khorasani, a leading skin cancer surgeon, is featured on the Center's website.

LASER FOCUS: The Modern Way to Remove Hair



By Alan Kling, MD

Unwanted hair is a common problem. For the majority of patients with this complaint, laser hair removal (LHR) provides a safe and effective solution. The long-term results are better than temporary fixes like shaving, waxing, electrolysis, chemical depilatories and plucking. The usual sites treated with LHR are facial areas such as the upper lip and chin, the neck, bikini area, back, thighs, arms, and armpits.

Various devices, including the diode, ruby, alexandrite, and Nd:YAG lasers, and a light-based technology called intense pulsed light (IPL), have all been used successfully to remove hair. These devices work by sending a concentrated beam of light deep into the hair shaft, where it is absorbed by dark melanin

pigment. Over time, the heat generated during this process destroys the portion of the root where hair is produced.

LHR requires at least 3 treatments, and more sessions are often needed. Each treatment results in about 10% to 25% reduction of excess hair, but not all individuals and body locations respond equally well (see box).

The application of a topical anesthetic cream or gel in the office 30 to 60 minutes before treatment helps to minimize pain. The majority of modern laser machines are equipped with cooling features to alleviate burning. The possible side effects of LHR include redness, swelling, discomfort, activation of herpes simplex infections, and acne-type eruptions. An experienced physician is capable of minimizing these risks. During the procedure, goggles are worn for eye protection, and ice packs are applied afterward in order to reduce inflammation. Regular use of a broad-spectrum sunscreen is highly recommended before and after LHR.

The American Academy of Dermatology cautions against having LHR performed at salons, spas, and shopping-mall outlets that operate without a physician's supervision. Although the effectiveness of FDA-approved home-use devices has improved in the last few years, they

appear to be less efficient at preventing hair regrowth and can be harmful when used on darker skin types or on pre-existing skin conditions.

The satisfaction rate with LHR is very high. Current research is directed toward new technology that will yield even higher success rates with improved safety and comfort.

Dr. Kling is an Assistant Clinical Professor of Dermatology at the Icahn School of Medicine at Mount Sinai and a member of the Voluntary Attending staff (www.mountsinai.org/kling).

Skin Health

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Factors that influence the success of LASER HAIR REMOVAL

LHR is more effective for

- Light skin tones
- Brown or black hair
- Thin-skinned areas (bikini, armpits)

LHR is less effective for

- Dark skin tones
- Light-colored hair
- Thick-skinned areas (chin, back)

A Fabulous Face This Fall: Questions & Answers



Dr. David S. Orentreich

Q. *Even though I applied sunscreens during the summer and never had a sunburn, my brown spots became darker and new ones appeared. Why did this happen, and what's the solution?*

A. The most common cause of brown spots is ultraviolet (UV) light from sun exposure or indoor tanning. Production of melanin pigment in the skin increases in response to UV light. Even with regular sunscreen use during the summer, enough UV light may get through to cause new freckles and age spots and to darken existing ones. Brown spots will gradually fade during the fall, particularly if you continue to use sunscreen on a daily basis. For more rapid results, see a dermatologist to discuss treatment options that include bleaching creams, chemical peels, microdermabrasion, cryotherapy, and lasers.

Dr. Orentreich is Assistant Clinical Professor of Dermatology at the Icahn School of Medicine at Mount Sinai and a member of the Voluntary Attending staff (www.mountsinai.org/orentreich).

Q. *How does botulinum toxin work, and what are the cosmetic benefits of treatment?*

A. Botulinum toxin, the purified version of a protein produced by a strain of Clostridia bacteria, works by blocking overactive nerve impulses that trigger muscle contractions. Three brands of botulinum Type A toxins are FDA approved to treat wrinkles: Botox Cosmetic®, Dysport®, and Xeomin®. The areas most commonly injected are frown lines, crow's feet, and forehead creases. The lower part of the face and the platysma (muscular neck bands) can also be treated. The goal of using Botox isn't only to erase wrinkles, but to make the face more symmetrical. The effect of injections is temporary, lasting for 3 to 6 months.



Dr. Marina I. Peredo

Dr. Peredo is Assistant Clinical Professor of Dermatology at the Icahn School of Medicine at Mount Sinai and a member of the Voluntary Attending staff (www.mountsinai.org/peredo).

BREAKING NEWS

Melanoma and Skin Cancer Center (CONTINUED FROM PAGE 1)

The establishment of the Center enables us to offer empathetic, innovative, and comprehensive services for patients diagnosed with malignant melanomas, basal cell carcinomas, cutaneous squamous cell carcinomas, Merkel cell carcinomas, sweat gland tumors, dermatofibrosarcoma protuberans (DFSP), and other forms of skin cancer.

Our physicians are experts in their disciplines who provide cutting-edge

diagnostic and treatment options. For example, dermatologists perform Mohs micrographic surgery and complex skin surgery; surgeons carry out sentinel lymph node biopsies, wide excisions, and lymph node dissections; and skin-cancer-specialized medical oncologists manage chemotherapy, immunotherapy, and genetic testing of skin tumors.

The Melanoma and Skin Cancer Center is also connected with Mount Sinai

scientists who are making skin-cancer breakthroughs in the laboratory and conducting clinical trials with new drugs and procedures.

Physicians, patients, and members of the public can access the Melanoma and Skin Cancer Center by visiting <http://www.mountsinai.org/skincancer> or by calling (212) 824-8698.

Dr. Friedlander is the Director of the Melanoma Medical Oncology Program and an Assistant Professor of Medicine (Hematology and Medical Oncology) and Dermatology at the Icahn School of Medicine at Mount Sinai (www.mountsinai.org/friedlander).

A Brighter Future for Psoriasis Patients (CONTINUED FROM PAGE 1)

Our department is also credited with the introduction of psoriasis treatment with two calcineurin inhibitors, tacrolimus ointment (Protopic®) and pimecrolimus cream (Elidel®). This class of medication is particularly useful when treating the face or groin, where long-term steroid use can thin the skin, cause stretch marks, and lead to acne-like eruptions.

Another source of pride for our department is the fact that our faculty members authored the guidelines used by our profession to treat severe psoriasis with two time-honored oral agents, methotrexate and cyclosporine.

But when it comes to systemic therapy, the most exciting psoriasis innovations have been in the realm of biologic therapy. Mount Sinai has been a leading center for pilot studies and clinical trials involving biologic drugs since their inception. Biologics are designed to target small parts of the immune system without causing debilitating suppression of the patient's immunity. Unlike methotrexate, these are not known to damage major organs such as the liver and bone marrow, and unlike cyclosporine, these typically do not harm the kidneys. Biologic therapies that target tumor necrosis factor-alpha (TNF- α), such as Enbrel®, Humira®, and Remicade®, are highly effective for psoriasis and psoriatic arthritis and are also used to treat Crohn's disease, ulcerative colitis, sarcoidosis, rheumatoid arthritis, and other diseases. Stelara®, which blocks IL-12 and IL-23, two immune-cell-generated chemicals known as cytokines, works well for psoriasis and causes a lower degree of immune suppression. A new generation of biologics targeting IL-17 promises to be safer and even more beneficial.

As a result of these innovations, we now have the ability to clear patients with devastating psoriasis and enable them to live normal lives. Our goal is to produce the smallest possible impact on the immune system while providing the most powerful effect against the disease process.



Photos show severe psoriasis on a patient's back (above), which cleared after two months of treatment with an experimental biologic drug and remained clear during 10 months of treatment (below).

Dr. Lebwohl is the Sol and Clara Kest Professor and Chair of the Department of Dermatology at the Icahn School of Medicine at Mount Sinai, and a member of the Mount Sinai Doctors Faculty Practice (www.mountsinai.org/lebwohl). For more information about enrolling in psoriasis clinical trials, please contact the Dermatology Research Group at (212) 241-3288.

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PLEASE FILL OUT BOTH SIDES

Looking at Melanoma

THROUGH THE EYES OF AN EXPERT

By Julide Tok Celebi, MD

An important focus of my work as a dermatologist and pathologist is melanoma, the deadliest form of skin cancer. This year an estimated 75,000 new cases will be diagnosed in the United States, and one death every hour is expected as a result of the disease.

Melanomas often resemble moles; some develop from moles. About 95% of melanomas are found on the skin, but rare forms may develop in the eye, mouth, intestines, genital area, and other organs. Most melanomas are black or brown, but they can also be skin-colored, pink, red, purple, blue or white.

The ABCDEs are danger signs in a pigmented lesion that stand for: (A) asymmetry; (B) border irregularity; (C) color variation; (D) diameter greater than 6 millimeters; and (E) evolution.

Individuals of every age and skin type are at some risk of developing melanoma.

The factors associated with greater risk are fair skin, multiple sunburns, indoor and outdoor tanning, many moles, dysplastic or atypical moles, large moles from birth, past history of melanoma, and affected family members. Recent genetic studies examining changes in DNA

"The factors associated with greater risk are fair skin, multiple sunburns, indoor and outdoor tanning, many moles, large moles from birth, past history of melanoma, and affected family members."

now provide evidence that melanoma of the skin is closely related to ultraviolet-induced damage. In fact, there is an alarming rise in melanoma cases among young women thought to be due to sun



Dr. Julide Tok Celebi

tanning and the use of tanning salons. Indoor tanning increases one's melanoma risk by 74 percent.

As with other cancers, prevention strategies are essential. Everyone should avoid harmful sun exposure, particularly between 10 AM and 4 PM, wear protective clothing when outdoors, and apply sunscreen regularly. Indoor tanning must be avoided.

Skin cancer screening is advised on a yearly basis for most individuals and more frequently for those at high risk, because early recognition can be life saving.

Dr. Julide Tok Celebi is Professor of Dermatology and Pathology, Vice Chair of the Department of Dermatology at the Icahn School of Medicine at Mount Sinai, Director of the Mount Sinai East Side Dermatology Practice, and a member of the Mount Sinai Doctors Faculty Practice (www.mountsinai.org/celebi).

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Skin Health
 FALL 2013

A WARM WELCOME

By David Colon

Some patients find their way to Mount Sinai Doctors Faculty Practice on the recommendations of their physicians and friends, while others discover our practice through the Internet or by reading Skin Health. Our dermatologists are trained in the treatment of common and rare skin conditions, whether these are acute, chronic, or even life threatening. Several of our physicians offer general dermatology care, while others subspecialize in various areas, and so we are able to provide a wide range of treatment and cosmetic services for all ages.

Let our scheduling staff help you select the right physician to serve your needs at our Upper East Side practice at 5 East 98th Street, our Upper West Side practice at 638 Columbus Avenue (corner of 91st Street), our state-of-the-art East Side practice at 625 Madison Avenue or our new Chinatown practice opening this fall. To learn more, please visit us online at www.MountSinaiDermatology.com.



David Colon

David Colon is the Administrative Manager of the Mount Sinai Doctors Dermatology Faculty Practice.

F.Y.I.
 (FOR YOU INSIDE)

- PSORIASIS RESEARCH
- MELANOMA AND SKIN CANCER CENTER
- LASER HAIR REMOVAL
- LOOKING FABULOUS THIS FALL
- MELANOMA UPDATE

To book a dermatology appointment at Mount Sinai Doctors Faculty Practice, please call (212) 241-9728 or book online at www.MountSinaiDermatology.com