

Duke Dermatology

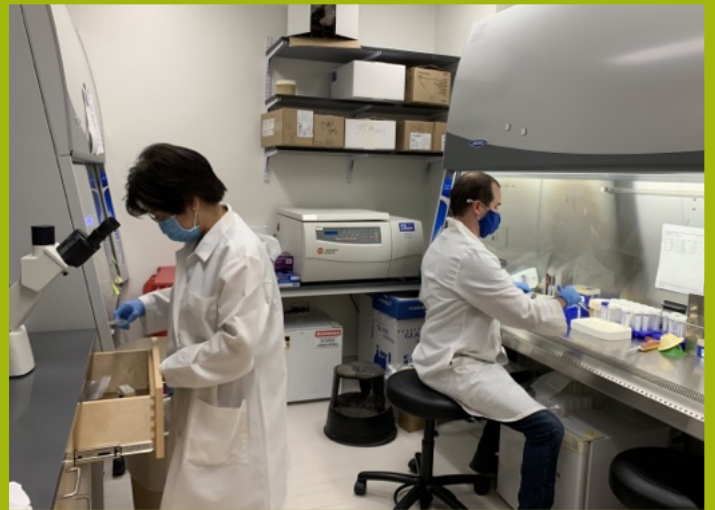
News from the Department of Dermatology | Duke University Medical Center

Spring 2022



TEACHING

INVESTIGATING



CARING

Duke Dermatology

News from the Department of Dermatology | Duke University Medical Center

1 Message from the chair

Meet Dr. Suephy C. Chen, our new chair

2 New Telederm Service

We have expanded our quality care

3 DEI Initiatives

We incorporated Diversity, Equity, and Inclusion in our care and operations

4 Education Corner

Learn more about the training of our residents and the continued improvement of our program

5 Resident Highlight

Meet Dr. Imara-Safi Scott, Third Year Resident

6 Research Highlight

Meet Dr. Chuan-Yuan Li, Director of the Li Lab

7 Dermatology Over the Years

Learn about the rich history of Duke Derm

9 Dr. Prose Retires

We are thankful for Dr. Prose's contributions to Duke Derm

11 We Continue to Grow

A new clinic opens and more are being planned

11 An Update on Research

Learn about the clinical trials we are conducting

12 Duke Dermatology: 1984-2022

Dr. Hall reflects on his years at Duke Derm

13 The Legacy Duke Dermatology Teaching Fund

Will help recognize our outstanding faculty

14 Kudos!

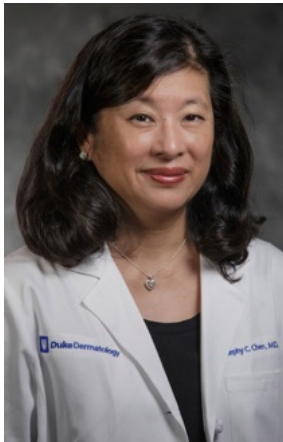
Our Faculty, Residents, and Staff are doing amazing things



For questions, comments, or to add your name to our mailing list, please contact us by any means below:

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Message from the Chair



I have the great pleasure of reflecting on this past year for our re-invigorated Duke Dermatology Newsletter. Since inheriting the position from Russ Hall, we have expanded the department infrastructure and developed new initiatives for our four mission pillars. We want to connect alumni, adjunct faculty, and other departments with our current faculty, trainees, and staff and hope that this newsletter will be a platform for this connection. We will focus on stories since these provide a more compelling “glue” than numbers.

In our mission to provide outstanding patient care, we have undertaken efforts to increase access. This includes launching a hybrid teledermatology clinic using store-and-forward as well as video technology. Please look for Dr. Meenal Kheterpal's, Director of TeleDermatology, section in this newsletter for details. We have also begun to open satellite sites for general dermatology while priming the 3K Hospital clinic for our subspecialty clinics. Dr. Mattie Nicholas, Vice Chair of Clinical Operations, will highlight these new sites.

We continue to perform outstanding research, both in the wet lab as well as in clinical trials and clinical research. Dr. Chuan Li will outline accomplishments in the wet lab while Dr. Meenal Kheterpal will highlight the revamped Clinical Research Unit. I am committed to growing Health Services Research and Implementation Science in the department. The teledermatology service will be instrumental in launching these initiatives. I am also excited to grow our translational research efforts and look forward to developing a clinically annotated biobank that includes patient-reported outcomes.

Our commitment to education is unwavering. Upon Dr. Atwater's departure, Dr. Erin Lesesky has filled the Residency Program Director position as well as assumed the role of Vice Chair for Education. Please see her newsletter section highlighting the resident retreat program. Dr. Amber Fresco is our new Associate Program Director while Dr. Cardones is formalizing the research opportunities for trainees. Please see our “Resident Corner” section where we interview Dr. Imara Scott about her experience as a Duke Dermatology resident. In addition to the traditional dermatology resident rotation, non-dermatology residents, Duke medical students, and non-Duke students rotate through our outpatient clinics, inpatient service, and teledermatology. Under Dr. Carrie Rao's leadership, Drs. Megan Jamison and Sabrina Shearer are directors for these rotators.

Dr. Sarah Wolfe continues to push our initiatives in Diversity Equity and Inclusion in her role as Director of DEI. We have “hard baked” DEI into our Grand Rounds syllabus: we had training for implicit bias in July, upstander training in December, and anticipate a Cultural Humility Symposium in the Spring. We continue to offer a dedicated training slot for a resident who will either pursue research or community engagement to address DEI issues. This residency position is co-funded by the School of Medicine and the Health Care System and deemed to be quite a successful pilot. We have also asked Jerry Lazarus, with his leadership role at the National Trust for the Humanities to give us guidance on how to formally incorporate the humanities into our dermatology curriculum to rediscover the joy of practicing dermatology. Please see his piece in our “Alumni corner” of the newsletter.

These are just a handful of initiatives in Duke Dermatology's mission of patient care, teaching, research, and DEI. I hope that you will feel engaged in these efforts and invigorated as we start this new year. Please do reach out with any ideas.

Sincerely yours,

A handwritten signature in cursive script that reads 'Suephy Chen'.

Suephy C. Chen
Chair, Department of Dermatology





New Teledermatology Service

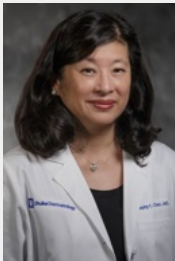
by *Meenal Kheterpal, MD*



In early September of 2021, we started offering a Teledermatology (TD) Virtual Care clinic to our patients. In response to the challenges brought on by the pandemic, Duke Dermatology adapted and expanded its services in order to continue providing quality care to our patients. While individual faculty members hold their independent virtual clinics for established patients, our TD virtual clinics allow new patients from primary care access to our providers within a one-week time frame. This ease of access is particularly beneficial to new patients that need care but that are unable to get an in-person appointment in a timely manner. Patients are referred for our services by their primary care physician, usually within two days from the time they visit their PCP. If follow up is needed, it can be scheduled within two weeks from their initial virtual visit. Our TD service uses a blended store and forward model that is scalable, nimble, and technology friendly for our patients. On average, we see 40 patients/week via TD virtual clinic and to date, we have found over 60 skin cancers and 3 melanomas through Telederm.

In addition to the increased access to care and closer collaboration with our primary care colleagues, TD has allowed us to enhance our education mission. Our residents are active participants in our TD sessions and are thus receiving training in this new modality of care. We are very proud to contribute to better care for our patients and a more rounded education experience for our trainees.

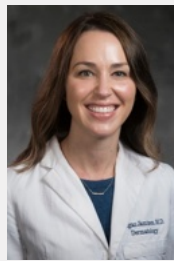
Meet Our Telederm Providers



Suephy C. Chen, MD



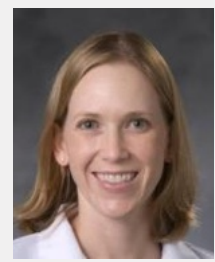
Tara Jaleel, MD



Megan Jamison, MD



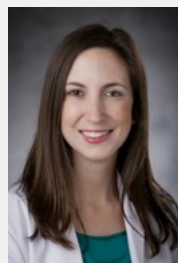
Meenal Kheterpal, MD



Erin Lesesky, MD



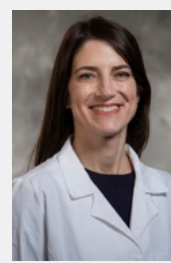
John Murray, MD



Courtney Powers, PA-C



Sabrina Shearer, MD



Heather Scimeca,
PA-C, MPAS



Samantha Wennerberg,
PA-C

DEI Initiatives

by Sarah Wolfe, MD

Dear Duke Dermatology Colleagues, Alumni and Friends,

I'd like to introduce myself as we kick-start our department newsletter for 2022. I have had the privilege of serving as our department's Director of Diversity and Community Engagement for the past 3 years. While much of my interest in DEI originates from my Puerto Rican heritage, participating in various additional positions across campus helps inform my current role. Some of these positions include working as a faculty facilitator in the longitudinal first year med student course Clinical Determinants of Health and Health Disparities, participation on the School of Medicine Inclusion Council, chairing our department's DEI committee, and recent participation on the Duke Faculty Anti-Racism and Equity taskforce.



Promoting DEI is a priority for our department and while we have several goals for continued support and growth in DEI efforts, current initiatives include:

- Sustaining volunteer dermatology clinics through Lincoln Community Health Center and [TROSA](#)
- Establishing a series of department-inclusive trainings on bias, bystander intervention and cultural humility (April 2022)
- Continuing support of a DEI and Skin of Color-focused residency curriculum
- Continuing support of the Diversity and Community Engagement Residency Position
- Promoting pipeline initiatives for underrepresented students from the Durham Public School system.

I am proud of the contributions by many in Dermatology toward improving DEI in our patient communities and department workplace and will continue to communicate about efforts in future newsletters.

Residents Get Involved in DEI Initiatives



Dr. Sravya Bhatia and Dr. Elaine Otchere volunteered at the [Duke-Durham School Days](#), an initiative of the Duke Office of Durham and Community Affairs.

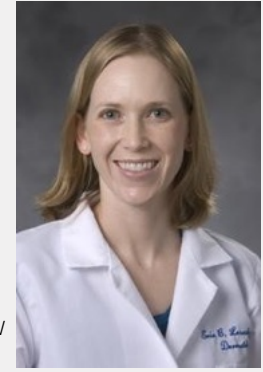
School Days is designed to motivate middle schoolers from Durham public schools who come from families with no prior college experience to aim for college. The event is held annually and it allows participants to visit the Duke campus and to learn about college from students, faculty and administrators. Drs. Bhatia and Otchere acted as guides for program participants, sharing with them information about Duke and about their own college experience.



Our creative residents - Drs. Krystina Quow, Imara-Safi Scott, and Sravya Bhatia - recently hosted a fun engagement through [BOOST](#). BOOST, an initiative of the Duke University School of Medicine, serves students from underrepresented minorities in Durham public schools and it aims to get them excited about STEM and STEM careers. The program offers participants hands-on classroom activities, research opportunities, summer experiences, and field trips, among other activities. All activities and programs are free of charge to participating families and an application is required to join.

Education Corner

by Erin Lesesky, MD



Welcome to the Duke Dermatology Residency Education Corner! In this section, we will highlight different aspects of our residency program to keep you informed about current events, changes, and unique educational opportunities. This month we will focus on our quarterly resident retreats. Several years ago, we started quarterly resident retreats with a few goals in mind including improving our mentorship program, fostering team-building and community service opportunities, incorporating the arts into medicine, and providing time for in-depth learning about resident-directed topics of interest.

Our retreats are typically held on Wednesdays during the resident didactic time. The first part of each retreat is mentor-mentee meetings which take place during the normal Grand Rounds hour. We wanted to emphasize the importance of



mentorship so we cancel Grand Rounds on these days so that both faculty and residents can meet during the workday and be free from all clinical and administrative duties. After the mentor meetings, the residents and education leadership team come together for the scheduled retreat. Each year, we dedicate a retreat to community service and/or team-building, quality improvement projects and/or mentorship, an arts experience, and research. We have room within these categories for residents to suggest topics and help guide the program. In the past, retreats have included trips to the Nasher Museum of Art, North Carolina Museum of Art, North Carolina Food Bank, Frankie's Fun Park, making peanut butter and jelly sandwiches for

Meals on Wheels, faculty roundtables on mentorship, and guest appearances from former residents to discuss their chosen career paths. Prior to COVID, we also incorporated a resident bake-off into each retreat.

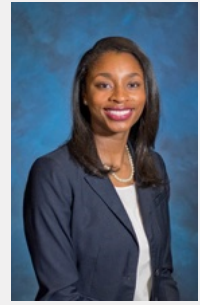
This past September we went to Duke Gardens to learn about plant identification and improve our observational skills by attempting to describe and draw details of different plants. Our upcoming January 2022 retreat will focus on Residents as Teachers in the clinical setting. In February 2022, we will have our annual Resident Research Retreat during which a few residents will present their research projects and we will have a keynote speaker who will focus on maximizing the EHR for collecting real-world data. Our final retreat this year will be in May 2022 and will be a community service and/or team-building activity. We would love to hear your ideas for future retreats!



Upcoming Resident Events



Resident Highlight: Meet Dr. Imara-Safi Scott



Dr. Scotti, one of our third year residents recently shared with us her thoughts on becoming a dermatologist, her training at Duke, and a very fun fact about her.

Tell us about the road that brought you to Duke Dermatology.

I became interested in Dermatology in high school. Initially, I thought I wanted to be a chemist and make skincare products in the lab. I spent a summer in a chemistry lab and quickly changed my mind. I decided I wanted to combine my interest in skincare with a more people-centered job, so I started shadowing my friend's mom who is a Dermatologist. I loved it right away! When I got to college, I connected with Duke Dermatology through a work-study research/clinical assistant job with Dr. Cardones. I also did an away rotation here as a medical student. Very grateful to have ultimately matched here for Residency!



What inspired you to pursue a career in Medicine/Dermatology?

Shadowing a woman in the field early on really inspired me. She was so knowledgeable, great with patients, and made me feel like I could do it one day.

Why Duke for your residency?

I chose Duke because I wanted to be in a program that valued resident education, mentorship, diversity, and offered varied clinical experiences. I also wanted to be somewhere where the residents seemed happy, not only with their training, but also with their personal lives.

What have been the most satisfying aspects of your training at Duke?

This is a good question! 3 things:

- 1.Connecting with middle school and high school kids who may have an interest in medicine.
- 2.Having patients at Lincoln who are able to get Project Access or Charity Care approved and getting to see their skin improve so much once they have regular, reliable follow-up and access to medications they need.
- 3.Making friends with co-residents whom I truly like, admire, and love to be around!



What are some of the challenges you have found in your training? How have you addressed them?

It was hard for me to figure out how to study for Dermatology in a way that worked for me. I tried a lot of methods in the beginning that didn't work. Through trial and error, I figured out a system that was effective and provided me some work-life balance, albeit with less sleep. Another huge challenge for me is being the mom and wife I want to be while being a resident. This is very difficult to do. I just try to take it one day at a time and be consistent with the things I am able to do for them, even if it's a small thing.

What activities are you involved in outside the program?

Zoom book club with my friends, Raising a toddler, the occasional date night with my husband to try a new restaurant.

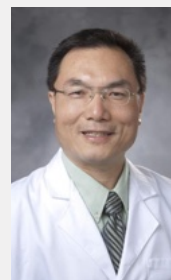
What is next for you after completing your training?

Getting a job! TBD as to where.

What is a fun fact that most people don't know about you?

I won tickets on the radio to see Kanye West (old Kanye) in concert at Madison Square Garden for my 18th birthday. I was sitting in a grocery store parking lot, called in twice and won the tickets. I screamed, loudly.

Research Highlight: Dr. Chuan-Yuan Li



Dr. Chuan-Yuan Li heads the Li Laboratory, one of three Duke Dermatology basic research labs.

Tell us about the road that brought you to Duke Dermatology.

After finishing college in China in the late 1980s, I came to the US for graduate studies. After getting my doctoral degree in Cancer Biology and finishing postdoctoral studies at Harvard University, I became an assistant professor at Duke in 1997. I then left Duke to go to the University of Colorado School of Medicine to start a new research division. Russ Hall recruited me back to Duke Dermatology in 2011 as vice chair for research.

How long have you been at Duke?

19 years

What inspired you to pursue a career in research?

My interest in research began in my college years in China. I realized that scientific research was the most efficient way to advance societal interest and my own career. I also realized that to get the best research training, I needed to come to the US for my graduate studies. I was fortunate enough to be accepted into the doctoral program at Harvard, which I consider a life-changing event that made it possible for me to pursue a research career.

Tell us about your lab

I started directing my own laboratory in 1997, when I first joined the Duke faculty. Over the years, I have trained more than 40 postdoctoral fellows, graduate students, medical students, and undergraduate students. My lab currently has one senior staff scientist, three postdoctoral fellows, and one medical student. My lab does research in three general areas: 1) molecular mechanisms of stem cell regulation and tissue regeneration; 2) mechanisms of tumor development in the skin and other tissues; 3) approaches to improve the efficacy of cancer immunotherapy.

What has been the most satisfying aspect of your work in Dermatology?

The collegial working environment. Research and clinical colleagues and administrators in Duke Dermatology have been very supportive. We help each other and collaborate whenever needed.

What are some of the challenges you have found when pursuing your research? How have you addressed them?

The main challenge in pursuing research is to secure stable funding. Biomedical research, including skin and cancer research, is advancing at an incredible pace, providing us with unprecedented opportunities to make fundamental inquiries and develop novel therapeutics. However, research can be expensive. There is also fierce competition for limited funding from the NIH and other funding bodies. Right now, the only way to address this problem is to keep doing outstanding research and submitting grant applications. Unfortunately, writing grant applications takes up a big chunk of my time and failures are common.

What activities are you involved in outside the lab?

Hiking with my wife over the weekends and watching Duke basketball.

What else would you like to share with our readers about your work?

We are making some exciting discoveries in the area of cancer immunotherapy. For example, in one recently published project, we showed that using FDA-approved cholesterol-lowering drugs improved immune checkpoint inhibitor therapy in mouse tumors. Based on our paper published in the journal *Nature*, clinical colleagues at Duke will start clinical trials to evaluate this combination strategy in lung cancer patients. We hope they will succeed, which will pave the way for the new treatments to be evaluated in other cancer types such as melanoma, liver cancer, and pancreatic cancer.

Dermatology Over the Years

by **Gerald Lazarus, MD**



Forty-seven years ago, in 1975, I arrived with my family at the single terminal of Durham airport. We collected our bags outside the terminal, under a roofed luggage shed, and began 7 wonderful years at Duke. I was recruited by Dr. James Wyngaarden, Chairman of Medicine, based upon the advice of 2 superb Duke dermatologists Sheldon Pinnell who became my successor, as Chief of Dermatology and founder of the Pinnell Dermatological Institute and Dr. Lowell Goldsmith, who became Chair of Dermatology and Medicine then Dean of the School of Medicine at the University of Rochester. Our triad first began at the NIH, then melded when we were residents together at the Massachusetts General Hospital; both Sheldon and Lowell preceded me at Duke by one year. Dr. Callaway, selected as the future Chief of Dermatology while a junior medical student at Duke in the 1930's, after more than 40 years was stepping down. Cal's chief associate was the late John Tindall.

We had 6 wonderful residents and treated our patients in a windowless clinic in the basement of Duke Hospital adjoining the "Rice House" weight loss unit of Dr. Walter Kempner. Four months after I arrived we hosted the final oral examination of the American Board of Dermatology. Our service was "privileged" according to Dr. Callaway, to provide patients and facilities for the examination. One of our senior residents, Dr. Harrison Turner, a gourmet chef, prepared the Board dinner at Dr. Cal's house. Harrison went on to be a leader in practice in Greensborough, while the other senior resident Ed Allen became a successful dermatologist and a representative to the State House of Utah. We soon attracted a dermatological surgeon, Dr. Sheldon Pollack who eventually returned to Canada and Dr. Robert Gilgor who was a brilliant scholarly practicing clinician from Chapel Hill who loved to teach. We shared monthly in person conferences with UNC led first by Clayton Wheeler then by Al Briggaman. Duke was nationally famous for its ethic of uncompromising holistic 24/7 clinical care.

The dermatology laboratories were housed in the Sands Building where we occupied half of the fourth floor; directly below on the third floor were the labs of

Ralph Snyderman, later to become the Chancellor of Health Affairs at Duke, and Robert Lefkowitz a research cardiologist who won the Nobel prize in chemistry. Within 18 months we recruited Dr. Brian Jegasothy, who became Chair of Dermatology at the University of Pittsburgh. We lived in a bubble of enthusiastic interacting clinical inquiry, which attracted numerous Duke students and research fellows from around the world. Two of our Japanese fellows became Chairs of Dermatology and then Deans of Medical Schools. Five more of our trainees became full time Professors and leaders. Drs. Mike Tharp Chair at Rush, Madeline Duvic at MD Anderson, and 3 of those trainees, Skip Burton, John Murray and Elise Olsen are still active as fulltime Professors at Duke. Our distinguished resident graduates in practice became leaders in their own communities. How did this happen? Duke, although a relatively young medical school, had a tradition of excellence and unbridled enthusiasm to maintain its lead position in American medicine. We lived in an environment that demanded our best; only outstanding performance was acceptable for patient care, teaching and research.

Jim Wyngaarden, Chairman of Medicine and later Director of the NIH, was a great recruiter and even better mentor. Historically Duke selected young talent for leadership roles so "impossible" tasks were attempted and accomplished; we did not know that our goals were unrealistic. Jim co-located and supported his talented young people and provided the freedom and time so we could achieve our potential. In a short period of time we paid him back with grants, contracts and prestige. Dr. Cal always smiling, supported our ambitions, and delighted in promoting his young faculty, residents, and trainees in dermatological circles. We were free to reach for the stars and we passionately shared a common goal of making Duke Dermatology the best program in the United States. In retrospect, because we were modest in size, worked only at Duke Hospital, our faculty became dear life-long friends. Each year we presented a course "Dermatology for Non-Dermatologists", which earned enough money, so that for the duration of the course core faculty and their families bonded at its vacation location. We still

glowingly remember the 50-scoop ice cream sundae at Kiowa, the missing golf cart and our kids being disciplined by Mrs. Callaway when she missed a shot on the golf course, because the children yelled there was an alligator approaching her from behind. There was love.

After enormous soul searching I left Duke in 1982 to lead the oldest Department of Dermatology in our country at the University of Pennsylvania. In the ensuing 40 years unimaginable advances have occurred in diagnosis and therapy including imaging, surgical interventions, pharmacologic modulation of disease cause and manifestations, advances in preventing and treating cancer and most recently vaccinology. Information technology flowered so we now collect data, develop and test algorithms for disease treatment, and analyze cost effectiveness. Coincidentally, delivery of health care also changed from unhurried holistic physician patient relationships to rushed referral within mega health systems focused on subspecialists. Financial pressures increased dramatically, because of the need for huge capital investments in satellite offices, buildings and human infrastructure. Dramatic increases in faculty and resident numbers made frequent contact difficult. The demand for efficiency and financial productivity shifted emphasis away from time with patients to satisfying financial demands.

To quote Sir William Osler "good doctors treat disease; great doctors treat patients with disease". In my opinion, attention, competence, and empathy are critical aspects in the healing process. All of these requirements demand uninterrupted time. To me the sacred privilege of medicine is that caring physicians can reach into the soul of a suffering patient and soothe pain. The flash of relief on a patient's face is the most profound gift a caregiver can receive. It is why medicine is a noble profession and the reason I never felt I was "working" when I saw patients. Healing a patient requires time, attention, competence and caring. My life in medicine has been a source of unbridled joy and has sustained me through some very difficult times.

In 2017, 35 years after I left Duke I returned to Durham because my wife developed the first signs of the behavioral form of Frontotemporal Dementia. I knew about the continuing care retirement community, The Forest at Duke, established by Duke Physicians that focused on maintaining function. When we arrived, for this our final move, there were 2 large air terminals, with "inside luggage delivery", 4/5 lane highways, substantial traffic jams, multiple gourmet restaurants and staggering amounts of new construction of high-rise apartments, single family dwellings, and shopping malls. The Duke campus of rolling lawns was now a densely populated small city.

The clinical space for dermatology on the main campus was of excellent quality and there were multiple clinical satellites. Dermatology had become a large health care delivery program which compromised frequent contact between colleagues; a problem common to other

outstanding dermatology teaching programs in the US. The past 2 years with Covid have dramatically limited personal contact. Fortunately, Dermatology maintained its ethos of: holistic care, delivered with kindness and compassion, superb

teaching of talented students and colleagues, and publishing of cutting-edge research. The intimate "Dermatology Family" of my day may be impossible in today's world but we can build a harmonious gathering of caring colleagues for today and tomorrow.

A possible challenge, perhaps consequent to Covid, has been communication between the dermatology research laboratories and the clinical program. This distancing might be inevitable because of the complexity of health care delivery and the enormous sophistication of fundable basic research. This separation is a loss because dermatological trainees need to understand the language of cutting-edge science, epidemiology, and clinical analysis; this science will inform the basis of care in the present and future decades. Basic scientists need to appreciate the amazing clinical relevance of their work and how their analytic expertise can help refine clinical decision making.

"Good doctors treat disease; great doctors treat patients with disease."
Sir William Osler

Continued on page 10

Dr. Prose Retires

by Russell P. Hall III, MD



The last few years have been a challenge to all of us and I believe that most of us are glad now that 2021 is behind us. There is however one transition that occurred on January 1, 2022 that I and most associated with Duke Dermatology were not looking forward to; Dr. Neil Prose Professor of Pediatric Dermatology, stepped down from full time clinical practice.

Neil joined Duke Dermatology in 1989, venturing south from New York city to Durham. Durham in 1989 was markedly different from today's Durham. It was hard to understand what drew Neil to Duke. Why did he choose to move to Durham after growing up, going to medical school, training in pediatrics and dermatology and being a faculty member



at SUNY Downstate for 5 years, all in New York city. In retrospect that decision is totally consistent with Neil's eclectic professional interests and has resulted in many wide-ranging contributions to the growth and success of Duke Dermatology. First and foremost, Neil has always been **Dr. Prose**. Dr. Prose was the first academic pediatrician at Duke (if not in all of North Carolina). Over the years we have witnessed his incredible skill as a clinical dermatologist. He seems to always remember that paper published 10 years ago that perfectly describes a seemingly obscure pediatric case. Neil has been an unrelenting advocate for advancing the care of children with skin diseases and growing pediatric dermatology at Duke. He has been a role model of excellence in pediatric dermatology and in general dermatology for hundreds of Duke medical students, residents (in both pediatrics and dermatology), and faculty members.

Dr. Prose is a dedicated teacher. His teaching skill in the clinic is well known and has attracted students and young dermatologist from around the world to work in his clinics. He has contributed to pediatric dermatology through his numerous publications, his authorship of 'classic' textbooks of pediatric dermatology and through speaking around the world at academic and clinical conferences. Neil has reached out with his teaching beyond Duke and even beyond dermatology. He has been dedicated to advancing pediatric dermatology in parts of the world where resources are minimal and care of children is especially neglected. Neil is passionate about doing what he can to make everyone in medicine better, from nurse midwives in Africa to neurosurgeons in the United States. Importantly, Dr. Prose's teaching has been informed by research focused on new approaches to medical education including cross-cultural education, improving doctor patient communications and assessing patients' perception of their care. His research has been of benefit to dermatology but has also been implemented in other specialties and in other parts of the world. We are all better doctors thanks to his outstanding educational contributions.

Dr. Prose is a leader at Duke and beyond. His leadership at Duke has been instrumental in our outreach efforts in the community, in developing a patient centric communication curriculum for our residency program and for our faculty and in active participation as one our representatives in the Duke Global Health Institute. Beyond Duke he has served the Pediatric Dermatology Society as a member of the Board of Directors and as President. He has provided leadership on committees of the American Academy of Dermatology, numerous patient advocacy groups, governmental agencies and academic journals. He has also led numerous volunteer efforts providing dermatology care to under resourced countries in Latin America, Africa, Asia and in Durham. He has shown us by example how important service is to advance our patients and our specialty.

Dermatology Over the Years

continued from page 8

I am blessed to have participated in the development of Duke Dermatology. I have watched this program grow and prosper under Dr. Pinnell's leadership and attain Departmental status along with the establishment of the Pinnell Dermatological Research Laboratories. Dr. Hall has nourished Sheldon's legacy with his brilliance in cutaneous immunology and more importantly his composed and caring intellectual and financial support of clinicians and investigators alike. Now Dr. Chen is the leader; I first met her more than 20 years ago and followed her numerous contributions to dermatology especially in evidence-based medicine. In my opinion our department is in kind competent hands.

The future for Duke Dermatology is bright. We are physicians and professionals who have been given the sacred opportunity to facilitate the gift of health. We are members of a great University where the future is produced and learning abounds. We enjoy respect not only in our local communities but also in our specialty because we are Duke. When problems arise remember how blessed we all are!

Dr. Prose Retires

continued

Finally, over these last 32 years Neil has been an exceptional colleague and friend. He has supported so many of us by listening, offering important perspective and providing wise counsel. Neil has also been our friend. We have shared many good meals, our joys and our sorrows. Remembering Neil's rendition of 'the Blues' and his 'early and enthusiastic 'dancing at our annual Holiday parties will always bring a smile to my face.

After 32 years Neil is moving to the next stages of his career and life. Hail and farewell. We all thank you for all of your contributions in the clinic, as a teacher, as a researcher, as a colleague, as a friend. You have made a difference in each of our lives. You have advanced our specialty and the care of our pediatric and adult patients. For all of this we are very grateful. We wish you all the best and look forward to continuing to hear about your new adventures. In closing I believe this quote from another 'global health' advocate Albert Schweitzer reflects what you have taught us all. We promise not to forget:

"The purpose of human life is to serve, and to show compassion and the will to help others"

Albert Schweitzer, MD



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Come see us in Boston

Kudos!

We will have several Poster presentations at the next AAD meeting:

- "Integrating implementation science frameworks to guide tele dermatology implementation in an academic medical setting." Ethan Borre, M. Kheterpal, S. Chen (with oral presentation).
- "Pretibial Myxedema Treatment." M. Nicholas and Drew Emge
- "About wound infection and healing." M. Nicholas: Seth Flynn, J.Kwock, Simon Jiang, Taylor Stauffer Stauffer (with oral presentation).
- "Patient Generated Image." M. Nicholas: Simon Jiang, Seth Flynn, Jeff Kwock, Krystina Quow, and Drs. Blanchard, Shearer, Bellet, Fresco.



We Continue to Grow

by Matilda Nicholas, MD

Lots of exciting news about the Duke Dermatology footprint! In November, we expanded our presence at Duke South Durham (234 Crooked Creek Parkway), a multispecialty clinic, to include an additional four faculty members. At this practice, we see general dermatology, immunodermatology, and cosmetic patients with a total of 10 faculty and APPs. We are also looking forward to the development and expansion of our Clinical Research Unit at this site and have several clinical trials which will be starting this winter and spring.

This summer we anticipate opening a beautiful new practice in north Chapel Hill which will house our laser clinic, a new cosmetic clinic, and a general/medical dermatology clinic near other Duke practices, including Primary Care. Around the same time we will be opening an additional clinic at Patterson Place, where we already have a presence with our general dermatology, pediatric dermatology, and Mohs clinics.

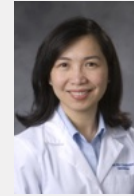


An Update on Research

Duke Dermatology Clinical Research Unit (CRU) continues to thrive and to advance its mission to discover and implement new therapies for the treatment of skin disease. We have recently re-structured the CRU with aims to streamline and expand research at Duke Dermatology.



Meenal Kheterpal, MD
Managing Director



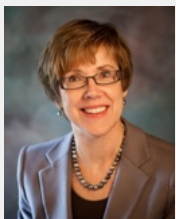
Rambhi Cardones, MD
Associate Program Director
for Research



Tara Jeleel, MD
Director of Sponsored
Clinical Trials and Education

The CRU team has also expanded to provide a platform to support 2 clinical sites and enroll additional disease groups and allow patient access to cutting edge dermatologic therapeutic care. One of the first results of the new structure is our upcoming expansion – first quarter of 2022 – into the Duke South Durham space to allow access to clinical trials in a more convenient setting. The CRU team expanded to provide platform to support 2 clinical sites and enroll additional disease groups and allow patient access to cutting edge dermatologic therapeutic care.

At the same time we plan the expansion, we have several ongoing studies: 31 Exempt Protocols and 34 open and approved Protocols (this includes retrospective). Our Faculty are currently conducting therapeutic trials for Mycosis Fungoides (Dr. Elise Olsen); Hidradenitis Suppurativa (Dr. Tara Jaleel); and Pemphigus (Dr. Rambhi Cardones). During the past year, our faculty also conducted therapeutic trials for Moderate to Severe Atopic Dermatitis (Dr. John Murray); Systemic Lupus Erythematosus, Cutaneous Lupus Erythematosus, Sjogren's Syndrome, Systemic Sclerosis, Polymyositis, and Dermatomyositis (Dr. Anne Marano); and Gorlin Syndrome (Basal Cell Nevus Syndrome) and Non-Gorlin High Frequency BCC (Dr. Meenal Kheterpal).



Dr. Elise Olsen and Dr. Lauren Floyd wrote chapters in the recently published book "Common Issues in Breast Cancer Survivors."

Duke Dermatology 1984-2022: Division to Department and Beyond

by Russell P. Hall III MD

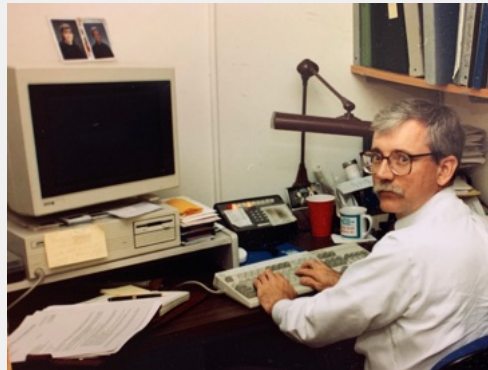


In July of 1984, after 6 years in the Washington DC area, I arrived in Durham to take my first 'real job' in the Division of Dermatology. Jean and I drove down with two cars, two kids (4 years and 6 months old) and lots of reagents and serum frozen on dry ice. Our first stop after arriving in Durham was the 'morgue' entrance to Duke South where I was met by my new lab technician Gretchen. She took the coolers of dry ice and started filling up a -80 freezer. The lab was officially launched and I was a Duke dermatologist.

I was joining the Division of Dermatology at Duke which included 6 dermatologist and 1 PhD scientist. Dr. Callaway was still seeing patients and Dr. Pinnell was the new division chief having taken over in 1982 from Dr. Gerald Lazarus. The faculty included Sheldon Pollock the first 'Mohs' surgeon at Duke and three recent graduates of the residency program; Drs. Murray (1982), Olsen (1983) and Burton (1984). Our clinic was in the basement of Duke South and had about 10 rooms and no windows. Coach K was starting his 4th year at Duke and Duke dermatology provided two season tickets for basketball to each resident.

Now, some 38 years later, a lot has happened. Duke Dermatology has 26 dermatologist, 4 primary research faculty and 15 residents. Now we have multiple clinic sites

throughout the Research Triangle, all with windows. Gone are the 'tram' between Duke North and South, the Bell Building and the resident basketball tickets. The main campus has added multiple hospital additions, new outpatient clinic space, the Trent-Siemans Center and several MSRBs. Duke has changed so much. When former residents come back to visit they almost always remark 'I can't believe how much this place has changed' (after they ask 'what happened to the basketball tickets?'). It is true Durham and Duke are almost nothing like they were in 1984.



What we do has also changed. We have seen advances in our science and in the diagnostic and therapeutic tools that we use to help our patients. We have changed the way we train the next generation of leaders of character for dermatology in our residency program. Duke Dermatology has led the way over the last 38 years in innovation in the clinic, in the laboratory and in teaching. Along the way the vision of Dr. Pinnell was realized in 2009 when the division of Dermatology became the Department of Dermatology. The changes have been remarkable, substantial and have impacted everyone

who encounters Duke Dermatology.

As impressive and important as these changes have been, it struck me how much at Duke Dermatology had not changed. What brought me to Duke 38 years ago was in part based on my training in internal medicine at the University of Missouri. Our chair of medicine at MU was Dr. Charles Mengal, a former Duke Chief resident who trained under Dr. Stead. He demanded an absolute commitment to excellence, to working hard, and to innovation in the missions of clinical medicine, scientific discovery and teaching. I discovered that these were the touchstones that I wanted to be measured by. I felt that spirit and commitment to excellence in everyone I met at Duke. From Dr. Callaway, who had come to Duke in 1931, through Dr. Pinnell (the new Division Chief) and Drs. Murray, Olsen and Burton (all new faculty, just out of residency) and in all of the residents. There was more however, there was a true sense of community, collegiality and collaboration. During my initial visits and continuing over the last 38 years, people at Duke Dermatology have worked together. Our dermatology colleagues as well as physicians in other specialties, are always ready to help provide the

Duke Dermatology 1984-2022

continued

highest quality of care to all of our patients. In our laboratory and clinical research, collaboration was encouraged and available, within the Division, the Departments and across the University. Finally, and arguably most importantly, we all were having fun. No doubt there were times that were 'less fun' than others. There have been numerous challenges, disagreements and conflicts, within dermatology and within Duke but the spirit of joy still dominates our work. I believe that these core values of 1984 are unchanged from 1984. Striving for excellence in teaching, investigating and caring, together with a sense of community and collaboration, was the foundation of Duke Dermatology in 1984 and key to our success. Today it is stronger than ever and the foundation for all future achievements.

Duke has changed over the last 38 years as has Durham. The changes have improved our facilities and expanded our opportunities at work and socially. Over these last 4 decades we have advanced in ways that most of us could never have imagined. I believe our past success was in large part because of what has not changed at Duke Dermatology.

Our core values of striving for excellence in teaching, investigating and caring remain. Our spirit of collaboration and learning together is strong. The sense of appreciation of our opportunities and the spirit of joy that comes from our joint success are everywhere. Four decades ago Dr. Callaway told me, in my first interview with him, that Dr. Pinnell was going to advance Duke Dermatology beyond what anyone would predict. Dr. Callaway was right then and I believe he would have a similar prediction today. Dr. Chen and the Department will maintain the commitment to excellence in teaching, investigating and caring with a spirit of collaboration and joy. With this enduring foundation Duke Dermatology is poised to reach heights of achievement that Dr. Callaway could never imagine.

It has been an unbelievable 38 years. I am so grateful for the opportunities that the faculty, residents and staff of Duke Dermatology have provided and confident the next 38 years will be even greater.

The Legacy Duke Dermatology Teaching Fund

by Suephy C. Chen, MD

We are pleased to announce that, thanks to the generosity of Dr. John Murray, Duke Dermatology has established The Legacy Dermatology Teaching Fund. The endowment will provide one or more annual awards to faculty members who best display dedication to, and excellence in the teaching of residents, fellows, and others.



The endowment will give Duke Dermatology the ability to reward faculty for their outstanding work training the next generation of dermatologists. The "Legacy Dermatology Teaching Fund" emphasizes that education is a priority for our department equal to those activities that generate revenue. I want to thank Dr. Murray for this vision and hope that our alumni and allies will help make this idea a reality.

Dr. Russell Hall served as Chief of the Division of Dermatology for 12 years and then as inaugural Chair of the Department of Dermatology for 12 years. Dr. John Murray has been a professor of Dermatology for 40 years. Their contributions to the excellence of our program have impacted not only the trainees that have chosen Duke for their residency or fellowship, but also other members of the faculty whose teaching and mentorship styles have been modeled after Dr. Hall's and Dr. Murray's. The endowment will allow Duke Dermatology to honor the leadership and commitment of Dr. Hall and Dr. Murray and to continue our tradition of excellence teaching, investigating and caring.

More Kudos!



Dr. Russ Hall: JID Innovations accepted for indexing in PubMed Central.



Dr. Taranum Jaleel: secured funding for the Pfizer/Skin of Color Fellowship.



Dr. Chuan-Yuan Li: received the 2021 Vicky Amidon Innovation Grant in Lung Cancer Research - Targeting PCSK9 to enhance LKB1/STK11-mutant lung cancer."



Dr. Matilda Nicholas (with Ethan Borre): published "The disproportionated burden of electronic health record messages with image attachments in dermatology."



Dr. Elise Olsen:
1.Published "Primary Cutaneous Lymphoma: Recommendations for Clinical Trial Design and Staging Update from the ISCL, USCLC, and EORTC."
2. Gave the George Hambrick, MD lecture at Grand Rounds for the University of Cincinnati Dermatology Department.



Dr. Neil Prose: 5 recent publications:
1. Skin-colored bandages: A call to action. *PediatrDermatol.* 2021;00:1-2.
2. Communication Coaching in Cardiology (CCC): A study protocol and methodological challenges and solutions of a randomized controlled trial in outpatient cardiology clinics. *Contemp Clin Trials.* 2021 Mar 30:106389.
3. An innovative intervention to improve respectful maternity care in three Districts in Ethiopia. *BMC Pregnancy Childbirth.* 2021 Aug 6;21(1):541.
4. Keepers of the House: A documentary. *Clin Teach.* 2021;1-6.
5. Teledermatology: How It Is Impacting the Underserved. *Pediatr Dermatol.* 2021 Oct 14.

Congratulations!



Dr. Sravya Bhatia: selected to participate in the the Feagin Leadership Program.



Dr. Drew Emge: selected to participate in the Duke Medical Education Leadership Track.

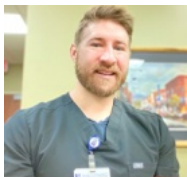


Streicher Award for Outstanding Team Member

Awarded to staff members committed to providing exceptional service to our patients, providers, and support team

PDC Medical Assistant Development Program

Scholarship to complete MA program



David Jereb
 Laboratory Supervisor
 Wakefield Mohs Surgery
 July 2021 Recipient



Anita Johnson
 Medical Assistant Certified I
 Duke South Durham Clinic
 July 2021 Recipient



Tiffany Anderson
 Medical Assistant Certified II
 Patterson Place Pediatrics Clinic
 December 2021 Recipient



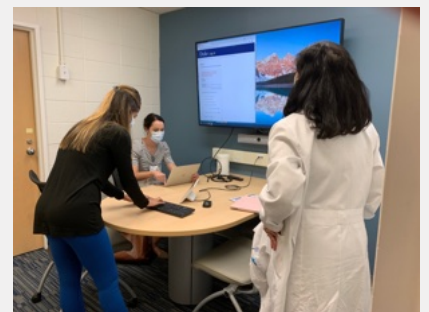
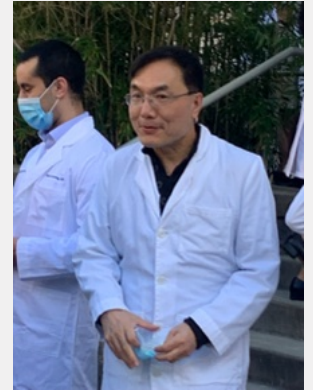
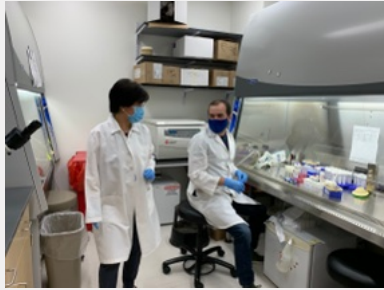
Jessica Braddock
 Resident Education Program Coordinator
 December 2021 Recipient



Paula Breslin
 Patient Service Associate
 Duke Lightner Dermatology Clinic

Check out Streicher recipients at <https://duke.is/nk3p8>

Congratulations!





Duke Dermatology

Duke University School of Medicine

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Durham, NC 27710



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