



SKINnovations

FROM MASS GENERAL

Welcome to Mass General's Department of Dermatology.



David E. Fisher,
MD, PhD

Our department pioneers advances in the understanding, diagnosis and the treatment of skin conditions. Massachusetts

General Hospital Dermatology discoveries have improved health and quality of life for people in the Boston area and around the world.

Our mission in the Department of Dermatology is to deliver state-of-the-art care to patients with common as well as rare conditions of the skin. These span life-threatening diseases such as skin cancers all the way to innovative breakthroughs in cosmetic dermatology. As a Full-Service Department of Dermatological Excellence, our world-class medical staff has one overarching goal: helping patients enjoy their everyday activities while minimizing or eliminating their symptoms.

Our goal in publishing a newsletter focused on maintaining healthy skin is to provide brief articles that provide tips and updates about skin treatments; to share the latest technological advances; and to keep you informed of new patient services.

BY ALEXA BOER KIMBALL, MD, MPH

WHY DOES MY PSORIASIS TEND TO GET WORSE DURING THE FALL AND WINTER MONTHS?

A: The weather, especially different seasons, does affect psoriasis in most people. The increased sunlight in the spring and summer can improve psoriasis. Unfortunately, the decrease in sunlight in the fall and winter months, particularly in northern latitudes, can worsen it.

For people who respond well to sunlight, treatment with light therapy such as PUVA or UVB over the winter can supplement sunlight to the level available during the summer months.

During the winter months, you may want to increase your use of moisturizers since the forced hot air used for heating can dry out the skin and make psoriasis worse. Be sure and talk with your doctor to come up with a treatment plan that's right for you. ■

Adapted from: Kendra G. Bergstrom, MD and Alexa B. Kimball, MD 100 Questions and Answers About Psoriasis.

BY HENSIN TSAO, MD, PHD

ARE YOU DOING ENOUGH TO PROTECT YOUR FAMILY FROM MELANOMA?

Hensin Tsao, MD, PhD, Director of Mass General's Melanoma and Pigmented Lesion Center, says probably not, if reduced sun exposure and plenty of sunscreen are the only things you are considering.

Learn how your family history, genetic risk and personal health history can affect your risk of melanoma, and what steps you should take to detect it at an early, treatable stage

Are you and your family at risk?

One of the strongest risk factors

for melanoma is family history. If you've had anyone in your family with melanoma, it doubles your risk to get this cancer. If you have multiple members of your family with melanoma then the risk is even higher.

The next time you are together with your families, find out their histories of skin cancers, because it could end up saving your life.

Do your personal traits put you at a higher risk?

It's been known for a long time that

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ARE YOU DOING ENOUGH TO PROTECT YOUR FAMILY FROM MELANOMA? *continued from page 1*

certain personal risk traits put one at increased risk for skin cancers, including melanoma. These include red hair, blue eyes and a light skin complexion. If you have these traits, see a doctor for a thorough skin check.

How often should you have your skin examined?

The frequency of how often you have your skin examined depends on your personal risk. An annual check with your primary care physician is perfectly adequate for the average person who may not have had skin cancer or who may not have a family history of melanoma.

However, if you've had skin cancer, even a non-melanoma type skin cancer, or someone in your family has had a melanoma, an annual check with a

dermatologist or someone trained to look at your skin is essential. If you've had a melanoma, or have a strong family history of melanoma, twice a year is a good frequency to have your skin assessed for all sorts of cancers, including melanoma and non-melanoma skin cancer. ■



CURTIS collaborates with physicians for advanced melanoma trials.

What is CURTIS?

CURTIS stands for Clinical Unit for Research Trials and Outcomes in Skin under the leadership of Alexa B. Kimball, MD, MPH. It is a research unit in the Dermatology Department of Massachusetts General Hospital that conducts a wide range of patient studies evaluating new therapies for a broad spectrum of skin diseases, as well as investigating quality of life issues.



CHALLENGE YOUR PSORIASIS

You may be eligible to participate in a research study of an investigational medication.

- 18-70 years of age
- Nine study visits over 20 weeks
- At least 10% of skin affected
- Up to \$1,500 in compensation

For more information, please e-mail HarvardSkinStudies@Partners.org or call **617-726-5066**.

If you'd like to see a list of our current clinical trials, please visit MassGeneral.org/Dermatology/Research/ and click on the clinical trials tab. To learn more, e-mail HarvardSkinStudies@Partners.org

MASS GENERAL DERMATOLOGY RESEARCH IN THE NEWS

Discovery of a molecular switch that turns off the natural process of skin pigmentation may lead to a novel way of protecting the skin—activating the tanning process without exposure to cancer-causing UV radiation. This research, carried out within the Department of Dermatology at Mass General, was published in the October issue of the journal *Genes and Development*, and was covered broadly by media including *Boston Globe*, *LA Times*, and others.

"The primary goal of inducing melanin production in human skin would be prevention of skin cancer, since all the common forms are known to be associated with UV exposure," explains David Fisher, MD, PhD, Chief of the hospital's Department of Dermatology and Director at Mass General's Cutaneous Biology Research Center, who led the study. "Not only would increased melanin directly block UV radiation, but an alternative way to activate the tanning response could help dissuade people from sun tanning or indoor tanning, both of which are known to raise skin cancer risk."

Additional research is needed to identify drugs that penetrate human skin and safely block enzymes that are produced, he notes, and his team has already started searching for such agents.

To link to news stories visit MassGeneral.org/Dermatology/News ■

How to Support This Department

We wish to thank those who have generously supported our research efforts in the past, which has meant improved health and better quality of life for people in the Boston area and around the world.

If you'd like to learn more about our research efforts and how you can help, please contact Kirsten Swan at KSwan1@Partners.org or call 617-643-5778.

BY REBECCA B. CAMPEN, MD

TIPS TO HELP “WINTERIZE” YOUR SKIN

EVER NOTICE THAT IN THE WINTER, YOUR SKIN MAY BECOME DRY, ITCHY, FLAKY OR THAT YOU LOSE THOSE SOFT LIPS AND HANDS? UNFORTUNATELY, DRY, CHAPPED SKIN CAN EVEN MAKE YOU LOOK OLDER.

Wintertime can be harsh on skin, especially in cold climates when the heat is on inside. The heat dries out the skin just as it dries out houseplants and everything else. So, here are a few quick tips to help you to beat those winter skin woes.

1. TURN DOWN YOUR BATH TEMPERATURE

Hot baths feel great in the wintertime, but hot water causes your skin to let moisture out, and can cause your skin to itch. Remember, adding moisturizer to your skin when it is wet will dilute it. After taking a bath, be sure to apply a moisturizer within the first five minutes after towel-drying.

2. MOISTURIZE

First of all, moisturizers don't put water into the skin. They maintain the

moisture that is already in the skin by protecting the skin barrier. They help to keep your skin soft and smooth. Choose a moisturizer that is simple, without fragrances or many additives. The more additives, the more possibilities for rashes and other skin irritation.

3. WEAR SUNSCREEN: SNOW REQUIRES EXTRA CAUTION

Think you don't need sunscreen in the winter? Think again. The harsh effects from the sun are not determined by temperature. According to the American Academy of Dermatology, sun protection is also important in the winter. Snow reflects up to 80 percent of the sun's rays, causing sunburn and damage to uncovered skin. Winter sports in the mountains increase the risk of sun damage because there is less atmosphere to block the sun's rays.

If you must be in the sun, use a broad-spectrum sunscreen with at least a SPF-30 (sun protection factor).

4. HANDS NEED EXTRA CARE

Be sure and wear a good pair of winter gloves to protect your hands to prevent overexposure to the cold. Make sure you don't go outside with wet hands, which leaves you susceptible to frost bite. Mineral oil or petroleum jelly can also be helpful for chapped hands or other areas of especially dry skin. If there are painful cracks on your fingers, apply an over-the-counter antibiotic ointment to the cracks. Try applying petroleum jelly and wear white cotton gloves overnight if your hands are especially irritated.

5. STOP LICKING YOUR LIPS

Dry lips can be caused by dry air, by reaction to lipstick, toothpaste, food, a medication or by lip licking. Licking your lips will just make your lips more dry and chapped. Apply an unscented lip balm or petroleum jelly.

Talk to your doctor. Dry skin can also occur with age and with certain skin disorders. See your dermatologist if your condition does not improve. Irritated skin can sometimes become infected, requiring an antibiotic to clear. ■

*Adapted from: Rebecca B. Campen, MD
The Comprehensive Guide to Skin Care; From
Acne to Wrinkles; What To Do (And Not Do) to
Stay Healthy and Look Your Best.*



BY MATHEW AVRAM, MD

IS THE NEW “FAT FREEZING” PROCEDURE RIGHT FOR YOU?

THE NEWLY FDA APPROVED FAT FREEZING PROCEDURE, COOLSCULPTING™ BY ZELTIQ™ WAS DEVELOPED AT MASS GENERAL HOSPITAL. DR. MATHEW AVRAM PERFORMS THIS PROCEDURE AND TRIED THE PROCEDURE ON HIS OWN LOVE HANDLES — HE’S HAPPY WITH THE RESULTS.

Is this procedure right for you? If you are physically fit within 10-15 lbs. of your ideal weight, and looking for a non-invasive procedure with no downtime that provides subtle natural looking results—this may be right for you. In October 2010, Dr. Avram appeared on the Dr. OZ television show to discuss and answer some commonly asked questions.

What is CoolSculpting?

CoolSculpting is a non-invasive process which uses cold to trigger elimination of fat from trouble spots that are diet and exercise resistant, without damage to other tissue.

Who are the best candidates for this procedure?

This procedure is for people who are physically fit, who have small bothersome areas of unwanted fat that has not responded to diet and exercise such as:

- Love handles
- Abdomen
- Small areas on the upper back

Is this a weight loss procedure?

No, this is not a weight loss procedure. This is body contouring for people who are physically fit and have small pockets of stubborn fat that have not responded to diet and exercise.

What happens during the procedure?

The patient and doctor first select the area(s) to be treated. For instance, if your goal is to reduce your love handles, the doctor will position the system on your side. The device then draws the bulge up between two cooling panels. The sensation is a firm tug and pull—enough of a pull to ensure the tissue will be cooled most efficiently.

What does it feel like?

As the panels go to work in the first few minutes, the patient feels a sensation of intense cold. This soon dissipates. The patient is seated comfortably or lying down during the one to three-hour procedure.

Can the patient return to normal activities after the procedure?

Yes. The CoolSculpting procedure is completely non-invasive, so the patient can return to normal activities immediately. Some patients experience redness, minor bruising, tingling or numbness in the treated area, but this is temporary.

When will the patient see results?

Patients may start to see changes as quickly as three weeks after their treatment, and will experience the most dramatic results between two to four months.



Mathew Avram, MD, Director, Dermatology Laser and Cosmetic Center

Is this procedure covered by insurance?

No, this procedure is not covered by insurance; it is considered a cosmetic procedure.

How much does this cost?

The number of areas to be treated determines the cost. First, it is necessary to have a consultation with a doctor experienced in this procedure to determine if you are a good candidate and to discuss how many areas require treatment. The cost for a treatment area is \$700. For example, for love handles, each side requires at least one treatment for each side—so the procedure would involve at least two treatments costing \$1,400. ■

Contact Us | If you would like to receive a copy of this newsletter, please ask your patient coordinator or e-mail us at MGHSkinNews@partners.org