Request for a new Department of Dermatology
at the Michigan State University College of Human Medicine
Submitted September 12, 2022
Updated October 20, 2022
Updated November 22, 2022

Note: Process for requesting establishment of a new department at MSU:

• Dean first seeks endorsement of the request from the CAC, then Dean takes proposal to the EVP/Provost.
• EVP/Provost will send the request to Steering Committee to route through academic governance for consideration and a recommendation (e.g., University Committee on Faculty Affairs; University Committee on Graduate Studies).
• EVP/Provost makes decision to support the request or not and confers with President.
• EVP/Provost takes request and recommendation for approval to Board of Trustees.
• The Board of Trustees is required to approve the creation of any new department.

Rationale for a new Department of Dermatology

The College of Human Medicine seeks to create a state-wide MSU department of Dermatology. Dermatologists treat more than 3,000 conditions that affect the skin, hair, and nails. Skin diseases are especially common, affecting one in four Americans each year. The college has had a division of dermatology (the Nicholas V. Perricone, M.D., Division of Dermatology) since 2002. The division has been a successful collaboration of community clinicians and MSU scientists from a range of home departments. While successful in many domains, the division has not had the scope and scale of a department and has not been able to support clerkships for students or engage in outreach.

With the partnership of Henry Ford Health and MSU, the college has the opportunity to radically improve the educational opportunities for students as well as strengthen the basic and clinical research related to dermatology. The current Henry Ford Health (HFH) dermatologists and researchers are outstanding with a culture of caring, hard work, discovery, and patient centered outcomes. The faculty have an incredible depth to the number of subspecialties within the field of dermatology. Each of the core faculty has a few areas of subspecialty interest. This includes a group of clinically strong general dermatologists at HFH satellite clinics. The Henry Ford Department of Dermatology is a regional and national referral center for many
complex dermatologic diseases. The creation of the MSU Department of Dermatology will expand the academic reputation and opportunity for Henry Ford; MSU will advance its clinical reputation, educational opportunities for students, and scholarly opportunities for faculty and students across its system.

The existing division will continue. At this point the funding from the division is used to support research, and that will continue. No faculty are appointed in the division, and the Department of Medicine has been the administrative home of the division. The college will work with the donor and existing faculty partners before making any changes in the division.

Please see Attachment 1 – Faculty for more detail.

Within the specialty of Dermatology, the HFH program is highly sought after for resident/student rotations and is known internationally. Michigan State will immediately benefit from the unit’s national standing, excellence in training medical students/residents, and a culture of caring. Long term growth of collaborations across the MSU system will increase strength and opportunities in all missions.

The faculty of the department are highly engaged academically leading strong research, clinical, and outreach programs. The existing research teams have been very successful with two million in NIH expenditures this year. That level of funding will lead the MSU department to have a Blue Ridge Ranking in the top 20 nationally. The teams include scientists, clinicians, and students. Beyond the NIH funding the department has a strong publishing record, are recognized nationally with awards and leadership positions.


Attachment 3 – Faculty Awards and Honorifics – Including offices and roles in national organizations.

Attachment 4 – Grants (separated into federal and non-federal grants)

A Special Focus and Strength in Diversity, Equity, and Inclusion

With the implementation of MSU-HFH partnership, the institutional leaders created the Diversity, Equity, Inclusion, and Justice Committee (DEIJ Committee). Dr. Lim, a HFH dermatologist and national leader in dermatology, is the co-chair of this important committee. The committee’s purpose is ensuring the DEIJ effort is implemented across all the five key committees (Research, Cancer, Education, Clinical and Administration). The DEIJ committee has started the planning of a Center of Excellence on Health Equity, a joint effort of HF and MSU.

Increasing diversity in the field of dermatology, is a priority of the HFH faculty. This was initially led by Dr. Henry Lim (former chair of the HFH Dept. of Dermatology) when he was the president of the American Academy of Dermatology; he continues as a leader at HFH. The faculty are
involved in diversity activities both at a program and national levels. HFH is a member of the Diversity Champion Initiative of the American Academy of Dermatology (AAD). The faculty participate in national diversity committees, including the American Academy of Dermatology Diversity Task Force, and Dr. Lim was a founding Board member of the Skin of Color Society. Several of these faculty speak regularly at annual and summer meetings of the AAD on skin of color topics and have published textbooks on Skin of Color. Dr. Lim was the co-chair of the first DEI Symposium held at the AAD in 2022.

HFH Dermatology faculty has a long-standing commitment to diversity, equity and inclusion. They were among the first in the nation that established clinical and research centers on skin of color (SOC). They embrace a culture of diversity and have diverse faculty and support staff representation to reflect the diverse patient population in Detroit. Additionally, they provide mentorship to the underrepresented in medicine residents and students. They also have multicultural dermatology clinics and perform research on topics unique to skin of color, including hair disorders, skin cancer in skin of color, vitiligo, and pigmentary disorders. The department has also funded a scholarship for underrepresented in medicine (URiM) students and award $750 to two medical students to assist with the cost of a one-month rotation in the department.

There is a Diversity Committee within the Department of Dermatology, which consists of faculty; Dr. Diane Jackson (Chair of the Diversity Committee), Dr. Raechele Gathers, Dr. Richard Huggins, Dr. David Ozog, Dr. Holly Kerr, Dr. Pranita Rambhatla, Dr. Allison Zarbo. - Residents (Dr. Lauren Seale (PGY4), Dr. Linna Guan (PGY3), Dr. Avni Patel (PGY3); Dr. Nayha Shetty (PGY2) clinical research fellows (Dr. Marissa Ceresnie (PGY2) and Dr. Jalal Maghfour (PGY2) and Research Medical Student (Brittani Jones). The committee meets several times a year to plan activities to improve recruitment, selection and retention. These activities have included implicit bias testing during interview season. They have dedicated three Grand Rounds focusing on diversity and all members of the department are encouraged to attend including faculty, residents, fellows, medical students, nurses, medical assistants, program coordinators, administrative assistants, front desk receptionists/all support staff. For the 2022-2023 academic year HFH Dermatology will be a pilot site for the American Academy of Dermatology (AAD) diversity curriculum.

HFH Dermatology program, as well as the entirety of Henry Ford Health, is committed to providing a work environment and culture that maximizes the professional growth of employees and meets the health care needs of the diverse communities that we serve. It is the policy of the program to provide equal employment opportunities to all Henry Ford Health employees and applicants for employment.

In order to achieve/ensure diversity in trainee recruitment, selection and retention faculty in the program actively emphasize and prioritize mentorship opportunities that arise with URIM applicants and current residents. Additionally, annually at the program evaluation committee (PEC) meeting, faculty reflect on GME provided diversity data of all current trainees annually.
This data is utilized to reflect and identify further opportunities to advance and increase trainee recruitment, selection and retention.

HFH dermatology program values developing and sharing best practices regarding GME Diversity and Inclusion Recruitment Strategies. All program directors and program coordinators were invited to attend a three-part series looking at the overview of diversity, equity, and inclusion strategies, holistic review processes and using the data to guide future recruitment efforts. These sessions were also recorded and housed in the CME system for future sharing and use.

URiM residency candidates are reviewed separately by key members of the Diversity Committee. In order to achieve/ensure diversity in trainee recruitment, selection and retention faculty participate in recruitment fairs and outreach programs, however, the COVID-19 pandemic has greatly impacted these opportunities. In accordance with the AAMC statement about virtual interviews, this year we will be continuing virtual interviewing. This promotes equity in the application process.

This new department will strengthen and expand the academic environment of the college and MSU. Some of the key benefits include:

- Curricular expansion for MSU medical students interested in the field of dermatology. Currently, there are no dermatology courses or rotations. Students who want dermatology rotations take electives in the Department of Medicine. Obviously, this does not lead to a transcript that supports eventual placement in a dermatology residency program. Creation of this department will solve this problem for students. In a similar fashion, with the creation of the department, students will have the opportunity to get a “chair’s letter” as a part of their application to dermatology programs.
- Creation of additional academic homes for the expanding CHM paid and no-pay faculty (across Michigan). The college does have dermatology faculty across the state who provide elective experiences in dermatology for students. Their academic home is either in the Department of Medicine or the dean’s office, neither of which are well placed to support academic development of dermatology faculty. This department will help expand opportunities for these faculty.
- Expansion and enhancement of graduate medical education (i.e., residency and fellowship training). The college does not have a relationship with a dermatology residency, which limits opportunities for students and faculty. Creation of this department will solve this shortcoming.
- Strengthened research and clinical programs in the area of dermatology. The core of the Department of Dermatology has real research strength both with the NIH and with industry. This group of faculty will be a valuable addition to the scholarly efforts of the university and expand research opportunities for students and faculty.
- Improved MSU and CHM ranking based on increased research revenue. We believe this faculty group will be a top 20 department in NIH funding in the Blue Ridge Rankings. We also believe it will rank well across the board once recognized as an academic department.
- Help achieve 2030 university strategic goal for $1 billion in annual research expenditures
- Increase in MSU faculty honorifics. This group of faculty are well recognized internationally and will advance the university’s reputation.

**Goals of the Department of Dermatology**

**(a) Research Mission**

The department will have several research foci, supported by extramural agencies, industry and departmental funds. There is substantial success in drug discovery and skin cancer in the current dermatology division, although the home departments for those faculty are expected to stay in their current departments. We expect those faculty to help support the new department but grant and scholarship attribution will stay with their current home departments (e.g., Pharmacology and Toxicology.)

The research faculty who will populate the new department have several areas of strength. The photomedicine and photobiology unit, focusing on diseases of people of color (photoprotection, vitiligo, pigmentation, hidradenitis suppurativa), is an international leader. The dermatologic oncology unit is nationally recognized.

Immunology/cutaneous biology laboratory has a total of 8 NIH grants (4 of them RO1s); it is ranked number 1 among non-University group, and top 20 among US medical schools. The clinical trial unit is one of the most active ones in the US with over 15 current industry studies actively recruiting.

**(b) Education mission**

There are no other dermatology residency programs or fellowships in the CHM system. Our only residency or fellowship faculty are at Henry Ford.

**Graduate Medical Education programs in dermatology:**

The mission of the residency program is to train and educate residents to become local and national leaders, who excel in providing general dermatology care and with knowledge in numerous dermatology subspecialty fields, to provide patient-centered exceptional care to all
patients. The residency program respects and takes pride in the diversity, equity and inclusion of their patients and department. They promote giving back to the local and global community.

Graduate students routinely work in the extensive basic science, immunology and dermatology lab under the direction of Qing-Sheng Mi MD, PhD.

Over 60 students rotate annually for one-month blocks in the clinics with a formal didactic program, patient interaction, and examination. This is a highly sought elective with several hundred applicants for the limited spots.

With 21 residents (7 per class), 3-4 fellows, and 1-3 students, HFH dermatology department is one of the leading academic programs in the country. There are over 500 applications for 7 residency positions and 60-70 applicants are interviewed after comprehensive review of their CV’s including a separate DEIJ committee looking both for URIM candidates as well as “distance traveled”/culture of caring.

AIMS/Goals of residency

1. Encourage involvement with departmental, organizational, regional, and national committees and organizations.
2. Provide training in dermatologic disease such that the resident completing the training program shall be an expert in the diseases of the hair, nail, skin and adjacent mucosa. We will provide a curriculum that is well rounded and engaging. The diverse clinical setting provides both general dermatology and numerous subspecialty clinics.
3. Provide training in service excellence such that the resident completing the training program shall excel at every aspect of the physician-patient relationship.
4. Promote and nurture scientific and research endeavors such that the resident completing the training program can continue lifelong learning and the pursuit of continual self-improvement.
5. Create a culture of giving back to Detroit/region and engaging in global health opportunities.

(c) Service and outreach mission

Dermatologists around the state provide a range of outreach and community service. For this application, following examples are provided from Henry Ford Health.

About the Cabrini Clinic:

St. Frances Cabrini Clinic was established in 1950 located at 1234 Porter Street and is a ministry established by the Most Holy Trinity Catholic Church to meet the medical needs of those 19 to 64 years old that are uninsured or underinsured. The clinic assists in the primary health care
needs of the economically disadvantaged residents of Southwest Detroit and beyond. Both residents and staff provide free care at this clinic and coordinate care with other specialties, donate supplies when appropriate.

Team members further participate in free skin cancer screenings including “Melanoma Mondays” at the Cancer Center, and evaluation of staff and professional players for the Detroit Tigers and Detroit Lions.

We have an international exchange program with Dermatology Department in Bogota, Colombia. Their senior residents rotate in the HFH dermatology department and vice versa. Past comments from participants include “best month of my life” and “learning exceeding anything I could have imagined”.

(d) Clinical mission

At all locations around the state, including for dermatologists in Lansing, the clinical efforts of faculty accrue to their home clinic. As an example, Henry Ford Health dermatology has a clinical patient volume in excess of 80,000 visits per year which occur at six outpatient clinics and a surgical center (Mohs surgery). 29 staff physicians and 21 residents care for these patients. The Department provides general dermatology care for the community in addition to subspecialty clinics and is a referral center for Vitiligo, Skin Cancer, Hidradenitis Suppurativa, Scars, Complex Medical Dermatology, Psychiatric Dermatologic conditions, Skin Allergies, Photomedicine, Hair Loss, and Laser Treatment of Skin Disease. We provide the Inpatient consultations and teaching services for Dermatology at Henry Ford Hospitals in both Detroit and West Bloomfield.

Additional Goals include:

A) Development of a comprehensive skin cancer center in Detroit to care for the most complex cases in a multidisciplinary fashion. This work has started with the formation and management of cutaneous oncology tumor board which includes otolaryngology, radiation oncology, medical oncology, plastic surgery.

B) Contribute to system goal of NCI cancer center generation through additional meaningful NIH grant work.

C) With the leadership of Qing-Sheng Mi, continue to lead in basic science/immunology and biology of cutaneous diseases through one of the most cohesive/productive dermatology labs in the world. In addition to mature faculty with multiple mentees, the HFH department houses the most advanced equipment for discovery. Total equipment investment is over $4,000,000. These are “non-siloed” groups that work with other departments both within HF and externally and look to leverage commonalities between cutaneous and internal disease processes.
C) Develop imaging options for skin cancers that will reduce recurrence and lead to treatment options with lasers. With one of the only dermatology physicists in the world, Indermeet Kohli PhD, the team is currently exploring microfocused ultrasound, reflectance confocal microscopy, optical coherence tomography, and polarized devices in conjunction with lasers, working with FDA and industry in this space.

D) Through the leadership of Henry Lim MD and his outstanding early career mentees including Tasneem Mohammad MD, solidify the Division of Photomedicine with funding and faculty. Currently faculty are internationally recognized for investigator-initiated work which has profoundly impacted dermatology though understanding and use of Narrow Band UVB for psoriasis, sunscreen expertise for FDA/industry, visible light impacts on skin, and the current focus on pigmentation which is a major issue for skin of color patients.

E) Develop an “Institute for academic cosmetic medicine” for teaching and treatment of both medical and cosmetic patients. This will include treatment of scars, disfigurement, and conditions both genetic and acquired.

F) Work with insurance, industry, and philanthropy to develop self-sustaining clinics for complex medical dermatology cases which require additional time and resources.

Benefits to Michigan State University

Overall, this new Department of Dermatology will strengthen and expand the academic environment of the college and MSU. Addition of this department will allow for curricular expansion of the College of Human Medicine and create additional academic homes for the expanding CHM faculty (both paid and no-pay faculty) across the state of Michigan. The growth of the program and the faculty will bring several opportunities for strengthening and enriching educational and research activities for CHM, including: The opportunity to develop new areas of curriculum in dermatology and offer highly desirable student experiences in dermatology disciplines not currently represented in other CHM campuses. The ability to establish additional required experiences and competencies that would not be possible without the addition of qualified faculty. The enhancement of graduate medical education (dermatology residency program)) throughout our system by the addition of programs in Henry Ford that we cannot currently offer at MSU. Strengthened subspecialty research, and clinical programs that will provide the necessary platform for translational and population-based research, as well as support the supply of well-trained physicians and physician scientists to meet future recruitment needs in all of our communities across the state of Michigan.

The specific research focus in the various dermatology research areas including immunology, cancer, etc, provides new and additional research training opportunities for undergraduate, graduate and medical students in various biomedical programs at MSU. Importantly, the
research program in this department is currently funded by grants from external funding (including NIH) totaling over $2 million. Once the department is approved, it should be ranked in the top 20 of the Blue Ridge rankings.

Addition of the department to MSU will increase NIH funding (to MSU) that will undoubtedly and significantly improve MSU ranking overall. In addition, it will also help in achieving MSU’s strategic goal for reaching $1 billion in research expenditures by 2030. Given the success of faculty both in terms of the clinical and research missions, faculty in the Department of Dermatology have received several honors and awards and this will also significantly increase MSU faculty honorifics (another strategic goal for MSU). Lastly, CHM has an active and on-going relationship with several community partners and philanthropists. Creation of this department of dermatology and expansion of dermatology research at MSU will provide expanded opportunities for new endowments. Overall, creation of the department of dermatology in the College of Human Medicine will bring about several important benefits to the university and to the State of Michigan.

Programmatic, operational and financial considerations

Alignment with existing departments/units in CHM and MSU

Creation of this Department of Dermatology will provide research and educational collaborative opportunities across the College of Human Medicine and multiple colleges of MSU. There are already existing funding opportunities for collaborative research and education, through the Henry Ford-MSU partnership. Faculty from both existing MSU departments and Henry Ford departments will be able to apply for internal and external grant programs collaboratively that will strengthen the grant portfolio of MSU faculty and significantly increase research expenditure.

There are multiple units in the college and the university that have faculty and students who do research in the area of immunology and cancer care/prevention. Addition of the department creates new opportunities and potential collaborations for these faculty and students. There is nothing about the department that would limit the ability of other colleges or departments from hiring faculty in their respective departments and/or research programs.

Department structure

Each proposed department will be led by a department chair. Addition of this clinical subspeciality department will also be an opportunity for the state’s Medicaid uplift. We expect significant funding to come to the college through this program, and we have pledged to use this money to support scholarship, research, and education in the MSU department’s collaboration with Henry Ford. While the college could fund a few faculty
in these departments, the vast majority of the faculty will be employed by Henry Ford, and the Henry Ford chairs will do the vast majority of their faculty supervision as a Henry Ford supervisor. There will be, however, some work to be done as an MSU supervisor and as an MSU leader. With that in mind, we would like to support these chairs at 5-10% either as a dually employed faculty or leased by CHM from Henry Ford. HFH is using the lease model to support the current position as chair (Dr. Rick Leach) for Ob/Gyn at Henry Ford Health. This chair funding by MSU is essentially facilitation for partnership development and we would request access to the “mission-support” funding provided through the partnership Definitive Agreement.

Faculty appointments
Faculty will be appointed in multiple ways. Faculty that are already in the departments at Henry Ford will be appointed as no-pay faculty in one of the following tracks depending on their role and contribution to the education and research missions of the college: Prefix, non-prefix and research tracks. For these various faculty tracks, we will follow the same process we currently follow in the college. When funding is available for new MSU-based faculty positions, these will be done using existing faculty hiring processes.

In addition to clinical and non-prefix faculty from Henry Ford Health, there will be clinical and non-prefix faculty in the discipline joining from other communities, including Lansing and Grand Rapids. The vast majority of these faculty are engaged in elective clerkships for MS3 and MS4 students in our eight campuses across the state.

(New paragraph added in response to CAC request at their October 17, 2022 meeting). Upon establishment, new departments may initially not have voting-eligible, full-time faculty sufficient to participate as regular representatives to the CHM College Advisory Council (see CHM Bylaws Section 1.1.5.2.4. and 1.1.5.2.5. with referred definitions 1.1.1.). Departments with no eligible faculty with university level voting rights will send a CAC representative who will be granted voice but no vote, until such a time as they have eligible faculty to serve. It is expected that full-time MSU faculty will be added over time through enhanced Medicaid funding returned to MSU as well as new Henry Ford Health – MSU Health Science Center (HSC) funding. The college expects there will be 20-40 hires through these mechanisms. Priority will be given to addition and retention of at least two eligible faculty with university level voting rights (see CHM Bylaws Section 3.1.2.3.) within each department.

Chair selection
With creation of the Department of Dermatology, the dean will first appoint an interim chair. After initial establishment of the department with faculty appointments, the dean (or designate) will work with the faculty and the interim chair to develop departmental bylaws that will go through appropriate approvals at the college and university levels. Once the bylaws are in place, the dean will work with the department to formulate a
search for a founding chair and subsequent chairs using existing university guidelines. Depending on the circumstances of the department and the faculty some of these searches will be national and some may be internal.

**Department operations, governance, bylaws and RPT criteria**

The department will operate in a manner consistent with other departments in the College of Human Medicine and will adopt a shared governance model. Shared governance with the existing faculty, staff, and students will follow the MSU Academic Governance policies.

The interim chair will work with the dean to appoint a bylaws committee. The bylaws committee will include five faculty members and one outside faculty member with expertise in reviewing bylaws. Bylaws will be voted on and approved by a majority of department faculty before ratification. A scaffolding of the bylaws and major sections have already been identified and minimally will include sections on organization; governance; committees; RPT; grievances and complaints; and faculty (e.g., composition, meetings, appointment, reappointment, promotion, tenure, responsibilities, etc.)

Reappointment, promotion, and tenure criteria will align with the College of Human Medicine criteria which are written, well-specified, and available on the CHM Faculty Affairs website under the ‘Promotion and Tenure’ tab. An RPT committee will be established within the Department of Dermatology to work with the chair to manage the RPT processes.

**Department Finance**

**Current Funding Status, Allocation, and Reserve Funds**

The college is proposing a series of new departments based on faculty joining MSU and CHM from Henry Ford Health that complement the work of the college and university and highlight unique strengths of the HFHS faculty. The health system, college, and partnership will provide support for the faculty and administration of the department. Most support will be in the form of faculty salary, which will come from the medical group within the health system. The Office of Health Sciences has committed financial resources from the overall MSU-HFHS partnership effort to support creation of departments. Discretionary funding will be used to support a small part of the salary and an administrative increment for the chair’s MSU employment.
As the department integrates into the college, the department will enter into the Medicaid uplift program providing additional support for the department and funding additional MSU faculty in the department.

The department will accrue reserves and start-up funds as all other departments in the college do.

Projected financial needs and how financial obligations of the department, including administrative costs will be met

Projected financial needs are centered around ongoing recruitment and retention of high-caliber faculty to support our education, research, and service missions. The college will direct Medicaid uplift derived from HFH to use in the departments based out of HFH to fund new positions and programs in the departments and college.

The current college allocation and reserve funds more than meet the projected financial needs and financial obligations of the proposed department, including administrative costs.

The college and the department expect additional philanthropy as well.

Oversight of the curriculum
The department will participate in the college’s educational programs as all other departments do. Electives and rotations in the MD curriculum will be approved and supervised by the CHM MD Curriculum committee. All other courses and educational programs will be reviewed by the college’s Graduate Studies curriculum committee. The department’s residency and fellowship programs operate with oversight from the departmental residency committees consistent with the ACGME accreditation of Henry Ford Health. The department will have a clerkship committee to oversee its medical student and any other educational programs not a part of the residency programs.

Evaluation of departmental effectiveness
The new department will enter the standardized process for assessing departmental effectiveness consistent with all departments at CHM. There will be the usual five-year department and chair review as well as annual chair reviews.

Systems for Effectiveness of Departmental Operations
For the HFH faculty complete summaries of the programs below will be available to the college on request. For the current period all metrics have been met or exceeded. The unit evaluations are particularly strong in the training domains. Engagement is high despite challenging environment for productivity and patient access among Dermatology faculty. We currently rank 7th of 42 surveyed departments/divisions at HF at the 81%tile nationally (Press Ganey 2022 data).

- Focused Professional Performance Evaluations (FPPE – First two years of practice and/or remediation, bi-annual)
- Ongoing Professional Performance Evaluations (OPPE – bi-annual)
- Financial Reviews and Chair Performance reviews (bi-annual)
- Peer Reviews (ad hoc and bi-annual)
- Annual HFH resident survey (fall)
- Annual ACGME Resident Survey (spring)
- Annual ACGME Faculty Survey
- Annual Program Evaluation by the program. Reviewed by the GME annually in the fall.
- Semi Annual Faculty Evaluations by the residents
- Annual Faculty Evaluations of the Program
- Webads- Annual report to ACGME
- Med Hub – Resident and faculty evaluation
- Ape – Annual Program Evaluation and meeting with entire teaching faculty and all residents from each year.
- CCC meeting – All core teaching faculty evaluate residents

Systems for Effectiveness of Residency Teaching Program

The Dermatology Residency Program at Henry Ford Hospital was established in 1954. The program offers exceptional clinical training with exposure to a wide diversity of diseases in multiple skin types. We offer a three-year program (PGY-2 through PGY-4), which begins after the successful completion of a PGY-1 year. For over eight years, the dermatology residency has had continued accreditation by the ACGME with no citations. The program has 21 residents total and a 100% first time boards pass rate for over 10 years. Dr. Holly Kerr is the program director (PD), Dr. Laurie Kohen is the associate PD, and Dr. Pranita Rambhatla is the assistant PD.

Clarence S. Livingood Clinical Research Fellowship and the Henry W. Lim Photomedicine Research Fellowship are non-accredited one-year fellowships. Applicants who have completed PGY-1 training and are interested in reapplying for a dermatology residency are preferred. They work with the Investigator Initiated Studies Unit that focuses on photomedicine, follicular
and pigmentation disorders, lasers, skin cancer and photo protection. The unit’s efforts involve Department Chair, Dr. David Ozog, Chair Emeritus Dr. Henry W. Lim, with the oversight of Fellowship PD, Dr. Tasneem Mohammad and associate PD Dr. Kohli. Drs. Iltefat Hamzavi, Richard Huggins and Tasneem Mohammad are experts in vitiligo, hidradenitis suppurativa, photomedicine. Indermeet Kohli, PhD, staff physicist, and one of few physicists on staff in a dermatology department, providing expert mentorship on the application of physics and imaging in dermatology.

Edward A. Krull Cutaneous Oncology Fellowship is a one-year non-accredited fellowship. Applicants who have completed dermatology training and are interested in applying for a Mohs Micrographic Surgery and Cutaneous Oncology Fellowship are preferred. The fellowship presents an opportunity to learn the latest information about prevention, diagnosis, treatment and management for patients with melanoma and other skin cancers. Fellows will receive training at the new, state-of-the-art Cancer Center in the multidisciplinary management of patients with skin cancers using treatment modalities such as surgical management, targeted therapy, immunotherapy, chemotherapy, and radiation. Dr. Molly Powers, a board-certified Mohs surgeons, is the program director.

The Pediatric Dermatology Fellowship, is a one-year, American Board of Dermatology approved fellowship. We are currently seeking ACGME accreditation for this fellowship. The fellowship program is open to American Board of Dermatology eligible applicants. The pediatric dermatology fellow has access to tremendous educational, teaching, clinical, and research opportunities.

Existing system for annual performance reviews of faculty and staff:

Faculty reviews are performed bi-annually through Focused Professional Performance Evaluations (FPPE – First two years of practice and/or remediation) as well as Ongoing Professional Performance Evaluations (OPPE). These are done in person with written feedback/agreement on personal and professional performance goals. Each team member’s patient satisfaction comments and r metrics of professionalism including mandatory modules in Henry Ford University related to safety, patient care, and diversity are reviewed. Financial performance and metrics are also reviewed As well as CME and participation in grand rounds and other departmental initiatives. Additionally, system engagement surveys are conducted and reviewed at faculty meetings which occur monthly.

Educator Staff Evaluation Reviews
The teaching performance of core faculty is assessed twice per year by the residents. This anonymous feedback is reviewed with the core faculty at their ongoing professional practice evaluation (OPPE) with the chair. When goal setting for the next 6 months, the core faculty are
Faculty development is a priority for the department and annually we arrange departmental faculty development sessions. For example, during the 2021-2022 academic year, core faculty participated in the High Impact Educational Endorsement (HIEE) program. Grounded in adult learning theory and research, the program promotes innovative, collaborative, and equitable practices to create lifelong learners and leaders in medical education. This five-part series included education about Instructional Practices and Engaging Learners, Instruction & Assessment Strategies, Giving and Receiving Feedback, Cultural Humility and Safe Learning, as well as Mentorship & Coaching.

The Association of the Professors of Dermatology (APD) is an organization of leading educators in dermatology and all key core faculty are members. The APDs aims to advance educational and patient care standards, help develop support strategies for academic dermatology and provides ethical leadership in the dermatology community. The annual meeting is attended by the chair, program director, associate and assistant program director, director of Mohs surgery and other core faculty.

Success of outreach and community engagement programs

St. Frances Cabrini Clinic was established in 1950 located at 1234 Porter Street and is a ministry established by the Most Holy Trinity Catholic Church to meet the medical needs of those 19 to 64 years old that are uninsured or underinsured. The clinic assists in the primary health care needs of the economically disadvantaged residents of Southwest Detroit and beyond. For over 65 years. Detroit’s St. Frances Cabrini Clinic has provided free health care to low-income, vulnerable patients in Michigan’s largest city. As the oldest free clinic in the US those years have taught us a lot about what it means to be healthy, the value of treatment at a community level and the importance of ongoing wellness education. For over 10 years, the department of Dermatology has volunteered once a month at the Cabrini Clinic in Detroit, MI. The Cabrini Clinic is America’s oldest free clinic. Once a month on a Tuesday evening one senior staff, two residents and occasionally medical student rotators will care for dermatology patients. We receive consistent feedback for the program and individual patients about impactful changes in diagnosis and access.

Annually, faculty organize free skin cancer screenings in association with the American Academy of Dermatology. These are usually around Melanoma Monday (first Monday of May). In addition, faculty have provided annual free skin cancer screening for all employees of the Detroit Tigers establishment. Both senior staff and residents volunteer their time. Faculty routinely identify skin cancers in these programs which are treated earlier with potential life-saving benefit.
Overall department effectiveness will include measures of programs, faculty, students, staff, and community partners across all missions. Minimum measures will include:

- Faculty success – time in rank, tenure, promotion, research grants/awards.
- Student success – student evaluations from elective experiences, resident/fellow completion rate, program satisfaction.
- Staff success – retention, performance evaluations, staff feedback.
- Education/Curriculum success – continued growth, expansion, and impact.
- Financial performance based on college funding formulas, and reserve analysis.
- Outreach/engagement/service success – percentage of funds deployed to community, annual feedback from community stakeholders, faculty, and staff engagement in service work.

Assurances

For the university and college, the creation of this department will help solidify and expand the scholarly opportunities for students and faculty across the institution. With the addition of the department to MSU, it is expected that the unit will grow, adding to NIH funding in support of AAU metrics and building on the reputation of the existing faculty and programming.

The leadership of the college has discussed the creation of the department with related departments and units including meetings with leadership and faculty.

Many people across the university do work related to immunology and cancer care and treatment, just as many people across the university do work related to medicine. The existence of the College of Human Medicine does not limit the scholarly opportunities of others in the university, and this department will not change or limit the activity of faculty interested in these research areas across the institution. In fact, the success and expansion of this department increases opportunities for all.

Distribution of proposal for endorsement, assurances, or concerns:

(All communication by email unless otherwise indicated)

Dean Amalfitano (September 9, 2022) See Attachment 5

Chair Rayamajhi (September 9, 2022) Supports the proposal, especially given the support of the current division.

Chair Dorrance (September 9, 2022)
College Advisory Council Summary

- Recommendation/endorsement

The CHM CAC unanimously endorsed the proposal for a new Department of Dermatology on November 21, 2022.
Attachment 1 - Faculty

1. **David M. Ozog, M.D. FACMS., Chairman, Mohs/dermato-oncology/surgeon, Scar clinic Director, Laser, Imaging**
   - University of Rochester School of Medicine, NY
   - Fellowship in Mohs, Procedural and Cosmetic Dermatology, CA
   - Henry Ford Hospital, Dermatology Residency, MI

2. **Henry W. Lim, M.D., Former Chairman, Photomedicine, Vitiligo, Cutaneous T Cell Lymphoma (CTCL), Complex Medical Dermatology**
   - State University of New York, Medical Education, NY
   - SUNY Downstate Health Sciences University, NY
   - New York University School of Medicine, Dermatology, NY
   - Bronx Municipal Hospital Center, Pediatrics, NY

3. **Holly Kerr, M.D., Program Director of the Dermatology Residency Program, Vice Chair Department. Patch Test clinic, Transplant Dermatology and Integrative Dermatology (combined clinic with Psychiatry)**
   - University of Ottawa, Canada
   - Henry Ford Hospital, Dermatology Residency, MI

4. **Anna Axelson, M.D., Oncodermatology, Transplant Dermatology**
   - Emory University School of Medicine, GA
   - Stanford University Hospital, Dermatology Residency, CA

5. **Kim Baker, P.A. Clinical Care/Clinical Trials**
   - Maryville University, Nurse Practitioner, MO
   - Wayne State University School of Medicine, Nursing, MI

6. **Mark Balle, M.D., Director of Mohs Surgery**
   - Wayne State University School of Medicine, MI
   - Henry Ford Hospital, Dermatology Residency, MI

7. **Alison Tisack Boucher, M.D., Director of Cosmetic Dermatology, Clerkship Director**
   - Wayne State University School of Medicine, MI
   - Henry Ford Hospital, Dermatology Residency, MI
8. Marsha Chaffins, M.D., Co-Director Dermatopathology
   • University of Kentucky School of Medicine, KY
   • Henry Ford Hospital, Dermatology Residency, MI
   • University of Texas, Dermatopathology Fellowship, TX

9. Thomas Downham, M.D., General Dermatology
   • University of Michigan School of Medicine, MI
   • Wayne State University, Dermatology Residency, MI

10. Ben Friedman, M.D., Co-Director Dermatopathology, Cutaneous Lymphoma
    • Perelman School of Medicine - University of Pennsylvania, PA
    • Henry Ford Hospital, Dermatology Residency, MI
    • Thomas Jefferson University Hospital, Dermatopathology Fellowship, PA

11. Raechele Gathers, M.D., Multicultural Dermatology
    • University of Michigan School of Medicine, MI
    • Henry Ford Hospital, Dermatology Residency, MI

12. Iltefat Hamzavi, M.D., Follicular Disorders Clinic, Vitiligo, Melanocyte Keratinocyte Transplant
    • University of Michigan School of Medicine, MI
    • Wayne State University School of Medicine, Dermatology Residency, MI
    • University of British Columbia, Photoderm & Lasers Fellowship

13. Richard Huggins, M.D., Division Head Ford Road, Follicular Disorders Clinic, Hidradenitis Suppurativa, Vitiligo, Melanocyte Keratinocyte Transplant
    • Rutgers New Jersey Medical School, NJ
    • Henry Ford Hospital, Dermatology Residency, MI
    • Henry Ford Hospital, Dermatology Research Fellowship, MI
    • Northwestern University Feinberg School of Medicine, Dermatology Research Fellowship, IL

14. Diane M. Jackson-Richards, M.D., Chair of the Department of Dermatology Diversity Committee, Multicultural Dermatology
    • University of Michigan School of Medicine, MI
    • University of Michigan, Dermatology Residency, MI
15. Marla Jahnke, M.D., Pediatric Dermatologist
   • Wayne State University School of Medicine, MI
   • Wayne State University School of Medicine, Dermatology Residency, MI
   • Henry Ford Hospital, Pediatric Dermatology Fellowship, MI

16. Amin Jiang, PhD, Assoc. Scientist
   • University of Washington, Microbiology, WA
   • Cancer Research Institute, Research Fellowship, NY

17. Lydia Juzych, M.D., Division Head Troy, General Dermatology
   • Wayne State University School of Medicine, MI
   • Henry Ford Hospital, Dermatology Residency, MI

18. Laurie Kohen, M.D., Associate Program Director of the Dermatology Residency Program. Pigmented Lesion clinic
   • University of Michigan School of Medicine, MI
   • Henry Ford Hospital, Dermatology Residency, MI

19. Indermeet Kohli, PhD, Physicist, Associate Program Director for the Lim and Livingood Research Fellowships, Imaging and photomedicine research
   • Wayne State University School of Medicine, MI

20. Sasank Konda, M.D., Inpatient Dermatology, Complex Medical Dermatology
   • University of Chicago Pritzker School of Medicine, IL
   • Henry Ford Hospital, Dermatology Residency, MI

21. Jungho Kwon, M.D., General Dermatology
   • University of California School of Medicine, CA
   • Henry Ford Hospital, Dermatology Residency, MI

   • Warren Alpert Medical School of Brown University, Providence RI
   • University of Michigan, Dermatology Residency, MI
23. **Qing-Sheng Mi**, M.D, PhD. Division Head Immunology Rsch. Director of Basic Science research Department of Dermatology
- China Medical University, China
- Taishan Medical University, China
- Taishan Medical University, Dermatology Residency, China

24. **Tasneem Mohammad, M.D.,** Program Director for the Lim and Livingood Research Fellowships, Pigmentary Disorders Clinic, Photomedicine including EPP clinic, Follicular Disorders clinic
- University of Toledo College of Medicine, OH
- Henry Ford Hospital, Dermatology Residency, MI
- Henry Ford Hospital, Dermatology Research Fellowship, MI

25. **Molly Powers, M.D.** Program Director for the Edward A. Krull Cutaneous Oncology Fellowship, Mohs Surgeon
- Loyola University Stritch School of Medicine, IL
- Henry Ford Hospital, Dermatology Residency, MI
- Zitelli and Brodland Clinic, Dermatology Mohs Surgery Fellowship, PA

26. **Pranita Rambhatla, M.D.** Assistant Program Director of the Dermatology Residency Program. Rheumatology- Dermatology Combined Clinic
- Wayne State University School of Medicine, MI
- New Henry Ford Hospital, Dermatology Residency, MI

27. **Teresa Romano, M.D.,** General Dermatology
- University of Western Ontario - Faculty of Medicine, ON, Canada
- Henry Ford Hospital, Dermatology Residency, MI

28. **Tor Shwayder, M.D.,** Program Director for the anticipated Pediatric Dermatology Fellowship, Pediatric Dermatology
- University of Michigan, School of Medicine, MI
- Strong Memorial Hospital, Dermatology Residency, NY
- University of Michigan, Pediatric Fellowship, MI
29. **Linda Stein, M.D., Division Head West Bloomfield Clinic, General Dermatology, Research Director of Clinical Trials, AAD Vice-President 2022-23.**
   - University of Pennsylvania, School of Medicine, PA
   - Henry Ford Hospital, Dermatology Residency, MI

30. **Allison Zarbo, M.D., Pediatric Dermatologist**
   - Wayne State University School of Medicine, MI
   - Henry Ford Hospital, Dermatology Residency, MI
   - Henry Ford Hospital, Dermatology Pediatric Fellowship, MI

31. **Cristina de Guzman Strong, PhD., Assoc. Scientist**
   - University of Alabama Hospital at Birmingham, Genetics, AL
   - National Institutes of Health, NICHD, Research Fellowship, MD

32. **Jesse Veenstra, M.D., PhD., Complex medical dermatology, Immunobullous disorders, Cancer research**
   - Wayne State University School of Medicine, MI
   - Henry Ford Hospital, Dermatology Residency, MI

33. **Najat Watch, PA, Clinical**
   - Cleveland State University, Physician Assistant, OH

34. **Li Zhou, PhD., M.S., Assoc. Scientist**
   - Johns Hopkins Hospital, Research, MD
   - Shanghai Medical University, China
   - Taishan Medical University, China
   - John P. Robarts Research Institute, Research Fellowship, ON
   - National Institute on Aging, Research Fellowship, MD

**Number of total faculty** – 35

**Number of research faculty** - 12

**Number of clinical faculty** - 30

**Distribution of rank at Henry Ford/WSU -**
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ozog, David, Chairperson</td>
<td>Clinical Assistant Professor</td>
</tr>
<tr>
<td>Lim, Henry, Chairperson Emeritus</td>
<td>Professor, FTA Clinician Educator</td>
</tr>
<tr>
<td>Balle, Mark</td>
<td>Clinical Associate Professor</td>
</tr>
<tr>
<td>Chaffins, Marsha</td>
<td>Clinical Associate Professor</td>
</tr>
<tr>
<td>Downham, Thomas</td>
<td>Clinical Professor</td>
</tr>
<tr>
<td>Friedman, Ben</td>
<td>Clinical Assistant Professor</td>
</tr>
<tr>
<td>Hamzavi, Iltefat</td>
<td>Clinical Associate Professor</td>
</tr>
<tr>
<td>Jahnke, Marla</td>
<td>Clinical Assistant Professor</td>
</tr>
<tr>
<td>Kerr, Holly</td>
<td>Clinical Assistant Professor</td>
</tr>
<tr>
<td>Mi, Qing-Sheng</td>
<td>Adjunct Professor</td>
</tr>
<tr>
<td>Rambhatla, Pranita</td>
<td>Clinical Assistant Professor</td>
</tr>
<tr>
<td>Stein Gold, Linda</td>
<td>Clinical Associate Professor</td>
</tr>
</tbody>
</table>

**Demographics (for DEIJ purpose)**

4 African American  
9 Asian  
3 Middle Eastern  
19 White  

14 Male  
21 Female
## 2021 Dermatology Publications

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Journal</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awosika O, Eleryan MG, and Soleymani T.</td>
<td>Reply to the editor regarding Local recurrence of clinically observed basal cell carcinomas following complete saucerization or punch removal with negative margins: Retrospective case series from 2010 to 2020</td>
<td>J Am Acad Dermatol 2021;</td>
<td>Epub ahead of print. PMID: 34274411</td>
</tr>
<tr>
<td>Friedman BJ.</td>
<td>Pitfall regarding expression of ETS-related gene (ERG) in fibrohistiocytic neoplasms</td>
<td>J Cutan Pathol 2021.</td>
<td>PMID: 33837979 Epub: April 2021</td>
</tr>
</tbody>
</table>


Osto, M, Hamzavi, IH, Lim, HW, Kohli, I. Individual Typology Angle Should be Used as a Standard for Skin Type Classification in Photobiologic Studies. Submitted for publication. 2021


PMID: 34585779


PMID: 34076392 Pub: June 2021


Kashlan R, Lyons AB, Narla S, and Hamzavi IH. Infusion reaction to infliximab biosimilar after transitioning from infliximab. JAAD Case Rep 2021; 8:77-79.


Pub: Feb 2021

PMID: 34973975   Pub: Dec. 2021

PMID: 32974955   Pub: Mar 2021

PMID: 33253840   Pub: April 2021

Pub. Dec. 2021

PMID: 33259055   Pub: April 2021

PMID: 32767758.   Pub. April 2021

PMID: 32812619.   Pub. April 2021

PMID: 33105244.   Pub: April 2021

PMID: 32335182   Pub. May 2021

PMID: 34388853   Epub. Aug 2021


Strock D, Maghfour J, and Dellavalle RP. From the Cochrane Library: Interventions for hand eczema. J Am Acad Dermatol 2021; Epub ahead of print. PMID: 34606772 Pub:


<table>
<thead>
<tr>
<th>Authors</th>
<th>Title</th>
<th>Journal/Citation</th>
<th>PubMed/DOI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehman R, Saad M, Huq F, <strong>Oska S</strong>, Mehregan D, and Daveluy S.</td>
<td>A cross-sectional analysis of popular hidradenitis suppurativa content on TikTok.</td>
<td>JAAD Int 2021; 5:98-100. PMID: 34693364</td>
<td></td>
</tr>
</tbody>
</table>

Enesu C, Patel A, Friedman B. Unique Recognizable Histopathologic Variant of Palisaded Neutrophilic and Granulomatous Dermatitis that is Associate with SRSF2-Mutaed Chronic Myelomonocytic Leukemia: Case Report and Report and Review of the Literature. Am J Dermatopathol.


Stein Gold L, and Dirshka T. Why We Should Consider Evidence-Based Treatment Options for Truncal Acne. Dermatol Ther (Heidelb) 2021; Epub ahead of print.


**Stein Gold L**, Baldwin H, Kircik LH, Weiss JS, Pariser DM, Callender V, Lain E, Gold M, Beer K, Draelos Z, Sadick N, Pillai R, Bhatt V, and Tanghetti EA. Efficacy and Safety of a Fixed-Dose Clindamycin Phosphate 1.2%, Benzoyl Peroxide 3.1%, and Adapalene 0.15% Gel for Moderate-to-Severe Acne: A


<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
<th>Journal</th>
<th>Publication Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tisack A, Singh R, Kohen L.</strong> Rosacea Fulminans Herpeticum: Rosacea Fulminans with Superimposed Herpetic.**</td>
<td>JAAD Case Reports.</td>
<td>PMID: Not assigned</td>
<td>Pub: Mar 2021</td>
</tr>
</tbody>
</table>
Attachment 2 – Publications of department faculty for the last three years.

Hamzavi I.H. Development and Validation of the Fingertip Unit for Assessing Facial Vitiligo Area Scoring Index (F-VASI). J Am Acad Dermatol 2021; Epub ahead of print. PMID:34246695 Epub: July 2021


SUBMITTED FOR PUBLICATION

### 2020 Dermatology Publications

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Journal</th>
<th>PubMed ID</th>
<th>Publication Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatima S, Braunberger T, Mohammad T, Kohli I, and Hamzavi I.</td>
<td>The role of sunscreen in melasma and postinflammatory hyperpigmentation.</td>
<td><em>Indian Journal of Dermatology</em></td>
<td>32029932</td>
<td>Jan 2020</td>
</tr>
</tbody>
</table>
PMID: 32323883 Pub: April 2020

PMID: 32565566 Pub: May 2020

PMID: 31074502 Pub: May 2020

PMID:32258304 Pub: Mar. 2020

PMID: 33370450 Pub: Dec. 2020

*Derm Research*


PMID: 32932300 Epub: Sept. 2020
PMID: 33354405 Pub. Dec. 2020

PMID: 31922171 Pub: Jan. 2020
Derm Research

PMID: 32246972 Epub: April 2020
Derm Research

PMID: 32289393 Epub: April 2020
Derm Research

PMID: 31688123 Pub: Apr 2020

PMID: 32408306 Epub: May 2020


PMID: 32497690 Pub: June 2020

Derm Research


PMID: 32595165 Pub: June 2020


PMID: 32653055 Pub: July 2020


PMID: 32709274 Pub: Aug 2020

Derm Research


PMID: 32893875 Epub: Sept. 2020

Derm Research


<table>
<thead>
<tr>
<th>PMID: 32320500</th>
<th>Pub: April 2020</th>
</tr>
</thead>
</table>

| PMID: 32141097 | Pub: July 2020 | Epub: Mar 2020 |
|-----------------|----------------|

<table>
<thead>
<tr>
<th>PMID: None</th>
<th>Pub: Aug 2020</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PMID: 32622888</th>
<th>Epub: Jan. 2020</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PMID: 31898355</th>
<th>Epub: Jan 2020</th>
</tr>
</thead>
</table>

| PMID: 31703821 | Pub: Jan 2020 | Epub: Nov. 2019 |
|-----------------|----------------|

<table>
<thead>
<tr>
<th>PMID: 32738429</th>
<th>Epub. July 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authors</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Soliman YS, Lim HW, and Kerr HA</td>
<td>Recalcitrant, delayed pressure urticaria treated with long-term intravenous immunoglobulin.</td>
</tr>
</tbody>
</table>


Adelman M, Lyons AB, Seale L, and Friedman BJ. Use of p16 immunohistochemical stain to help differentiate inflamed melanocytic nevi from metastatic melanoma in the setting of immunotherapy. *J Am Acad Dermatol* 2019; PMID: 31765681

PMID: 32253506 Epub: April 2020

*Derm Research*


PMID: 32333790 Epub: April 2020

*Derm Research*


PMID: 32289386 Epub: April 2020

*Derm Research*


PMID: 32335182 Epub: April 2020

*Derm Research*


PMID: 32339702 Pub: April 2020

*Derm Research*


PMID: 32412033 Pub: May 2020

*Derm Research*

PMID: 32613059 Pub: May 2020

*Derm Research*


PMID: 31343442 Pub: Sept. 2020

*Derm Research*

Lyons AB, and Hamzavi IH. Ultraviolet C Induced Skin Reaction from Ultraviolet Germicidal Irradiation of N95 Respirators During the COVID-19 Pandemic. *Photodermatol Photoimmunol Photomed* 2020; Epub ahead of print.

PMID: 32974955 Epub: Sept. 2020

*Derm Research*


PMID: 33105244 Pub: Nov. 2020

*Derm Research*


PMID: 33259055 Pub: Dec. 2020

*Derm Research*


PMID: 33294556 Pub: Dec. 2020

PMID:32198977 Pub: Nov. 2020

PMID: 32433320 Pub: June 2020

PMID: 33160818 Pub: Nov. 2020

PMID: 32104953 Epub: Feb. 2020


PMID: 32620994  Epub: July 2020


PMID: 32389714  Epub: May 2020

**Torres A, Ozog D, Hamzavi I, Lim H.** Comment on: Proposed approach for reusing surgical masks in COVID-19 pandemic. *JAAD* 2020 Sep;83(3)


**Ozog DM.** Commentary on Treatment of Hypertrophic Burn and Traumatic Scars With 2940 mm Fractional Ablative: YAG. *Dermatol Surg* 2020; 46(6):794-795

PMID: 32452977  Pub: June 2020


PMID: 32224709  Epub: Aug. 2020


PMID: 32891736  Epub: Sept. 2020

PMID: 33206210  EPub: Nov 2020


PMID: 33216212.  EPub: Nov. 2020


PMID: 33175206  EPub: Nov. 2020


PMID: None  Pub: Feb. 2020


PMID: 32640078  Epub: July 2020
Pub: Jan 2020

PMID: 32004648 Epub: Jan 2020

PMID:31985193 Pub: Jan. 2020

Stein Gold L, Bagel J, Allenby K, Sidgiddi S. Betamethasone dipropionate spray 0.05% alleviates troublesome symptoms of plaque psoriasis Cutis. 2020 Feb;105(2):97-102;E1.
PMID: 32186532 Pub: Feb. 2020

PMID: 32035944. Epub: Feb 2020

PMID: 32032692 Pub: July 2020

PMID: 32550699 Pub: Mar 2020

PMID: 32348828 Pub: April 2020


PMID: 32320027 Pub: April 2020


PMID: 32430142 Pub: May 2020


PMID: 32446832 Pub: May 2020


PMID: 32484629 Pub: May 2020


PMID: 32502588 Epub: June 2020


PMID: 32959399 Epub: Sept. 2020


PMID: 33283934          Pub: Nov. 2020


---

2019 Dermatology Publications

PMID: 30802503          Epub ahead of print: Feb. 2019

PMID: 30937679          Pub: Oct. 2019

PMID: 31320970          EPub ahead of print: May 2019

PMID:Not Assigned          Pub:Aug. 2019

PMID: 31403534 Pub: Dec 2019


PMID: 30374894 Pub: Feb. 2019


PMID: 31152612 Epub ahead of print June 2019


PMID: 31095346 Pub: May 2019


PMID: PMID: 31464341 Epub ahead of print Sept. 2019


PMID: 30653638 Pub: Jan 2019


PMID:30893389 Epub ahead of print: Feb 2019
PMID: Not Assigned Pub: Aug 2019

PMID: 31437301 Epub ahead of print: Sept 2019

PMID: 31866264 Epub ahead of print: Dec 2019

PMID: 31756681 Epub ahead of print: Nov. 2019

PMID: 30484907 Pub: Jan 2019


PMID: 30872156 Epub ahead of print: March 2019
PMID: 30872149 Epub ahead of print-March 2019

PMID: 30030843 Pub: Mar 2018

PMID: 30924968 Epub ahead of print: Apr 2019

PMID: 30945409 Epub ahead of print May 2019

PMID: 31136013 Epub ahead of print June 2019


PMID: 31344760  Epub ahead of print: Aug 2019


PMID: 31279015  Epub ahead of print: July 2019


PMID: 30653636  Pub:Jan 2019


PMID:30586139  Pub. Feb. 2019


PMID:31753194  Pub: Oct. 2019


PMID: 30772097 Epub: Feb 2019


PMID: 30772098 Epub: Feb. 2019


PMID:30954585 Epub ahead of print: April 2019


PMID: 31351884. Pub: July 2019


PMID: 30506967 Epub ahead of print: Jan 2019
<table>
<thead>
<tr>
<th></th>
<th>Reference</th>
<th>Publication Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PMID: 30520169</td>
<td>Epub ahead of print: Jan 2019</td>
</tr>
<tr>
<td></td>
<td>PMID: 30661664</td>
<td>Epub ahead of print: Nov. 2018</td>
</tr>
<tr>
<td></td>
<td>PMID: 30663448</td>
<td>Epub ahead of print: Jan 2019</td>
</tr>
<tr>
<td></td>
<td>PMID: 30692995</td>
<td>Epub ahead of print: Jan 2019</td>
</tr>
<tr>
<td></td>
<td>PMID: 30576021</td>
<td>Epub ahead of print: Jan 2019</td>
</tr>
<tr>
<td>41.</td>
<td>Lyons AB, Kohli I, Lim HW, and Hamzavi IH. Insights on an in vivo model for postinflammatory</td>
<td>hyperpigmentation Br J Dermatol 2019; Epub ahead of print</td>
</tr>
<tr>
<td></td>
<td>PMID: 30729515</td>
<td>Epub ahead of print: May 2019</td>
</tr>
<tr>
<td></td>
<td>PMID: 30726198</td>
<td>Pub. Feb. 2019</td>
</tr>
</tbody>
</table>
PMID: 30515760 Epub ahead of print:Dec 2018

PMID: 30576021 Epub ahead of print:Jan 2019

PMID: 31343442 Epub ahead of print:July 2019

PMID: 31542406 Epub ahead of print:Sept. 2019

PMID:31641418 Epub ahead of print:Jan 2019

PMID: 31567612 Epub ahead of print: Dec 2019

PMID: 31845121 Epub ahead of print: Dec 2019

52. Teran VA, McHargue C, and Gru AA. Photodistributed Rash Progressing to Erythroderma: Challenge *Am J Dermatopathol* 2019;
PMID: 30946096 Epub ahead of print: Mar 2019

PMID: 31339758 Epub ahead of print: Aug 2019

PMID: 31004553 Epub ahead of print May 2019

PMID: 31045933 Pub: May 2019


PMID: 31335419 Pub:Aug 2019


PMID: 31268498 EPub ahead of print:July 2019


PMID: 30893397 Pub:Feb 2019

PMID: 29981751 Epub ahead of print:Nov 2018

73. Siegel DR, Schneider SL, Chaffins M, and Rambhatla PV. A retrospective review of 93 cases of cellular dermatofibromas Int J Dermatol 2019;
PMID: 31074502 Epub ahead of print May 2019


PMID: 31420298. Epub ahead of Print July 2019

PMID: 30680819 Epub ahead of print:Jan 2019

PMID: 30165171. Epub ahead of print: Aug 2018

PMID: 31116804 Pub:Apr 2019

PMID: 31116806. Pub:Apr 2019

PMID: 30500065 Epub ahead of print: Apr 2019

PMID: 30802558 EPub ahead of print:Feb 2019

PMID: 31116805 EPub ahead of print: April 2019
PMID:30680819  EPub ahead of print:May 2019


PMID: 31360284  EPub ahead of print:June 2019

PMID: 31524351  Pub:Sept. 2019

PMID: 30850037  Epub: Feb. 2019

PMID: 31743247  Pub: Feb 2019
PMID 31501138 Epub ahead of print: Sept. 2019

PMID: 31295159 EPub ahead of print: July 2019

PMID: 30850040 EPub ahead of print: Feb 2019

94. Zubair R, and Hamzavi IH. Phototherapy for Vitiligo. Dermatologic Clinics 2019; Epub
Roles in major offices and national organizations:

Marsha Chaffins, MD
- American Society of Dermatopathology Informatics Committee

Iltefat Hamzavi, M.D.
- Global Vitiligo Foundation (GVF)
- Hidradenitis Suppurativa Foundation (HSF)

Richard Huggins, M.D.
- Vitiligo Foundation

Diane Jackson, M.D.
- HFHS/Dept. of Dermatology Diversity Committee
- Skin of Color Society – Scientific and Membership Committee

Marla Jahnke, MD
- Society for Pediatric Dermatology – Workforce Committee
- Society for Pediatric Dermatology – Fellowship Director’s Committee
- American Academy of Dermatology – Patient Advocate Task Force
- Research PI – Epidermolysis Bullosa Research Partners
- Peds/Derm Course for HFHS/WSU Residents. 2/5,12,19, 2021

Holly Kerr, M.D.
- American Contact Derm Society – Awards Committee
- Peds/Derm Course for HFHS/WSU Residents. 2/5/ 2021
- MDS Educational Content Committee (2020-Present)

Henry Lim, M.D.
- American Academy of Dermatology
  - 1/19 – 1/21 Chair, Program Assessment Workgroup
  - 3/19 – Present Chair, Ad Hoc Task Force on Sunscreens
  - 4/19 – Present Member, Skin Cancer and Skin of Color Workgroup
  - 11/19 Member, Skin of Color Curriculum Workgroup
- Peds/Derm Course for HFHS/WSU Residents. 2/5/ 2021
- International League of Dermatological Societies
  - 2019 – Elected member, Board of Directors
  - 9/2019 – Present Member of the Executive Committee
  - 9/2019 – Present Chair of the 3rd ILDS World Skin Summit Programe Committee
  - 9/2019 – Present Vice-Chair of the 2023 World Congress of Dermatology
  - Scientific Programe Committee
  - 9/2019-Present Member of the Finance and Fundraising Committee
  - 11/2019-Present Member, WHO (World Health Organization) Committee
- Clarence S. Livingood Lectureship and Education Fund
  - 7/1997 – Present Member, Board of Trustees
  - 5/2008 – Present President

Tasneem Mohammad, M.D.
• 2015-Present Member, Global Vitiligo Foundation
• 2020-Present Global Vitiligo Foundation Committee

David Ozog, M.D.
• AAD Annual Meeting Chair Boston 2022
• American Society for Dermatologic Surgery – Member – three-year term
• AAD Scientific Assembly Committee 2016-2022
• ASDS Nominating Committee 2016-Present
• JAAD Editorial Board
• Derm Surgery Asst. Editor
• Lasers in Surgery and Medicine Editorial Board
• Amer Society of Derm Surgery:
• Task Force for Developing Cosmetic Training for Residents 2016-Present
• Nominating Committee
• Henry Ford Health System
• Chair’s Council 2016-Present
• Cultural Change Steering Committee – 2018-Present
• Advance Practice Provider Committee
• Operations Council 2011-Present
• WB Hospital Retail Services Committee
• Cosmetic Services Committee 2015-Present

Pranita Rambhatla, M.D.
• Developed Medical Student Lecture Series for Dermatology Rotators
• Visiting House Officer Education Coordinator – Dept of Dermatology

Linda Stein, M.D.
• Vice President American Academy of Dermatology 2020-2021
• National CME Chairperson
• Skin Disease Education Foundation Las Vegas Dermatology Meeting (yearly)
• Skin Disease Education Foundation Hawaii Dermatology Meeting (yearly)
• Women and Pediatrics Dermatology Meeting (yearly)

Allison Zarbo, M.D.
• Peds/Derm Course for HFHS/WSU Residents. 2/5,12,19, 2021

AWARDS for the past three years:

Awards for 2021:

DERMATOLOGY RESIDENT GRADUATION – JUNE 2021Awards

• E.A. Krull, MD Annual Faculty Role Model Award – Alison Boucher, MD
• Dermatology Resident Graduating Class Excellence in Patient Care Award-Anna Axelson, MD
• Margaret Douglass, M.D. Dedication to Dermatology Award – Ben Friedman
Kathryn Quinlan, M.D. Devotion to Humanism Award – Aretha Bidden, MA

Dr. Richard Huggins:
- Nominated for a presidential citation from the AAD.

Dr. Henry Lim:
- Dr. Henry Lim honored as “Giant in Dermatology”, Inaugural Recipient
- Werthan Lecture Series Visiting Professor, Dept of Dermatology, Vanderbilt Univ.
- A top 20 author in dermatology (per the Journal of the American Academy of Dermatology) from 2010-2019 with more than 2,500 citations. (Szeto, MD, ... Dellavalle, RP. J Am Acad Dermatol Dec 2021; 85:1573-1579).
- Honorary member, American Academy of Dermatology

Dr. David Ozog:
- PRESIDENTIAL AWARD FOR CONTRIBUTIONS DURING COVID PANDEMIC American Society for Dermatologic Surgery
- PRESIDENTIAL AWARD American Society for Lasers in Medicine and Surgery

Awards for 2020:

DERMATOLOGY RESIDENT GRADUATION – JUNE 2020 Awards
- E.A. Krull, MD Annual Faculty Role Model Award – Dr. Veenstra 2019-20 - 6/2020
- Margaret Douglass, M.D. Dedication to Dermatology Award – 2020 Dr. Molly Powers
- Kathryn Quinlan, M.D. Devotion to Humanism Award – Richard Huggins, MD

TOP DOCS -HOUR DETROIT MAGAZINE -Year 2020
- Dr. Alison Boucher
- Dr. Iltefat Hamzavi
- Dr. Marla Jahnke
- Dr. Holly Kerr
- Dr. Laurie Kohen
- Dr. Jungho Kwon
- Dr. David Ozog
- Dr. Pranita Rambhatla
- Dr. Tor Shwayder
- Dr. Linda Stein
Awards for 2019:

Pranita Rambhatla, MD


Developed Student Department Lectures for Med Student/House Officer Rotators – Dept of Dermatology.

Henry W. Lim, M.D.

Presidential Citation, American Academy of Dermatology, in recognition of your wisdom and support throughout my year as president. 2019

Recipient, International League of Dermatological Societies Certificate of Appreciation for International Leadership. 2019

Honorary member, Mexican Academy of Dermatology (Academia Mexicana de Dermatologia, AC). 2019

Alumni Achievement Award for Distinguished Service to American Medicine, College of Medicine, SUNY Downstate 2019

Kathryn Quinlan, MD Devotion to Humanism Award, Dept of Dermatology, Henry Ford Hospital (selected by graduating residents) 2019

Recipient, International League of Dermatological Societies Certificate of Appreciation for International Leadership. 2019

Finsen Medal, International Union of Photobiology (the fifth dermatologist selected for this award since it was first awarded in 1937)

Dermatology/Resident Graduation – JUNE 2019 Awards

- Kathryn Quinlan, M.D. Devotion to Humanism Award – Dr. Henry Lim
- Dermatology Resident Educator of the year – Dr. Ben Friedman
- Margaret Douglass, M.D. Award - Dr. Tor Shwayder
Attachment 4 – Grants

Qing-Sheng Mi

- **Federal-** B11243- NIH R33- Uncover the new subsets of epidermal Langerhans cells
- **Federal-** B11246- NIH R21- Genetic risk of hidradenitis suppurativa in African Americans
- **Federal-** B11247- NIH R56- Decoding TGF-beta signaling pathways in skin langerhans cells
- **Federal-** B40782- NIH R01 Subcontract- Genetic and Genomic Dissection of Psoriatic Arthritis
- **Federal-** B40836- NIH R01 Subcontract- Multi-racial genetic analysis of hidradenitis suppurativa

Li Zhou

- **Federal-** B11179- NIH R01 microRNAs Regulate Skin Langerhans Cells

Jesse Veenstra

- **University-** F80009- MSU HSC Grant- Modulation of the Aryl Hydrocarbon Receptor by Adipose Tissue: Implications for Skin Carcinogenesis

David Ozog

- **Pharmaceutical-** E18205  Biofrontera, Protocol ALA-BCC-CT013- A randomized, double blind, vehicle-controlled multicenter phase III study to evaluate the safety and efficacy of BF-200 ALA (Ameluz®) and BF-RhodoLED® in the treatment of superficial basal cell carcinoma (sBCC) with photodynamic therapy (PDT).

- **Pharmaceutical-** E19081- Galderma, The efficacy and molecular mechanism of Botulinum toxin in the reduction of breast reduction mammaplasty scar formation: A prospective, controlled, randomized, double- blinded study

- **Pharmaceutical-** E21186- Vivosite, Laser treatment of basal cell carcinoma under imaging guidance

Richard Huggins

- **Pharmaceutical-** E21169- Incyte, Protocol INCB 18424-308- A Double-Blind, Vehicle-Controlled, Randomized Withdrawal and Treatment Extension Study to Assess the Long-Term Efficacy and Safety of Ruxolitinib Cream in Participants With Vitiligo (TRuE-V LTE)

Linda Stein-Gold
- **Pharmaceutical**- E18157- Pfizer, Protocol B7451015- A phase 3 randomized, double-blind, multi-center, long-term extension study investigating the efficacy and safety of Pf-04965842, with or without topical medications, administered To subjects aged 12 years and older with moderate to severe Atopic dermatitis

- **Pharmaceutical**- E18204- AbbVie, Protocol M16-045- M16-045: A Phase 3 Randomized, Placebo-Controlled, Double-Blind Study to Evaluate Upadacitinib in Adolescent and Adult Subjects with Moderate to Severe Atopic Dermatitis

- **Pharmaceutical**- E18210- Novartis, Protocol CLYS006X2201- A randomized, subject and investigator blinded, placebo controlled, multi-center study in parallel groups to assess the efficacy and safety of LYS006 in patients with moderate to severe inflammatory acne

- **Pharmaceutical**- E20090- Arcutis, Protocol ARQ-151-302- A Phase 3, 8-Week, Parallel Group, Double Blind, Vehicle-Controlled Study of the Safety and Efficacy of ARQ-151 Cream 0.3% Administered QD in Subjects with Chronic Plaque Psoriasis

- **Pharmaceutical**- E20122- Arcutis, Protocol ARQ-155-203- A Phase 2b, 8-Week, Parallel Group, Double Blind, Vehicle-Controlled Study of the Safety and Efficacy of ARQ-154 Foam 0.3% Administered QD in Subjects with Seborrheic Dermatitis”, as amended from time to time

- **Pharmaceutical**- E20163- Dermira, Protocol DRM06-AD04- A Randomized, Double-Blind, Placebo-Controlled Trial to Evaluate the Efficacy and Safety of Lebrikizumab in Patients With Moderate-To-Severe Atopic Dermatitis

- **Pharmaceutical**- E20169- Arcutis, ARQ-252-205- A Phase 1/2b, Multiple Dose and 12-Week, Parallel Group, Double Blind, Dose Ranging, Vehicle-Controlled Study of the Safety and Efficacy of ARQ-252 Cream 0.1% and ARQ-252 Cream 0.3% in Subjects with Chronic Hand Eczema

- **Pharmaceutical**- E20171- Abbvie, Protocol M19-850- Atopic Dermatitis: Open-Label Extension Study of Upadacitinib in Adult Subjects with Moderate to Severe Atopic Dermatitis

- **Pharmaceutical**- E20172- Arcutis, Protocol ARQ-154-214- A Phase 2, Multicenter, Open-Label Study of the Long-Term Safety of ARQ-154 Foam 0.3% in Subjects with Seborrheic Dermatitis
• Pharmaceutical- E20192- Galderma, Protocol RD.06.SPR.118169- A Randomized, Double-Blind, Placebo-Controlled Study to Assess the Efficacy and Safety of Nemolizumab (CD14152) in Subjects with Moderate to- Severe Atopic Dermatitis


• Pharmaceutical- E21026- Galderma, Protocol 118163- A Prospective, Multicenter, Long-Term Study to Assess the Safety and Efficacy of Nemolizumab (CD14152) in Subjects with Moderate-to-Severe Atopic Dermatitis

• Pharmaceutical- E21065- Abbvie, Protocol M15-994- IMMprint: A Phase 3b Multicenter, Randomized, Double-Blind, Parallel-Group, Placebo Controlled Study Evaluating Safety and Efficacy of Risankizumab Compared to Placebo in Adult Subjects with Moderate to Severe Plaque Psoriasis with Palmoplantar (Non-Pustular) Involvement (PPPsO)

• Pharmaceutical- E21069- Pfizer, Protocol C3941002- a phase 2a, randomized, double blind, vehicle controlled, parallel group study to assess the efficacy, safety, tolerability and pharmacokinetics of pf-07038124 ointment for 6 weeks in participants with mild to moderate atopic dermatitis or plaque psoriasis

• Pharmaceutical- E21089- UCB Biopharma, Protocol UBC PS0007- Multicenter, randomized, parallel-group, double-blind, placebo-controlled (12-17 years) including a single open-label arm (6-11 years) study to evaluate the efficacy, safety, and pharmacokinetics of certolizumab pegol (czp) in pediatric study participants with moderate to severe chronic plaque psoriasis (pso)

• Pharmaceutical- E21099- Dermira, Protocol DRM06-AD07- A long-term study to assess the safety and efficacy of lebrikizumab in patients with moderate-to-severe atopic dermatitis

• Pharmaceutical- E21145- Arcutis, Protocol ARQ-151-311- A Phase 3, 4-Week, Parallel Group, Double Blind, Vehicle-Controlled Study of the Safety and Efficacy of ARQ-151 Cream 0.15% Administered QD in Subjects with Atopic Dermatitis

• Pharmaceutical- E21154- AnaptysBio, Protocol ANB019-209- A Phase 2, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of Imsidolimab (ANB019) in the Treatment of Subjects with Acne Vulgaris
• **Pharmaceutical**- E21171- Amgen, Protocol 2190194- A Randomized, Double-Blind, Placebo-Controlled, Multicenter, Dose-Ranging, Phase 2b Study to Evaluate Efficacy and Safety of Tezepelumab for the Treatment of Chronic Spontaneous Urticaria

• **Pharmaceutical**- E21172- Arcutis, Protocol ARQ-151-313- A Phase 3, Multicenter, Open-Label Extension Study of the Long-Term Safety of ARQ-151 Cream 0.15% and ARQ-151 Cream 0.05% in Subjects with Atopic Dermatitis

• **Pharmaceutical**- E21189- Arcutis, Protocol ARQ-154-304- A Phase 3, 8-Week, Parallel Group, Double Blind, Vehicle-Controlled Study of the Safety and Efficacy of ARQ-154 Foam 0.3% Administered QD in Subjects with Seborrheic Dermatitis

• **Pharmaceutical**- E21198- Abbvie, Protocol M20-326- Plaque Psoriasis: A Phase 4 Multicenter, Randomized, Open-label, Efficacy Assessor-blinded-Study of Risankizumab Compared to Apremilast for the Treatment of Adult Subjects with Moderate Plaque Psoriasis who are Candidates for Systemic Therapy

• **Pharmaceutical**- E22010- Arcutis, Protocol ARQ-154-309- A Phase 3, 8-Week, Parallel Group, Double Blind, Vehicle-Controlled Study of the Safety and Efficacy of ARQ-154 Foam 0.3% Administered QD in Subjects with Scalp and Body Psoriasis (ARRECTOR)

• **Pharmaceutical**- E22020- Dermata Therapeutics, Protocol DMT310-005- A study of the tolerability, safety, and efficacy of dmt310 for the treatment of acne rosacea

• **Pharmaceutical**- E22021- Dermavant Sciences, Protocol DMVT-505-3102- An Open-Label, Long-Term Extension Study to Evaluate the Safety and Efficacy of Tapinarof Cream 1% in Subjects with Atopic Dermatitis

• **Pharmaceutical**- E22030- Incyte, Protocol INCB-18424-305- A Phase 3, Double-Blind, Randomized, Vehicle-Controlled, Efficacy and Safety Study of Ruxolitinib Cream Followed by a Long-Term Safety Extension Period in Children (Ages ≥ 2 Years to < 12 Years) With Atopic Dermatitis

• **Pharmaceutical**- E22072- Amgen, Protocol 20200497- A Multicenter, Randomized, Double-blind Study Evaluating the Pharmacokinetics, Efficacy, Safety, and Immunogenicity of Multiple Switches Between Humira® (adalimumab [US]) and ABP 501 Compared With Continued Use of Adalimumab in Subjects With Moderate to Severe Plaque Psoriasis
- **Pharmaceutical-** E22074- Galderma, Protocol 118126- A Multicenter, Open-Label, Single-Group Clinical Trial to Assess the Pharmacokinetics, Safety and Efficacy of Nemolizumab (CD14152) in Pediatric Subjects (aged 2 to 11 years) with Moderate-to-Severe Atopic Dermatitis

- **Pharmaceutical-** E22108- Dermavant Sciences, Protocol DMVT-505-3103- An Open-Label, Long-Term Extension Study to Evaluate the Safety and Efficacy of Tapinarof Cream 1% in Subjects with Atopic Dermatitis

Tasneem Mohammad

- **Pharmaceutical-** E22107- Clinuval, Protocol CUV104- An Open Label, Phase II Study to Assess the Changes in Pigmentation and Safety of Subcutaneous, Bioresorbable Afamelanotide Implants in the Treatment of Vitiligo on the Face

- **Pharmaceutical-** E22111- Unigen, The effect of a topical antioxidant product on skin lightening

Indermeet Kohli

- **Foundation-** F11139- Dermatology Foundation, Optimizing Phototesting and Investigating Photobiology of Visible Light

Iltefat Hamzavi

- **Federal-** B45253- Immune Tolerance Network Fixed Price, Protocol ITN086AI, Evaluation of AMG 714 for Vitiligo: A Phase 2a Randomized Double Blind Placebo Controlled Trial

- **Pharmaceutical-** E21084- Avita, Protocol CTP009- A Prospective Multi-Arm Blinded Evaluator Within-Subject Randomized Controlled Clinical Study to Investigate the Safety and Effectiveness of RECELL for Re-pigmentation of Stable Vitiligo Lesions

- **Pharmaceutical-** E22117- Pfizer SOCS- Advancing Research Knowledge and improving Health Outcomes of Skin of Color Patients

- **Foundation-** F11149- HS Foundation, Danby Grant- The effect of diet and nutrition on inflammation in Hidradenitis Suppurativa.

- **Foundation-** H10336- Abbvie Research Fellowship- Henry Ford Dermatology Research Fellowship
• **Federal- F11098- PCORI Lite-** A pragmatic trial of home versus office based narrow band ultraviolet B phototherapy for the treatment of psoriasis
On Friday, October 14, Dean Amalfitano sent the email copied below in response to the CHM submissions for Departments of Neurosurgery and Urology. To help clarify our response to the questions, we have inserted bold numbers before the questions. Our responses follow the email.

“Afternoon Aron, Nara, Carol, and members of the CHM CAC. I have also cc’ed Dr. David Kaufman, Asst.VP of Clinical Affairs in the Office of Health Sciences, as there are clinical implications related to the new department request(s), as noted below.

We again appreciate the opportunity to participate in the “assurances” portion of your processes. We have had several questions and suggestions generally arise in regard to the proposed departments, which I’ve again pasted below for your team’s consideration.

[1] Questions as to adding these departments (some of which are clearly duplicative of existing depts/divisions-with vague plans as to how to reconcile these duplications in the future) will create confusion as to which departments are East Lansing based, vs Providence based, vs HF based, and where faculty will be residing primarily, in particular when initially responding to job postings etc. [2] This also touches on referral pattern confusion, for example if we have Neurosurgeons/Spine Surgeons in the COM Osteopathic Surgical and Orthopedic Specialties depts at MSU-HCI in East Lansing, yet there is another “Neurosurg” dept, practicing in South East Michigan, and another at Providence Hospital as well.

[Variation for the urology proposal also emailed on October 14, “This also touches on referral pattern confusion, for example if we have Urologists in the COM Osteopathic Surgical Specialties dept at MSU-HCI in East Lansing, yet there is another Urology dept, practicing in South East Michigan.”]

[Variation for the Dermatology proposal emailed by Dean Amalfitano on September 19, 2022, “Morning Aron, and members of the CHM CAC.

We have had several questions and suggestions generally arise in regard to the proposed 4 new departments, which I’ve basically pasted below for your team’s consideration. Thank you. AA

This also touches on referral pattern confusion, for example if we have ENT’s at MSU-HCI in East Lansing, yet there is another ENT dept, practicing in South East Michigan.”]

[3] Will any research done by the no-cost faculty becoming part of these depts., be attributed to MSU generally, MSU CHM or strictly to the jointly funded Health Sciences Center at Henry Ford?. [4] Will future investments in research faculty be shared across colleges, should they reside in a HF located dept?

[5] In line with the above, a general theme is questioning why these departments, and the faculty assigned to them, could not be shared between the medical schools, just as several other departments already are. We note that in the creation of the most recent dept on the MSU East Lansing campus., the Dept. of Orthopedics, this premise was highly desired by both colleges, and indeed the current Dept of Orthopedics is shared between COM and CHM.
[6] Is there a mechanism or plan for clinically active HF faculty to also be appointed through the MSU HCI?

[7] We are concerned with the lack of acknowledgement of COM education or role in some of these proposed new departments. For example, it is critical that the new Urology dept. chair recognize two completely different educational approaches in CHM and COM and joint appointments might be considered to recognize these dichotomies, especially as both COM and CHM students are being trained currently at Henry Ford System hospitals.

Thank you for your thoughtful consideration of these comments and questions.

AA“

The College of Human Medicine responds:

As to [1]

It is true that we have some existing divisions (e.g., Neurosurgery division which is not a department). Divisions are constructs of the dean’s office and are not recognized by the university. Our proposal here is to create statewide departments, as all CHM departments are. In general, if there are existing divisions, structurally these will be incorporated into the appropriate departments either as a sub-entity or as a merger (depending on faculty needs and wishes). It is true that some departments have more faculty based in East Lansing (e.g., Medicine) or Grand Rapids (e.g., Pediatrics and Emergency Medicine), but that does not define the department, and faculty from all over the state can be in the department. It is also true that the collaborations in each department can be complex, but all departments in the university that engage with the community deal with complexity at some level. The college does not specify where faculty have to live as long as they can fulfill their role. Also note, we are purposely not creating duplicative departments.

As to [2]

Inclusion in MSU HealthCare, Inc. practices (and referrals to MSU physicians) is a separate issue than membership in a department. In this sense, these new departments will be the same as existing departments that include non-HCI faculty, including non-prefix faculty, from Flint, Grand Rapids, Detroit, the Upper Peninsula, or other communities across Michigan. Clinical integration partnerships between MSU and hospital systems, including joint ventures in radiology, or non-clinical relationships, including a statewide residency consortium, create more areas for confusion than these departments will. As a particular example, the neurosurgeons based at Ascension Providence are faculty for both CHM and COM, yet both colleges have decided that any confusion clinically is tolerable given the benefits to students.

As to [3]

The creation of this department will not change the eventual attribution of research funding. As a matter separate from the creation of these departments, we believe MSU, the Health Science Center, applicable college and department will all have attribution, but that system has not been implemented.
As to [4]
Investments from the college to departments will continue as they have for all departments, whether they are joint or in a single college. The attribution and indirect costs follow the appointments and investments as they do now, regardless of the geographical location of the department. For example, for departments located in Grand Rapids and Flint and invested in by CHM- research attribution and indirect costs will flow through CHM. Similarly, for departments located in East Lansing and jointly invested by COM- research attribution and indirect costs flow through the respective college in which the faculty is appointed. CHM has no interest in overturning the current system.

As to [5]
Neither the College of Human Medicine nor the collaborating physicians at Henry Ford Health envision these as joint departments. Some joint departments have been successful, but they are more difficult to administer. The orthopedics department is an interesting example, because administration of that unit has been a challenge and not an experience to be replicated. As in all of our departments, we will welcome faculty from other departments and colleges who are interested in secondary appointments in the new departments.

As to [6]
As of October 16, 2022, there is no pathway for Henry Ford Medical Group faculty to be appointed in MSU HealthCare, Inc., and any decisions to create such a pathway are separate from the department decisions. This is analogous to the CHM Emergency Medicine department created a decade ago; faculty employed by ECS are not “appointed” or credentialed in MSU HCI.

As to [7]
We expect the new department will only increase options available to COM students. The college and the new department are open to cross-listing classes as happens now across the university, and we will ensure the courses of the new department will be available to medical students regardless of college. Finally, there is nothing in the creation of the department that disturbs the existing curricular courses used by COM students. In fact, these additional departments enhance research, educational and clinical opportunities for COM students.