

SKIN*Facts*

Volume 14, Issue 1, Fall/Winter 2007

ASA at 20: Looking Back..... Moving Forward

As we mark the American Skin Association's 20th anniversary this year, we have many measurable accomplishments and significant achievements to celebrate. Over the past 20 years, the ASA has supported ground-breaking research and education initiatives, and has grown to become an organization with wide-reaching impact on the prevention, treatment, and cure of skin diseases.

The support of an extraordinary community of dedicated volunteers continues to make a difference in the lives of those with skin disorders and diseases. We would like to express our deepest appreciation to the volunteers, staff, and donors who have partnered in the important mission of the ASA. Thank you to the Board of Directors and Medical Advisory Committee for their leadership and commitment.

As we consider our history and progress, we are reminded that there is still much to do as we continue to strengthen and expand our efforts to reduce the growing incidence of serious skin disorders. One in five Americans will develop skin cancer in his or her lifetime, and melanoma is occurring in epidemic proportions. Further research in prevention and treatment is essential.

As we look forward to the next 20 years, we are confident that we will continue to make significant strides. Our efforts will have a lasting impact on the health and lives of those suffering from skin diseases, and on the well-being of our society and future generations. ♦

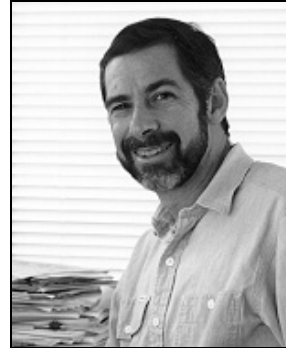


Howard P. Milstein
Chairman



George W. Hambrick, Jr., MD
Founder and President

Overcoming Cervical Cancer



Douglas R. Lowy, MD
National Cancer Institute

This year, ASA presented its Humanitarian Award to scientist and pioneer, Douglas R. Lowy, MD. Dr. Lowy's research together with his colleagues at the National Cancer Institute, led to the development of the world's first vaccine to prevent cervical cancer. Cervical cancer is the second most common cancer affecting an estimated 20 million women worldwide.

Human Papillomavirus (HPV) infections are sexually-transmitted diseases most often expressed as genital warts in both sexes. Many people who have HPV don't realize it and unknowingly transmit the virus to their sexual partners. In woman, the virus grows in the cervical lining. If the virus is present, tissue smears from the cervix (pap smears) show abnormal cells, which can lead to cervical cancer. Treatment consists of electrosurgical destructions.

(continued on page 3)

SKIN*Facts* is a publication of American Skin Association, a not-for-profit organization dedicated to overcoming skin cancer and disease through research and education.

Spotlight: Atopic Dermatitis (Eczema)

Eczema is a common skin complaint. It is often referred to as atopic dermatitis, which is its most common form. Although it is most often seen in babies and children, it can affect adults. Atopic eczema often occurs as an inherited predisposition and is associated with asthma, hay fever and some types of hives. The cause is poorly understood. It is known that changes in the skin's protective barrier make some people sensitive to irritants.

Eczema symptoms include inflamed, dry, rough and scaly skin, with varying degrees of redness and itching. Both over-the-counter and prescription ointments and creams are commonly used. The condition typically follows a cycle of improved and worsening symptoms or "flare-ups." Fortunately most children who have eczema improve with age, and many get completely better.

Since atopic dermatitis is believed to be hereditary, there is no way to prevent it. It is possible to improve or prevent symptoms by avoiding triggers that can worsen the condition. Irritants and allergens are the main issues affecting its symptoms. In addition to limiting exposure to common irritants such as dust, pollen, animal dander, and cigarette smoke, there are other "tips" that eczema sufferers use to help manage symptoms. ♦

Tips to Help Manage Symptoms

DO:	DON'T:
<ul style="list-style-type: none"> ♦ Control the urge to scratch <ul style="list-style-type: none"> ♦ Keep fingernails short to prevent infection and further skin damage ♦ Ask your doctor about oatmeal baths to help with itching 	<ul style="list-style-type: none"> ♦ Scratch! <ul style="list-style-type: none"> ♦ Scratching feeds the "itch/scratch" cycle which worsens the condition
<ul style="list-style-type: none"> ♦ Apply moisturizers frequently to keep skin from drying out (2-3 times daily) ♦ Apply moisturizer immediately after bathing to lock in moisture 	<ul style="list-style-type: none"> ♦ Use a lot of skin care products/ cosmetics/perfumes that contain alcohol, which can cause further drying of the skin
<ul style="list-style-type: none"> ♦ Towel dry gently by patting the skin 	<ul style="list-style-type: none"> ♦ Scrub the skin or rub harshly
<ul style="list-style-type: none"> ♦ Use mild soaps and detergents and rinse well to remove any residue that could continue to irritate 	<ul style="list-style-type: none"> ♦ Use harsh detergents and soaps
<ul style="list-style-type: none"> ♦ Use lukewarm water (not too hot, not too cold) 	<ul style="list-style-type: none"> ♦ Use hot water
<ul style="list-style-type: none"> ♦ Keep baths and showers brief to avoid over drying the skin 	<ul style="list-style-type: none"> ♦ Overuse soap and water which are drying to the skin
<ul style="list-style-type: none"> ♦ Wear loose-fitting, comfortable fabrics that "breathe" 	<ul style="list-style-type: none"> ♦ Wear rough or scratchy fabrics (wool) or clothing which fits too tightly (promotes sweating)
<ul style="list-style-type: none"> ♦ Manage stress and limit emotional stress which can trigger flare-ups 	<ul style="list-style-type: none"> ♦ Stress!
<ul style="list-style-type: none"> ♦ Avoid climate and temperature extremes (excessive heat or cold;) (Low humidity is also drying) 	<ul style="list-style-type: none"> ♦ Get over-heated (sweating worsens symptoms and increases itching)

Year-Round Care

Many people see a definite improvement in their eczema symptoms following sun exposure, while others can experience a worsening. Like all eczema symptoms, it varies by individual and the type of eczema.

Although the ingredients in some sunscreens can be an irritant to some eczema sufferers, the use of sunscreen is still essential! Those with eczema can have increased sensitivity to sun exposure, and the use of certain eczema medications can also make the skin more sensitive to the sun. Find the sunscreen product which works best for you, but never be tempted to go without!

Test any new sun care product on a small area before applying it all over. Avoid rubbing too harshly when applying sunscreen because you can irritate the skin and cause itching. Some find that sunscreens which contain mainly chemicals as their active ingredients irritate their eczema and prefer non-chemical mineral-based sunscreen (Titanium Dioxide) or a combination.

Being in the sun can have a drying effect on skin, so it's important to continue to liberally apply moisturizers to keep the skin from drying out. Chlorine in pools can also trigger worsening symptoms, therefore avoid staying in too long and be sure to rinse the chlorine off afterwards to limit its drying effects. Some eczema sufferers recommend the use of a waterproof sunscreen to act as a barrier against chlorine irritation.

Also be sure to limit the time in the sun to protect against sun damage and to avoid overheating. Excessive heat and sweating can worsen symptoms.

Eczema sufferers don't need to give up fun in the sun! But like everyone, practicing "safe sun" guidelines can help ensure more fun now and less trouble later. ♦

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Making progress...

In March 2006, an international research team discovered a gene linked to the development of Atopic Dermatitis. The gene controls the production of a protein involved in forming the body's protective layer at the skin's surface. This barrier is important in keeping the skin healthy and in filtering irritants. Mutations in the gene can lead to dry and scaly skin, and can predispose a person to eczema. The same gene has also been linked to asthma. Approximately 50% of eczema sufferers also develop asthma, again most likely due to a reduction in the body's ability to filter irritants.

Research efforts continue on this breakthrough and may later lead to new treatments and a possible cure! ♦

(HPV continued from page 1)

Merck and GlaxoSmithKline received rights to develop an HPV vaccine based on the findings of Dr. Lowy and his fellow researchers. In June 2006, Merck's *Gardasil*® vaccine was approved by the Food and Drug Administration; GlaxoSmithKline's *Cervarix*® vaccine is awaiting approval.

Most HPV infections resolve on their own and do not lead to cancer. However, the vaccine can protect women from most of the infections that can go on to cause cervical cancers and genital warts. Studies show the vaccine's effect to be long-lasting and highly effective. If a woman has already been infected, the vaccine could still be useful to help provide protection from other strains. The vaccine does not prevent all HPV infections, but it covers the strains responsible for the majority of genital warts that cause cervical cancers.

Five years of research on the safety of the vaccine showed no signs of long-term risks or decrease in effectiveness. Temporary side effects may include fever, nausea, dizziness; and redness, swelling, itching and pain at the injection site. Studies showed that over 90% of physicians surveyed worldwide agreed that the vaccine should be administered.

Dr. Lowy's research is a significant medical breakthrough and will have a long-lasting impact on the prevention and treatment of cancer, and on women's health issues around the world. ♦

Wonders of Skin: *Looking Good, Being Healthy* A School Health Education Program for K-12

In 1987, the American Skin Association in partnership with the New York Academy of Medicine developed a Skin Health Education Program (SHEP), *The Wonders of Skin: Looking Good, Being Healthy* for students in grades Kindergarten through 12. This award-winning public school program has educated more than 1.5 million students. Currently in 20 cities/states including Newport Beach and Costa Mesa, California, State of Delaware, Broward County and Miami-Dade County, Florida, Bibb County and Fulton County, Georgia, State of Maine, Baltimore, Maryland, Boston, Massachusetts, Minneapolis and Saint Paul, Minnesota, New Brunswick, New Jersey, New York City, Philadelphia, Pennsylvania, Houston, Austin and San Antonio, Texas and Westchester County, New York.

The curriculum, which is taught by teachers and nurses, discusses how lifestyle choices can affect one's general health and the health of the skin. It includes lessons on the structure and function of skin, sun safety and skin cancer prevention, acne, tattooing and body piercing, herpes, warts and other skin disorders. It is the first comprehensive public school curriculum addressing skin health.

Why is this important?

- ◆ Because youth exposure to ultraviolet radiation greatly increases the incidence of basal cell skin cancers and melanomas, skin health should be an essential element of a health education program.
- ◆ Because most students are concerned about appearance and hygiene, skin health issues affect their self-esteem and emotional well-being.
- ◆ Teaching about skin provides an opportunity to help students learn or address diversity in a positive way.
- ◆ By increasing understanding of skin disorders, skin health education helps students become more compassionate toward those with skin problems.

The ASA would be happy to hear from districts or schools that are interested in participating by having teachers trained to implement the curriculum. The New York Academy of Medicine provides the curricula materials and training at the district location.

For further information call Joyce Weidler at American Skin Association at 212-889-4858 or Edward Diller at the New York Academy of Medicine at 212-822-7267.

Help us make certain that progress continues to bring a healthier existence to all of mankind! ◆

	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	2006 TOTAL
ASSETS				
Cash and cash equivalents	\$ 490,170	\$ 287,828	-	\$ 777,998
Investments, at market	243,650	342,592	192,928	779,170
Pledges receivable				
unrestricted	148,600	-	-	148,600
restricted to future periods	-	435,000	-	435,000
Prepaid expenses	18,596	-	-	18,596
Furniture and equipment, net of accumulated depreciation of \$41,082	4,279	-	-	4,279
TOTAL ASSETS	\$ 905,295	\$ 1,065,420	\$ 192,928	\$ 2,163,643
LIABILITIES AND NET ASSETS				
Grants payable	\$ 192,000	\$ 381,000	\$ 2,000	\$ 575,000
Accrued expenses	33,428	-	-	33,428
Deferred revenue	121,000	482,000	-	603,000
Total liabilities	346,428	863,000	2,000	1,211,428
Net Assets:				
Unrestricted net assets	558,867	-	-	558,867
Temporarily restricted net assets	-	202,420	-	202,420
Permanently restricted net assets	-	-	190,928	190,928
Total net assets	558,867	202,420	190,928	952,215
TOTAL LIABILITIES AND NET ASSETS	\$ 905,295	\$ 1,065,420	\$ 192,928	\$ 2,163,643
	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	2006 TOTAL
REVENUES				
Public support				
Contributions	\$ 232,650	\$ 415,115	-	\$ 647,765
Special events	418,673	-	-	418,673
(Less: Event Costs)	(142,578)	-	-	(142,578)
Total public support	508,745	415,115	0	923,860
Other revenues/gain/losses				
Interest	4,359	-	3,783	8,142
Dividends	19,012	-	-	19,012
Net realized gains and losses	16,179	-	-	16,179
Net unrealized gains and losses	49,106	-	-	49,106
Total other revenues	88,656	0	3,783	92,439
Total public support and other revenues	597,401	415,115	3,783	1,016,299
EXPENSES				
Program services:				
Research	120,650	311,693	2,000	434,343
Education	192,521	60,000	-	252,521
Total program services	313,171	371,693	2,000	686,864
Supporting services:				
Management and general	62,560	-	-	62,560
Fundraising	53,485	-	-	53,485
Total supporting services	116,045	-	-	116,045
Total program and supporting services	429,216	371,693	2,000	802,909
CHANGE IN NET ASSETS	168,185	43,422	1,783	213,390
NET ASSETS, JANUARY 1	390,682	158,998	189,145	738,825
NET ASSETS, DECEMBER 31	\$ 558,867	\$ 202,420	\$ 190,928	\$ 952,215

Statement of Financial Position
December 31, 2006

Statement of Activities
For the Year Ended December 31, 2006

2007 Research Grant & Award Recipients

In 1995, the ASA established its research program to provide support for the next generation of exceptional young scientists working in departments of dermatology. The intention was to provide “start-up” funding for the best and the brightest as they began their own independent research careers and applied for funding from the National Institutes of Health. The ASA has supported over 30 scholars and 40 grant recipients for their work ranging from research on autoimmune and inflammatory diseases, psoriasis, childhood skin disorders, vitiligo, melanoma and skin cancers. ASA congratulates all of the recipients.

Research Scholar Awards



Luis Andres Garza, MD, PhD
University of Pennsylvania
Hair follicle stem cell research



Deborah Lang, PhD
University of Chicago
Melanocyte stem cell regulation



Nicole L. Ward, PhD
Case Western Reserve University
Proteins involved in growth of blood vessels in psoriasis.



Laure Rittie, PhD
University of Michigan
Effects of aging on hair follicle stem cells



Andrey Sharov, MD, PhD
Boston University
Skin carcinoma development control

Research Grants

Andrew Blauvlet, MD
Portland VA Medical Center
Research on psoriasis-like diseases

Liang Deng, MD, PhD
Memorial Sloan-Kettering Cancer Center
Investigation of therapy for melanoma in mouse models

Tatiana Efimova, PhD
Washington University
Factor in skin carcinogenesis

Delphine Lee, MD, PhD
University of California, Los Angeles
Analysis of cell-mediated autoimmunity in vitiligo

Abrar A. Qureshi, MD, MPH
Harvard University
Willingness-to-pay for quality of life domains in psoriasis

Richard A. Spritz, MD
University of Colorado Health Sciences Center
Identifying a recessive vitiligo gene in a Romanian population

Deon Wolpowitz, MD, PhD
Boston University School of Medicine
Identification of the nerve pathways of pruritus

Benjamin Yu, MD, PhD
University of California, San Diego
Study of genetics of melanoma on hands and feet



Medical Student Stipends

In 2004, ASA established medical student grants to attract future physician/scientists dedicated to working in the areas of skin cancer and melanoma. Five of these grants are given each year. Thus far, ASA has supported 15 medical students. This year's recipients are:

Brijal Desai
University of Pennsylvania
Melanoma progression in vitro

Sandra Y. Han
New York University
Cell proliferation in cutaneous melanoma

Amena DeLuce
Johns Hopkins University
Control of melanoma progression

Helen Liu
Stanford University
UV-induced DNA damage in skin

Heidi Goodarzi
University of California, San Diego
Effects of antimicrobial peptide on melanoma

Questions & Answers

Q. My 15 year old daughter wants to get her nose pierced. She is also considering getting a tattoo. What should we know?

A. When considering body piercing or tattooing, it's important to know the risks and to take steps for protection. Both tattoos and body piercing involve breaking the skin. Since the skin is one of the body's main protective barriers, whenever the skin is punctured, you are at increased risk for skin infections and other skin reactions.

Tattoos are permanent markings made by repeatedly pricking the skin with a needle which is connected to tubes containing colored dyes. In addition to the risk of infection, the dyes used can also cause allergic reactions. Tattoos are meant to be permanent, however a large percentage of

people who get tattoos later want to remove them. Removal is difficult, painful, and can cause significant scarring. Some safer, non-permanent options include removable temporary tattoos or henna (plant dye) tattoos.

Some jewelry used for **body piercing** is made of materials which can cause allergic reactions (avoid brass and nickel.) Body piercing done improperly can cause tearing and scarring of the skin. Infection is also a common risk of mouth piercing due to the large number of bacteria in the mouth, and can cause damage to the teeth.

The health risks for both tattoos and body piercing include infection (sometimes serious), allergic reactions and scarring. The most serious potential risk is the possibility of contracting a blood-borne disease (such as hepatitis) if the equipment is not properly sterilized. If the decision is made to pursue a tattoo or body piercing, to reduce risks be sure to choose a reputable professional who uses sterile equipment (unused, sterile needles for both tattoos and body piercing.) ♦

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Address Correction Requested

Mailing address