foreFRONT AND CENTER

President's Message: Summertime at Forefront

By: Betsy Wernli, MD, FAAD

This summer had thermometers heating up all over the nation. So, this ForeFront & Center will highlight what's hot at Forefront.

Since leadership has been a hot topic, I wanted to ask you about your clinic's morale? Recently, during a stressful day in the clinic, I was behind, had just dealt with a difficult patient, I had 50 notes to sign, not to mention the emails and other tasks hanging in the balance, and I found myself getting short with one of my hardworking staff members. I evaluated my actions and made it up to her later, but then I asked myself whether I had been acting as my clinic's thermometer or thermostat. As leaders, we need to constantly focus on setting the morale, the mood, the positive vibes, even when we may feel stressed and especially when things heat up, we cannot reflect the stress around us, no matter how hot things get.

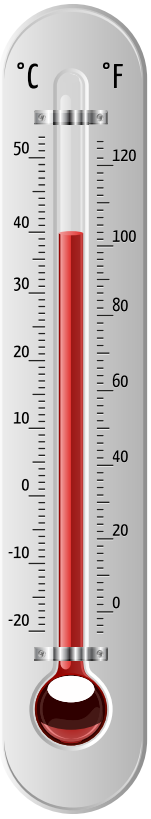
Too often, we let our environment and stressors affect us, and then we display their effects like a thermometer. Thermometers are controlled by their environment, they let the room determine their temperature. Thermostats, on the other hand, set the temperature around them. So I made a decision: I will be a thermostat, not a thermometer. Let's work together when things heat up to set the right temperature in our clinics or departments, to be the thermostat our coworkers and staff need!

If more inspiration is needed regarding staff morale and leadership, listen to the Forefront Five podcast with Dr. Paul White on Spotify or Apple Podcasts. It might also be a good time to look back at the leadership packets presented at the retreat. Why spend the time on this in an already overloaded life? Because the right morale matters and happy staff stay. Because fully staffed clinics make your day smoother and are a huge key in work-life balance and keeping it cool. There could be no better time to spend a little more time being that thermostat, putting the time in as a leader in one of the toughest employment markets the U.S. has seen.

I hope you enjoy reading all things summer, from pediatrics to pathology to treatment of melasma, from patient excellence to protective clothing, and a new recurring piece that will cover hot topics in derm literature by Dr. Katherine Hunt!

Sincerely,

Dr. Betsy Wernli



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Clinical Corner: The Importance of Sunscreen

Beyond the Johnson & Johnson Recalls and Environmental Regulations

By: Tori Negrete, MD, FAAD

This year has not been kind to sunscreen. In January, Hawaii banned the sale of over-the-counter sunscreens containing oxybenzone and octinoxate in order to protect Hawaii's marine environment. Most recently, Johnson & Johnson recalled six of its Neutrogena and Aveeno spray sunscreens after detecting benzene, a potentially cancer-causing chemical, in some samples. Both of these concerns are valid. We should be concerned about our environment and all products we ingest or apply to our skin on a daily basis. These recalls and regulations though should not undermine the vital role sunscreen plays in protecting our skin from UV exposure—the #1 contributor to skin cancer.

With both the Johnson & Johnson recall and the environmental regulations in place there will likely be a much larger push towards the use of mineral-based sunscreens versus chemical sunscreens. When it comes to sunscreen, mineral-based and chemical-containing ones each come with their own set of pros and cons and how they function.

What is benzene and why was it found in sunscreen?

Benzene is classified as a carcinogen, used in plastic manufacturing, and not routinely tested as a component of sunscreen. When the recent Johnson & Johnson scare occurred, benzene was found in aerosol-based sunscreen products, which have been since recalled. Two things we should emphasize to our patients about benzene: first, it is not a component of sunscreen and it is not used in producing a sun-protective product; instead it was a contaminant. The second important point is to advise patients not to confuse benzene with avobenzone. These two products have no relation to each other, one being a solvent used in plastic manufacturing and a known carcinogen, the other being a chemical sunscreen without carcinogenic properties. One last important point is that oxybenzone was banned in Hawaii due to concerns about damage to the reef. This product also is not related to benzene and is not a carcinogen.

Is mineral sunscreen better than chemical sunscreen?

From an environmental standpoint, as the Hawaiian law points out, chemical sunscreen is damaging to marine environments, and therefore mineral sunscreen would be the best option for sunscreen. Outside of the environmental impact, both mineral sunscreen and chemical sunscreen come with their own sets of pros and cons that patients should weigh and determine what is important to them.

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Mineral Sunscreen

PROS

1. Offers protection against both UVA and UVB rays and is naturally broad-spectrum.
2. Protects from the sun as soon as it's applied, no wait needed.
3. Lasts longer when in direct UV light than chemical sunscreen, but not when wet or sweating.

CONS

1. Can rub off, sweat off, and rinse off easily, requiring more frequent re-application when outdoors.
2. Can be less protective since UV light can penetrate between the sunscreen molecules if not broadly applied.
3. Can leave a white film on the skin, making some formulas less desirable for medium to dark skin tones.
4. Tends to be more expensive than chemical sunscreen.

Chemical Sunscreen

PROS

1. Tends to be thinner and spreads more easily on the skin.
2. Requires less product than mineral for full protection.

CONS

1. Requires about 20 minutes after application before it begins to protect your skin.
2. Can be irritating to sensitive skin types, since it contains multiple ingredients to achieve broad-spectrum UVA and UVB protection.
3. The protection chemical sunscreen provides doesn't last as long in direct UV light, so reapplication must be top of mind.

The importance of sunscreen does not disappear amid Johnson & Johnson recalls

Sunscreen is the number one tool to protect our skin from the damage caused by the sun's UV rays—damage that includes skin cancer, the most common cancer in the United States. According to the American Academy of Dermatology, an estimated 196,060 new cases of melanoma, 101,280 non-invasive (in situ), and 106,110 invasive, will be diagnosed in the United States in 2021 alone. This does not take into account the risk of developing squamous cell carcinoma and basal cell carcinoma, necessitating extensive surgical removals for patients.

It is important to advise patients on what sunscreen they feel most comfortable using. We have created the following patient handout to use in the clinic setting for any patients wanting more information about regulations, the benzene recall, and general information about the differences between chemical and mineral sunscreens.


FOREFRONT DERMATOLOGY

The importance of sun protection

Beyond Johnson & Johnson recalls and environmental regulations

What is benzene and why is it in my sunscreen?

Mineral Sunscreen

PROS

CONS

www.forefrontdermatology.com

DOWNLOAD NOW

The Extra Mile: Hiring Staff with High EQ

By: Giacomo Maggiolino, MD, FAAD

Emotional intelligence defines a person's ability to sense the feelings of those around them, as well as their own feelings, and respond appropriately. **Evidence has supported the importance of emotional intelligence in providing quality care and achieving better patient outcomes and satisfaction.**

3 questions to help vet new candidates on their level of EQ:

1. **Can you tell me about a time you were given tough feedback from your boss?**
2. **Can you tell me about a time you made a mistake at work?**
3. **Can you describe a time when there was tension or conflict on a team?**

We have all had to deal with the stress of staff turnover. I've recently been faced with the challenge of hiring new staff. With my recent readings on "Emotional Intelligence", I've been looking into recruiting based on a person's EQ (Emotional Quotient). It turns out that "46 percent of new employees will fail within 18 months of hire—89 percent of the time it's for attitude, and low emotional intelligence ranks second in why they fail." This is all according to Mark Murphy, Forbes contributor and Founder of Leadership IQ.

Asking a new candidate about past experiences in their last job along with their strengths and weaknesses gives us a sense of their interpersonal style and their emotional intelligence. In particular, understanding how they have responded to pressure, conflict, and difficult emotions in the past can provide great insight.

For each question, further inquire what thoughts and feelings they had and what actions they took.

Emotional Intelligent people are self-aware, self-confident, and open-minded. They value feedback and do not get defensive when faced with criticism. They take accountability for their mistakes, make corrections and help others avoid making similar errors. They are socially aware of others by sensing other's feelings and respond appropriately.

According to Murphy, it is also important to listen and observe how candidates respond. For instance, do they rush in with the first thing that comes to mind, or do they take time to answer tough questions? "A candidate's word choice can provide great insight into whether he or she understands how they are feeling, how others felt, what caused a situation, and how this understanding directed them to act."

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Diversity in Dermatology: Topical Treatments to Tackle Melasma

By: Missy Mesfin, MD, FAAD, FACMS

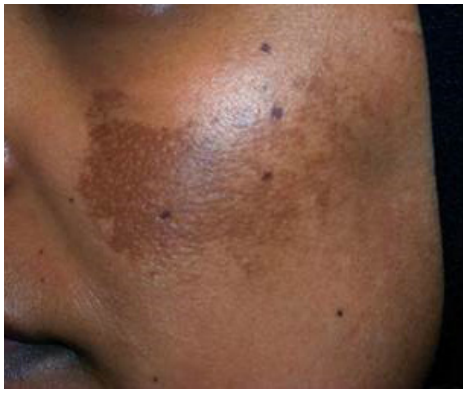
Summertime is here, and with the extra sunshine and heat, we all probably see more of our stubborn, hard to get rid of friend—melasma. It's one of those things that is sure to pop up like that bad penny and can be frustrating for both our patients and us as practitioners. Because of its chronic nature and elusiveness to treatment, melasma can sometimes be one of the challenging conditions we treat as dermatologists- especially for those that treat cosmetic patients.

"Melasma can sometimes be one of the challenging conditions we treat as dermatologists."

Melasma is a facial hypermelanocytic disorder that has been found to have substantial negative effects on a patient's quality of life due to the emotional and psychological impact. Melasma results from the increased deposition of melanin in the epidermis, dermis, or both. Several factors are thought to be involved in the pathogenesis of melasma. The most common factor involved is ultraviolet exposure to sunlight. Heat may also exacerbate melasma. In addition, genetic factors, hormonal activity, medications such as oral contraceptive pills, estrogen replacement, photosensitizing agents, likely contribute to the development of melasma.

As we know, melasma can be seen in patients of any skin type but is more common in darker skin types (IV-VI). Individuals of Asian and Hispanic origin, particularly those who live or are from areas of the world with intense UV exposure may be most commonly affected. Melasma is more common in women, but about 10% of cases occur in men. Melasma is a common condition we see in skin of color patients and having options for treatment is important.

Topical treatments have been the mainstay for melasma. Of course, the most important component of the treatment of melasma is sun protection and strict broad-spectrum sunscreen use. Hydroquinone has been the most effective lightening agent and is FDA approved for the treatment of melasma. However, use has to be restricted due to the risk of exogenous ochronosis with long-term use. Therefore, other agents have been studied to be used in combination with hydroquinone, as well as for more long-term use.



At our recent retreat, several of the companies present had lightening agents they offer for the treatment of hyperpigmentation, with melasma as one of the conditions listed to help treat. Below is a table of the topical agents on the market that are available to treat melasma by companies that work with Forefront. Studies have shown that combination treatment is the most effective for improving melasma, so it is prudent to consider combining different options. Various options are helpful to use in

combination, such as azeleic acid, arbutin, niacinamine, which patients can obtain on their own. The Ordinary has many of these options available and patients can order online or as of mid-July, they are sold at Sephora.

Melasma is one of those conditions where it can actually be useful to throw the kitchen sink at it. Hydroquinone at various concentrations and compounded with other topicals, such as kojic acid, tretinoin, and possibly topical steroids are typically first-line treatments. However, we now have other options to use on a more long-term basis. Other considerations of treatment include glycolic acid topically or via chemical peels or even oral tranexamic acid. It would be interesting to see what treatments we have found to be helpful for our patients. I personally have used Skinceuticals® Discoloration Defense with great results. Melasma causes emotional and psychological stress and no two patients respond the same. Therefore, please keep us updated on any treatment regimens you have found to be helpful!

	SkinCeuticals® Discoloration Defense	Scientis Cyspera®	DermaSpa® Rx DermaLuma	Derma Made Melafade Serum	Glytone Enhance Brightening Serum
Active Ingredients	Tranexamic Acid 3% and Kojic Acid 1%	Cystemaine Hydrochloride	Arbutin and Proprietary	Tranexamic Acid 5%, Kojic Acid 2% and 4-hexylresorcinol 1%	Azelaic Acid and Glycolic Acid
Cost to Patient	**$98** (30ml bottle)	**$189** (50gm tube)	**$72** (50gm tube)	**$44** (30ml bottle)	**$74** (30ml bottle)
How to Order	Through office account or online	Through office account or online	Through office account or online	Through office account or online	Through office account or online

*DermaSpa® Rx is created and developed by Forefront's own Dr. Richard Asarch.

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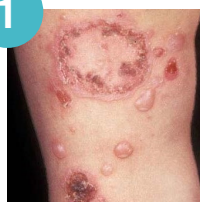
keeping up with the Kids

By: Sapna Vaghani, MD, FAAD

Hello everyone! I hope you have had a great summer. This quarter, I am mixing it up a bit! **Here are some review questions that primarily focus on the management of pediatric patients.**

1



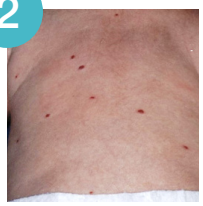
2-year-old with an asymptomatic eruption for 1-week. It has progressed with topical neomycin.

Q **What is the next best step?**

a. Send a bacterial culture
b. Start nystatin ointment
c. Send a fungal culture
d. Start cehpalexin
e. Start griseofulvin

A **D:** This is bullous impetigo, which is more often caused by methicillin sensitive staph aureus than methicillin resistant staph aureus.

2



Healthy 6-week-old, born at 34 weeks, presents for evaluation.

Q **What is the next best step?**

a. Order an EKG
b. Order an MRI of the abdomen and pelvis
c. Order an abdominal ultrasound
d. Start oral propranolol
e. Recommend observation

A **C:** This is hemangiomatosis. Infants with five or more cutaneous hemangiomas have a 16% risk of an intrahepatic hemangiomas and should be screened.

Next quarter I'd love to hear from you. **What would you prefer most? Interesting cases, summaries of new literature, review of conditions and treatment guidelines, and/or kodachrome type questions?**

Click anywhere on the page to reveal the answers!

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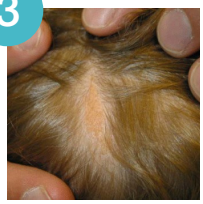
3



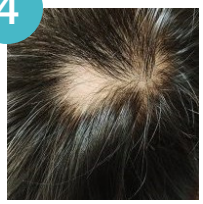
18-month-old was born with this lesion. Overtime, it has remained stable but the family is concerned.

Q **What is the next best step?**

a. Observation as there is no risk associated with this birthmark
b. Surgical excision
c. Referral to genetics
d. MRI to rule out an underlying bony defect
e. Referral to pediatric neurology

A **B:** This is a nevus sebaceous, which can form secondary growths within it. Up to 20% of these growths have been estimated to be malignant (including BCC, SCC, and adnexal carcinoma, or squamus cell carcinoma so excision is typically recommended. Early excsion typically results in a better cosmetic outcome as well.

4



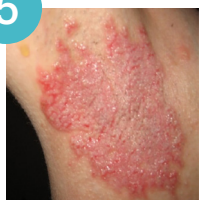
9-year-old presents with a 3-week history of hair loss.

Q **What is the next best step?**

a. Recommend observation
b. Inject with kenalog
c. Start betamethasone dipropionate cream
d. Biopsy
e. Inquire about school, friends, and homelife

A **E:** This irregularly shaped patch of hair loss with hairs of varying length is most consistent with trichotillomania. It has been associated with social/emotional stressors in the up to 50% of cases, more often in children.

5



Q **What is the cause of this condition?**

a. Candida albicans
b. A defect in the ATP2C1 gene
c. Trichophyton verrucosum
d. Allergic contact dermatitis
e. Corynebacteria

A **B:** This is Hailey-Hailey disease, also known as benign familial pemphigus. The defect has been found n a gene called ATP2C1, which encodes the protein SPCA1 (secretory pathway calcium/manganese—ATPase), a calcium and manganese pump.

Click anywhere on the page to reveal the answers!

HOT OFF THE PRESS

By: Katie Hunt, MD, FAAD

Your fast and furious bite-sized review of the latest literature

Vitiligo

- Long-term risk of lymphoma and skin cancer did not increase after topical calcineurin inhibitor use and phototherapy in 25,694 patients with vitiligo.
- *Reference: Ju H et al. JAAD, June 2021.*

SARS-CoV-2 vaccines

- Approved SARS-CoV-2 vaccines expected to be safe for patients receiving immunosuppressive or immunomodulatory treatments for skin diseases; though data is limited.
- IL-17, IL-4/13 inhibitors are associated with fair antibody response
- TNF and IL-12/23 inhibitors are associated with fair antibody response
- *Reference: Gresham L et al. JAAD, June 2021.*

Atopic dermatitis & alopecia

- Patients with comorbid atopic dermatitis and alopecia areata frequently regrow hair when treated with dupilumab.
- *Reference: McKenzie P, Castelo-Soccio L. JAAD, June 2021.*

Hemangiomas

- The presence of 5 or more cutaneous hemangiomas in infants may represent a reasonable threshold at which to screen for hepatic hemangiomas.
- *Reference: Ji et al. JAAD, May 2021.*

Contact allergens

- Most common preservative contact allergens.
- 1994-2016 are: methylisothiaz.
- *Reference: Ji et al. JAAD, May 2021.*

Dietary supplements

- Data for dietary supplements.
- Nicotinamide has relatively strong evidence to prevent NMSC and actinic keratoses.
- Some evidence exists to support vitamin D (1000-2000 iu) to decrease melanoma risk in high-risk individuals.
- *Reference: Thompson K, Kim N et al. JAAD, March 2021.*

Gene expression

- Multidisciplinary committee of experts exhaustively reviewed literature and recommended against routine clinical use of gene expression profiling tests outside of clinical studies at this time (e.g., Castle DecisionDX-Melanoma)
- Currently published evidence is insufficient to support benefit
- Committee recommends restrospective studies on fully annotated, archived samples first
- *Reference: Groysman D et al. JAMA Dermatology, July 2020.*

Antibiotic prophylaxis

- Antibiotic prophylaxis recommended to high risk sites for surgical sites (lower extremity, groin, wedge excision lip or ear, skin flap on nose, skin graft, extensive inflammatory skin disease).
- Not recommended to prevent infective endocarditis or hematogenous total joint infection unless the surgical site is actively infected or mucosal surface.
- *Reference: Wright T et al. Antibiotic prophylaxis...advisory statement. JAAD, September 2008.*

Opioids prescriptions

- Expert panel does not recommended opioid prescription after routine surgery on the trunk, abdomen, extremities, hand or foot.
- *Reference: McLawhorn J et al. Dermatology Surgery, March 2020.*

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Under the Scope

The Dilapidated Brick Wall

By: Doug Hansen, MD

Clinical presentation

This 58-year-old male presents with a 6-month history of a malodorous, red, painful rash localized to the bilateral axillae and scrotum. He had been treated recently with both oral and topical steroids and oral and topical antifungals, with no improvement. There is no history of new medications or personal care products, and he reports that no family members have the condition. A 4 mm punch biopsy of the right axilla was performed.

Under the scope

There is suprabasilar clefting, with lacunae formation, leading into broad areas of vesiculation, with acantholytic cells lining the vesicles and floating freely within them. Noted are elongated papillae covered by one to several layers of keratinocytes protruding up into the bullae (so-called “villi”). Intracellular edema leading to partial acantholysis gives rise to areas with a characteristic “dilapidated brick wall” appearance.

An aside

Food references are common descriptors in pathology, such as "onion-skin fibrosis" (lichen planopilaris), "fish flesh appearance" (lymphoma), "chocolate cyst" (endometrioma), and "caseous necrosis" (tuberculosis). The most widely-known building or architectural reference in pathology is the "dilapidated brick wall" of Hailey-Hailey disease. Although not brick, I stumbled upon the stone wall below on a recent hike near Scandinavia, Wisconsin, which made me think of Hailey-Hailey disease.

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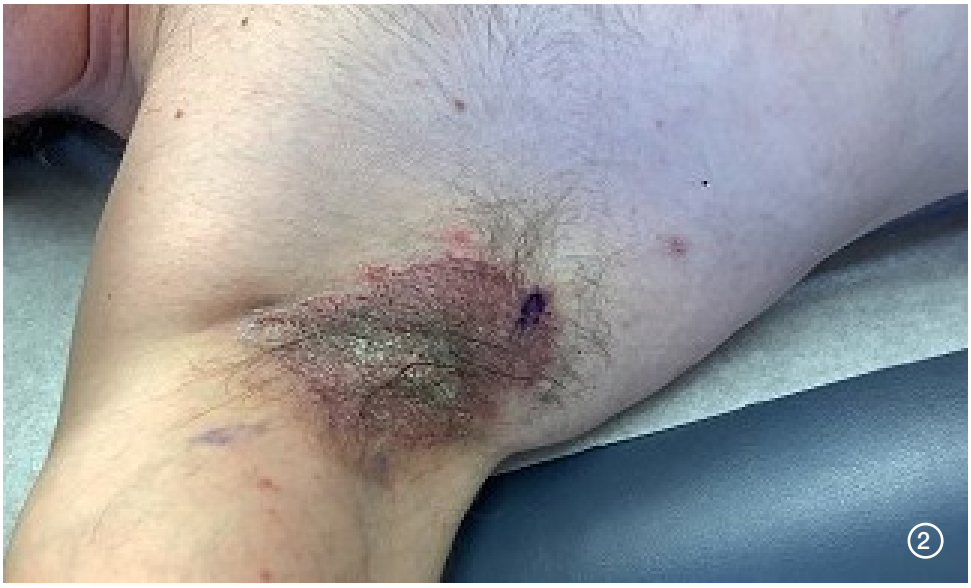
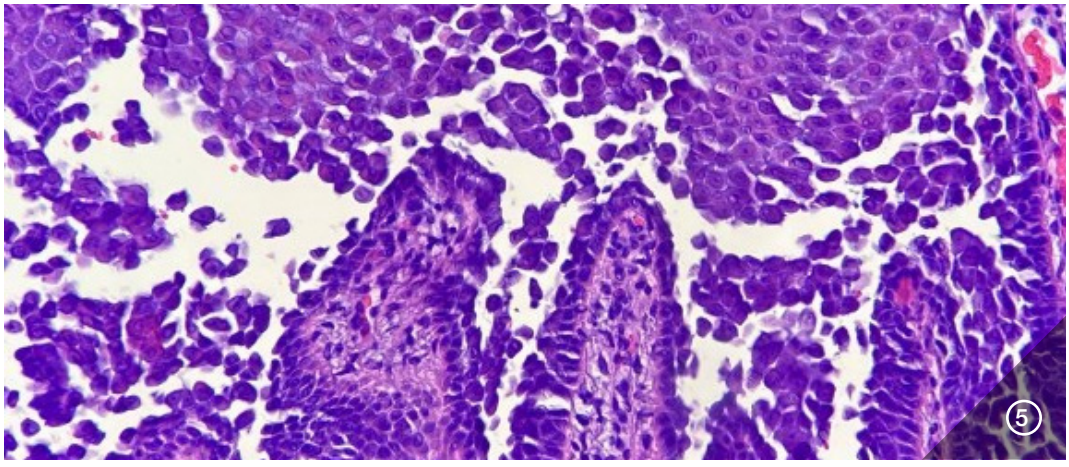
Hailey-Hailey disease

Familial benign chronic pemphigus was first reported by the Atlanta dermatologist brothers Hugh Edward Hailey and William Howard Hailey in 1939, where they described 13 cases in 4 generations in one family and 9 cases in 4 generations in another family. The disease is an uncommon genodermatosis with recurrent, erythematous, vesicular plaques, which progress to small flaccid bullae with subsequent rupture and crusting. There is a predilection for the neck, axillae, and intertriginous areas such as the genitocrural, perianal, and inframammary regions. Occasionally, there are large areas of the skin that are involved, and there are rare reports of involvement of oral, ocular, esophageal, and genital mucous membranes. It is inherited as an autosomal dominant condition with incomplete penetrance. The responsible gene, ATP2C1 has been mapped to chromosome 3q21-q24 and encodes the calcium pump protein hSPCA1. Calcium homeostasis is critical in cell differentiation and cell-to-cell adhesion of keratinocytes. This disruption leads to dysfunction of the adherens junction region which is part of the "mortar" holding the keratinocytic "bricks" together. The disease is inherited in an autosomal dominant pattern, but nearly one-third of cases are sporadic, as is the case with this patient. The disease is sometimes not very responsive to treatment. Dermabrasion and laser therapy have been used with success for localized diseases. For generalized disease, corticosteroids, antibiotics, and antifungal agents have been used. In recalcitrant cases, oral retinoids, cyclosporine, dapsone, methotrexate, thalidomide, or PUVA therapy have been variably effective.

1. Dilapidated wall—Scandinavia, WI
2. Clinical image
3. Hugh Edward Hailey (1909-1963)
4. William Howard Hailey (1898-1967)
5. Classic dilapidated brick wall of Hailey-Hailey disease





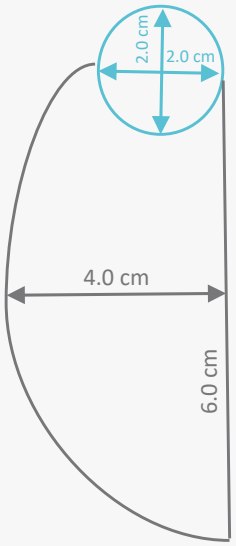
Coding Corner: Measuring Flaps

By: Molly Moye, MD, FAAD, FACMS and Kayleen Moore, Lead Documentation & Coding Specialist

Many of us, myself included, were taught to measure flaps by calculating the area of the flap at the end of the repair. Those of us who have switched to EMA though, have likely noticed that EMA asks for primary and secondary defect measurements. So, here's a quick primer on accurately calculating the area of a flap.

To begin with, measure the primary defect that was created as a result of the initial procedure (e.g., Mohs or excision). In the image on the right, taken directly from the AMA's 2021 CPT book, the primary defect measures 1.0 x 1.0 cm. Once the flap is incised and undermined, measure the secondary defect that you have created. In the example, this measurement is 2.5 x 1.2 cm. Lastly, add the primary and secondary defect areas together to determine the final area. The final repaired area in the example is 4.0 sq. cm.

This methodology is going to require some math if you are still using NextGen. If you are using EMA, the system will calculate the final area for you; as long as the primary and secondary defect sizes are documented.



Large flap example

An example using a larger flap may be helpful. Let's take a surgical wound that measures 2 x 2 cm on the preauricular cheek, repaired with an advancement flap. You made a 6 cm linear incision inferior to the defect and undermine 4 cm medially. Using the AMA's methodology will results in a repair area measuring 28.0 cm^2 (primary defect = 2.0 x 2.0 cm = 4.0 cm^2; secondary defect = 6.0 x 4.0 cm = 24.0 cm^2; 24.0 cm^2 + 4 cm^2 = 28 cm^2).

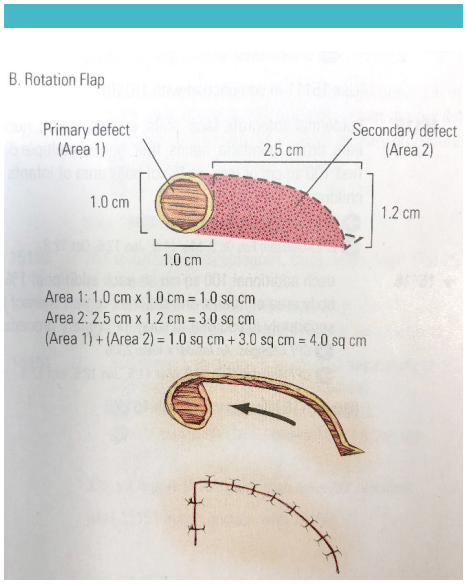
Primary Defect: 2.0 x 2.0 cm = 4.0 cm^2
Secondary Defect 6.0 x 4.0 cm = 24 cm^2
Final Area = 4.0 cm^2 + 24 cm^2 = 28 cm^2

EMA Patient Portal

Repair Type Flap
Flap Type Rotation Flap
Primary Defect Length (in cm) 1
Primary Defect Width (in cm) 1
Secondary Defect Length (in cm) 2.5
Secondary Defect Width (in cm) 1.2

NextGen Patient Portal

Repair Type: Flap
Flap Type: Rotation Flap
Primary Defect Dimensions and Area: 1 cm x 1 cm = 1 cm2
Secondary Defect Dimensions and Area: 2.5 cm x 1.2 cm = 3 cm2
Total Repair Area: 4 cm2



Remember that when you perform multiple flaps on a patient, you code for each flap separately. This is different from grafts in which you add the sizes of grafts and bill for the appropriate size. As always, please direct any questions or concerns to the coding team.

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Forefront Forum: Sun-Protective Summer Fashion

By: Tori Negrete, MD, FAAD

UPF Clothing has come a long way in terms of fashionable options. Even if you do not want to be fabulously chic this summer, your patients do and want recommendations from us, the experts. Most options are UPF 50 (only 2% of the sun's rays can make it through), but some have UPF 30. Here are some great brands to mention, depending on style/use.

Women's brands

Best Designer Brand—Lilly Pulitzer. Lilly Pulitzer is bringing her colorful prints and classic styles to sun-protective clothing. A myriad of options, including dresses, skirts, pants, and tops that will brighten anyone's day.

Honorable Mention—Peter Millar

Men's brands

Best Designer Brand—Peter Millar Golf

Kid's brands

Best Overall—Coolibar

Most Stylish—Mott50. Lightweight fashionable options, UPF 50, sized for babies up to 10 years. Bonus if you want to dress family similarly, many matching outfits are available.

Best Value—UV Skinz. Three-piece sets (swim trunks, swim shirt, and matching hat) for boys or girls, UPF 50+, many patterns available for $30-45 on Amazon.

Best brand recommendations

L.L. Bean
The best overall. A one-stop shop for summer basics for men, women, and kids all at a moderate price point. Lots of colors and styles including, the Seal of Recommendation from the Skin Cancer Foundation.

Athleta
The best sporty brand, high quality (which comes at a higher price point).

Coolibar
Best brand for kids, from clothing to swimwear to hats.

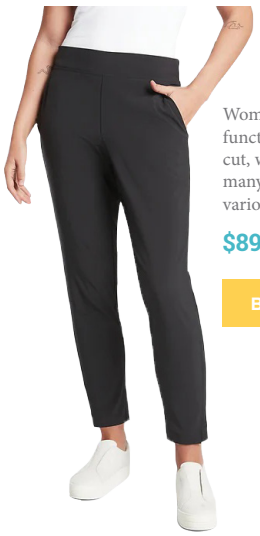
Lands' End
Best for swimsuits, largest collection available, including one-pieces, bikinis, swim skirts, rashguards, as well as cover-ups at a moderate price point.

Columbia
Best for plus sizes, up to 5X for men, up to 3X for women.

Your Quicklink Guide to this Season's Best Sun-Smart Clothes

To help you find the most stylish sun-smart offerings on the market, I have put together 7 affordable outfits for the entire family with a UPF rating of 50, which blocks 98% of the sun's rays. Check out my suggestions below:

1 **Athleta** Women's Brooklyn Ankle Pant



Women's UPF 50+, functional with flattering cut, wrinkle resistant, in many colors. Featuring various lengths and sizes.

$89

BUY NOW

2 **Coolibar** Women's Sanibel Everyday Beach Shawl

Women's UPF 50+, 15 color choices, designed to be loosely worn as an accent piece over your shoulders, upper body or head, relaxing, easy, everyday wear.

$34

BUY NOW

3 **Coolibar** Baby Wave One-Piece Swimsuit

Kids, 6 months—3T. Keeping you in mind, this practical swim piece includes an easy snap-close bottom for diaper changes, a quarter zip for easy on-and-off and UPF 50+ protection.

$26

BUY NOW

4

Lilly Pulitzer Sophie Dress

Sun protected and a perfectly engineered print- we're in! The UPF 50+ Sophie Dress is a fan fave for its classic styling. The straight fit, gold button details, and flattering boat neckline make this a dress we turn to for just about everything under the sun.

$148

BUY NOW

5 **Époque Évolution** The One Wrap Dress

A new kind of dress, one you can wrap, one you can tie (four ways!), one with a "flash-proof" versatile wrap skirt, and a hidden pocket for the important things, and one that's UPF 50, wrinkle-resistant, machine washable and quick to dry.

$168

BUY NOW

6 **Mott50** Baby Mini Bella—Girls Sleeveless Ruffle One-piece Swimsuit

Girls, four-styles, sizes 2-12. Now your mini can match you in our favorite sleeveless one piece! This style provides full chest and back coverage for your little one. Fully lined for extra comfort and a front zip for easy on/off, plus UPF 50+

$56

BUY NOW

7 **Land's End** Men's 8" Print Volley Swim Trunks

Styled for a classic volley look with the UPF 50 sun protection you need and more comfort features than you probably realized you wanted. You get a great fit, comfortable three-piece mesh liner, quick-drying fabric, full elastic waistband, coin key pocket and water-draining onseam pockets. Hit the beach!

$40

BUY NOW

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Fighting Melanoma One Mile at a Time

By: Matt Landherr, MD, FAAD

I had a patient that was diagnosed last year with Melanoma. In May 2021, this patient called me to say they had organized a 5K run/walk to raise money for Melanoma Awareness and asked me how and where to donate the funds that were collected. The patient wanted to donate a portion of the funds on behalf of Forefront Dermatology.

There were over 300 participants in the 5K run/walk and they sold T-shirts in addition to the race donations.

After doing some checking on the best way to go about donating these funds, I suggested a donation on behalf of Forefront Dermatology to the University of Iowa's Melanoma Research Department.

What an awesome gesture on this patient's part and everyone at Forefront sends a huge thank you—not only for the donation but for helping to raise awareness for Melanoma!

President & Editor
Betsy Wernli, MD, FAAD

Email

Betsy has a busy practice in Manitowoc, WI. She completed her undergraduate at the University of Oklahoma where she stayed for medical school and completed her residency at Iowa. She has three boys, four if you count her husband, and enjoys all things sports. She is obsessed with her Peloton®, and loves serving the Forefront physicians. Betsy is always available by cell or email.

Tori Negrete, MD, FAAD

Tori practices in Carmel, IN, Neenah, WI and is also the medical director of Excelin Medical Spa in Appleton, WI. A Chicago native, she returned to complete her dermatology residency at Cook County Hospital after attending medical school at the University of Iowa. In her free time, she loves to travel the world with her husband George, drink wine, eat fabulous food, Peloton® (to burn off those calories), and love up her adorable French bulldogs, Bruster, Bernadette and, Claudette.

Missy Mesfin, MD, FAAD, FACMS

Missy is a Mohs surgeon in Vienna, VA. She is a fellow of the American Academy of Dermatology, American College of Mohs Surgery and the American Society of Dermatologic Surgery. She attended the University of Michigan for both undergraduate and medical school. She also completed her dermatology residency and Mohs fellowship at U of M. Missy's interests include treating skin cancer, performing cosmetic procedures, and enjoying time with her two children.

Giacomo Maggiolino, MD, FAAD

Giacomo graduated from the University of Notre Dame, attended medical school at the University of Illinois in Chicago, and completed his residency at Cook County in Chicago. He now practices in Pleasant Prairie and Grafton, WI. He is kept busy at home with four young children but he also enjoys traveling and cooking—especially making homemade pasta and Italian dishes. Giacomo is Forefront's Public Relations Chairperson.

Doug Hansen, MD

Doug completed his residency and immunohistochemistry fellowship at the University of Washington and his dermatopathology fellowship at the AFIP. His favorite thing is when the histopathology fits exactly with the clinical presentation. He also really likes skiing, hole-in-the-wall restaurants, and unexpected first-class upgrades. He is married with 3 teenagers and an attention-demanding Cavapoo puppy. Dr. Doug Hansen is our newest Dermpath joining us on March 1, 2021.

Molly Moye, MD, FAAD, FACMS

Molly is a fellowship-trained Mohs surgeon who practices in Elizabethtown and Louisville, KY. Her professional areas of interest are skin cancer detection and treatment, Mohs surgery, and performing cosmetic treatments including, Botox®. Molly finds it very rewarding to follow patients over time and see improvements in their quality of life as their skin conditions are treated.

Kayleen Moore
Lead Documentation & Coding Specialist

Kayleen is our Lead Documentation and Coding Specialist and works in the Manitowoc support services offices. She enjoys working with fellow coders (Kari Wagner and Beth Westcott) on a team that is passionate about supporting Forefront's physicians, PAs, and NPs in the ever-changing world of coding and documentation. Kayleen loves traveling with her husband Ian and spoiling her two dogs, Lucky (a sweet and cuddly Poodle/Dachshund mix) and Mabel (a sassy little Westie).

Katie Hunt, MD, FAAD

Katie started her career in business and engineering at the University of Alabama. She worked as a patient flow consultant for Stockamp & Associates and as a supply chain leader at GE Healthcare before discovering her desire to help others in the field of medicine. Katie completed her medical education and dermatology residency at the University of Alabama and served as chief resident during her final year. She enjoys hiking, camping, running, and strategic board games.

Sapna Vaghani, MD, FAAD

Sapna is a pediatric dermatologist working in the suburbs of Chicago. She completed her undergraduate work at Northwestern University, followed by medical school at MCP Hahnemann (now Drexel) in Philadelphia. She came back to Northwestern to complete her residencies in pediatrics, dermatology, and finally, a fellowship in pediatric dermatology. Sapna's free time is spent with her husband and two girls. They love to cook, eat, do arts and crafts, and travel!

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Stay Tuned:

Next quarter's edition will focus on highlights from our virtual fall retreat, closing out the year strong, and looking forward to 2022.

Send me an email and let me know if you enjoyed this newsletter and what topics you'd like to see in future editions.

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