FOCUS

The Official Newsletter of the Dermatology Nurses' Association
First Quarter, 2016

In this issue

DNA's 34th Annual Convention

Join us for the Dermatology Nurses' Association's 34th Annual Convention. Programming will offer learning opportunities for all, ranging from the novice to the most seasoned nurse.

Download the DNA 2016 Convention App here

Available on the App Store

ANDROID APP ON Google play

The Dermatology Nurses' Association a professional nursing organization comprised of a diverse group of individuals committed to quality care through sharing knowledge and expertise. The purpose of the DNA is to promote excellence in dermatologic care.

President's Message


Maura Flynn, President

"There are many opportunities to become involved in many of our new and ongoing projects."

Welcome to spring! Convention is right around the corner and I hope you are as excited as I am! This year promises to be exciting with world-class speakers, a new format, and an amazing and bustling exhibit hall. Education and fun will be on the agenda. Indianapolis is an impressive city with something for everyone. Our planning committee has been working tirelessly to make this a convention to remember. Be sure to see their update in this issue of Focus.

Time once again for a major shout out to Linda Markham and her staff! They have handled our transition with energy and grace. As you know, we have transitioned our management services from AH to LSM with Linda as our new executive director. Like any move, it comes with the usual headaches and surprises yet the staff has quietly handled all of this behind the scenes so that this transition would be seamless and barely apparent to our membership. Problems that are inevitable are given immediate attention and remediation. When you see them in Indianapolis please be sure to thank them for their dedication.

We were well on our way to convention planning when we received the untimely resignation of BreAnne Clark from AH. That prompted us to invite our former partner, AJJ, to assume the role of convention management. They have been extremely flexible and accommodating to our needs and we owe them a big thank you. Those of you who have been longtime members will see some familiar faces around the convention hall.

We have retained the Industry Relations team from AH and Karen Spiro has been working tirelessly recruiting corporate members and to make sure DNA has great exhibits, product theaters, and sponsored events. Hats off to Karen.

The newest edition of "Essentials" has gone to print! Members may obtain copies at a reduced price. Order yours today at www.dnanurse.org.

Our Board of Directors would like to welcome Brenna Lynn Blattner who arrived on February 23, 2016 at 2:32am weighing a whopping 4 lbs 15oz and 16.5in long. She is the daughter of board member Jennifer Blattner and her husband Michael. All are healthy. They are over the moon excited and Brenna is absolutely beautiful. Congratulations Jennifer and Michael. We will miss you in Indy but motherhood takes priority this year.

I want to thank all of the Committees and their chairs for their work this year. Just a few highlights:

✶HPAC had a victory in Massachusetts passing legislation to ban under 18 tanning device use and will be submitting comments as the FDA proposes a nationwide ban for minors under 18.

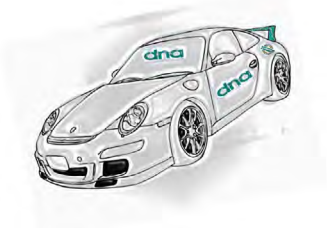
✶A newly formed task force is embarking on the goal of ANA recognition as a specialty organization. This is an important project that will add value to the DNC and DNCB certifications.

✶The NPS continues its work on the certification review course for NPs.

✶We have a newly formed Membership Committee and soon to be convened is our Communications Committee.

There are many opportunities to become involved in many of our new and ongoing projects. Our volunteers are the heart of DNA and I encourage you to engage in whatever way you can. Many volunteer opportunities require minimal time commitment but the rewards are great.

See you in Indy!!



DERMATOLOGY NURSES' ASSOCIATION'S 34th ANNUAL CONVENTION

THE DRIVING FORCE IN DERMATOLOGY

DNA2016

March 31 – April 3, 2016

JW MARRIOTT INDIANAPOLIS, IN

2016.dnanurse.org

REGISTER AT 2016.dnanurse.org

Same great rates as 2015!

The Dermatology Nurses' Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Provider approved by the California Board of Registered Nursing, Provider Number CEP5708.

This education activity will be submitted to the American Association of Nurse Practitioners for approval of up to 13 contact hours of accredited education.

dna
DERMATOLOGY NURSES' ASSOCIATION®

SAFETY / ETHICS

Now FDA Approved

ACZONE®
(dapsone) Gel 7.5%

Once-daily dosing[1]

Proven efficacy and tolerability[1]

Studied in 4,340 acne patients—the majority had moderate acne[1,2,*]

Available in pharmacies soon

NEW Aczone (dapsone) Gel, 7.5% 7.5%™

*99.9% of patients studied had moderate acne (n = 4,339).

INDICATIONS AND USAGE
ACZONE® (dapsone) Gel 7.5% is indicated for the topical treatment of acne vulgaris in patients aged 12 years and older.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS
Hematological Effects
Methemoglobinemia: Cases of methemoglobinemia with resultant hospitalization have been reported post marketing in association with twice-daily dapsone gel 5% treatment. Patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Avoid use of **ACZONE®** Gel 7.5% in patients with congenital or idiopathic methemoglobinemia.

Signs and symptoms of methemoglobinemia may be delayed some hours after exposure. Initial signs and symptoms of methemoglobinemia are characterized by a slate-gray cyanosis seen in, eg, buccal mucous membranes, lips, and nail beds. Advise patients to discontinue **ACZONE®** Gel 7.5% and seek immediate medical attention in the event of cyanosis.

Dapsone can cause elevated methemoglobin levels, particularly in conjunction with methemoglobin-inducing agents.

Hemolysis: Oral dapsone treatment has produced dose-related hemolysis and hemolytic anemia. Individuals with glucose-6-phosphate dehydrogenase (G6PD) deficiency are more prone to hemolysis with the use of certain drugs. G6PD deficiency is most prevalent in populations of African, South Asian, Middle Eastern, and Mediterranean ancestry.

In clinical trials, there was no evidence of clinically relevant hemolysis or hemolytic anemia in subjects treated with topical dapsone. Some subjects with G6PD deficiency using dapsone gel 5% twice daily developed laboratory changes suggestive of hemolysis.

Discontinue **ACZONE®** Gel 7.5% if signs and symptoms suggestive of hemolytic anemia occur. Avoid use of **ACZONE®** Gel 7.5% in patients who are taking oral dapsone or antimalarial medications because of the potential for hemolytic reactions. Combination of **ACZONE®** Gel 7.5% with trimethoprim/sulfamethoxazole (TMP/SMX) may increase the likelihood of hemolysis in patients with G6PD deficiency.

Peripheral Neuropathy
Peripheral neuropathy (motor loss and muscle weakness) has been reported with oral dapsone treatment. No events of peripheral neuropathy were observed in clinical trials with topical dapsone treatment.

Skin Reactions
Skin reactions (toxic epidermal necrolysis, erythema multiforme, morbilliform and scarlatiniform reactions, bullous and exfoliative dermatitis, erythema nodosum, and urticaria) have been reported with oral dapsone treatment. These types of skin reactions were not observed in clinical trials with topical dapsone treatment.

ADVERSE REACTIONS
The most common adverse reactions of **ACZONE®** Gel 7.5% are dryness and pruritus at the application site.

Methemoglobinemia has been identified during postmarketing use of topical dapsone.

DRUG INTERACTIONS
Topical application of dapsone gel followed by benzoyl peroxide in patients with acne vulgaris may result in a temporary local yellow or orange discoloration of the skin and facial hair.

Please see brief summary of the full Prescribing Information on the next page.

References: 1. ACZONE® Gel 7.5% Prescribing Information. **2.** Data on file, Allergan, 2016.

Allergan

AczoneHCP.com APC04NP16 160545

ACZONE® (dapsone) Gel 7.5%

BRIEF SUMMARY—PLEASE SEE THE ACZONE® PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION

INDICATIONS AND USAGE

ACZONE® Gel 7.5% is indicated for the topical treatment of acne vulgaris in patients aged 12 years and older.

DOSAGE AND ADMINISTRATION

For topical use only. Not for oral, ophthalmic, or intravaginal use. After the skin is gently washed and patted dry, apply approximately a pea-sized amount of **ACZONE®** Gel 7.5% in a thin layer to the entire face once daily. In addition, a thin layer may be applied to other affected areas once daily. Rub in **ACZONE®** Gel 7.5% gently and completely.

If there is no improvement after 12 weeks, treatment with **ACZONE®** Gel 7.5% should be reassessed.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Hematological Effects

Methemoglobinemia

Cases of methemoglobinemia, with resultant hospitalization, have been reported post marketing in association with twice-daily dapsone gel, 5%, treatment. Patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Avoid use of **ACZONE®** Gel 7.5% in those patients with congenital or idiopathic methemoglobinemia.

Signs and symptoms of methemoglobinemia may be delayed some hours after exposure. Initial signs and symptoms of methemoglobinemia are characterized by a slate-gray cyanosis seen in, eg, buccal mucous membranes, lips, and nail beds. Advise patients to discontinue **ACZONE®** Gel 7.5% and seek immediate medical attention in the event of cyanosis.

Dapsone can cause elevated methemoglobin levels particularly in conjunction with methemoglobin-inducing agents (see *Drug Interactions*).

Hemolysis

Oral dapsone treatment has produced dose-related hemolysis and hemolytic anemia. Individuals with glucose-6-phosphate dehydrogenase (G6PD) deficiency are more prone to hemolysis with the use of certain drugs. G6PD deficiency is most prevalent in populations of African, South Asian, Middle Eastern, and Mediterranean ancestry.

In clinical trials, there was no evidence of clinically relevant hemolysis or hemolytic anemia in subjects treated with topical dapsone. Some subjects with G6PD deficiency using dapsone gel, 5%, twice daily developed laboratory changes suggestive of hemolysis (see *Use in Specific Populations*).

Discontinue **ACZONE®** Gel 7.5% if signs and symptoms suggestive of hemolytic anemia occur. Avoid use of **ACZONE®** Gel 7.5% in patients who are taking oral dapsone or antimalarial medications because of the potential for hemolytic reactions. Combination of **ACZONE®** Gel 7.5% with trimethoprim-sulfamethoxazole (TMP/SMX) may increase the likelihood of hemolysis in patients with G6PD deficiency (see *Drug Interactions*).

Peripheral Neuropathy

Peripheral neuropathy (motor loss and muscle weakness) has been reported with oral dapsone treatment. No events of peripheral neuropathy were observed in clinical trials with topical dapsone treatment.

Skin Reactions

Skin reactions (toxic epidermal necrolysis, erythema multiforme, morbilliform and scarlatiniform reactions, bullous and exfoliative dermatitis, erythema nodosum, and urticaria) have been reported with oral dapsone treatment. These types of skin reactions were not observed in clinical studies with topical dapsone treatment.

ADVERSE REACTIONS

Clinical Studies Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

A total of 2161 patients were treated with **ACZONE®** Gel 7.5% for 12 weeks in 2 controlled clinical studies. The population ranged in age from 12 to 63 years, and was 56% female and 58% Caucasian.

Adverse drug reactions that were reported in at least 0.9% of subjects treated with **ACZONE®** Gel 7.5% included:

Adverse Reactions Occurring in at Least 0.9% of Subjects With Acne Vulgaris in 12-Week Controlled Clinical Trials

	ACZONE® Gel 7.5% (N = 2161)	**Vehicle** (N = 2175)
Application-site Dryness	24 (1.1%)	21 (1.0%)
Application-site Pruritus	20 (0.9%)	11 (0.5%)

Experience With Oral Use of Dapsone

Although not observed in the clinical trials with topical dapsone, serious adverse reactions have been reported with oral use of dapsone, including agranulocytosis, hemolytic anemia, peripheral neuropathy (motor loss and muscle weakness), and skin reactions (toxic epidermal necrolysis, erythema multiforme, morbilliform and scarlatiniform reactions, bullous and exfoliative dermatitis, erythema nodosum, and urticaria).

Postmarketing Experience

The following adverse reactions have been identified during post-approval use of topical dapsone. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Methemoglobinemia has been identified during postmarketing use of topical dapsone (see *Warnings and Precautions*).

DRUG INTERACTIONS

No formal drug-drug interaction studies were conducted with **ACZONE®** Gel 7.5%.

Trimethoprim-Sulfamethoxazole

A drug-drug interaction study evaluated the effect of the use of dapsone gel, 5%, in combination with double-strength (160 mg/800 mg) trimethoprim-sulfamethoxazole (TMP/SMX). During co-administration, systemic levels of TMP and SMX were essentially unchanged, however, levels of dapsone and its metabolites increased in the presence of TMP/SMX. The systemic exposure from **ACZONE®** Gel 7.5% is expected to be about 1% of that from the 100 mg oral dose, even when co-administered with TMP/SMX.

Topical Benzoyl Peroxide

Topical application of dapsone gel followed by benzoyl peroxide in patients with acne vulgaris may result in a temporary local yellow or orange discoloration of the skin and facial hair.

Drug Interactions With Oral Dapsone

Certain concomitant medications (such as rifampin, anticonvulsants, St. John's wort) may increase the formation of dapsone hydroxylamine, a metabolite of dapsone associated with hemolysis. With oral dapsone treatment, folic acid antagonists, such as pyrimethamine, have been noted to possibly increase the likelihood of hematologic reactions.

Concomitant Use With Drugs That Induce Methemoglobinemia

Concomitant use of **ACZONE®** Gel 7.5% with drugs that induce methemoglobinemia such as sulfonamides, acetaminophen, acetanilide, aniline dyes, benzocaine, chloroquine, dapsone, naphthalene, nitrates and nitrites, nitrofurantoin, nitroglycerin, nitroprusside, pamaquine, para-aminosalicylic acid, phenacetin, phenobarbital, phenytoin, primaquine, and quinine may increase the risk of developing methemoglobinemia (see *Warnings and Precautions*).

USE IN SPECIFIC POPULATIONS

Pregnancy

Teratogenic Effects: Pregnancy Category C

There are no adequate and well-controlled studies in pregnant women. **ACZONE®** Gel 7.5% should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Dapsone has been shown to have an embryocidal effect in rats and rabbits when administered orally during the period of organogenesis in doses of 75 mg/kg/day and 150 mg/kg/day, respectively (approximately 1400 and 425 times, respectively, the systemic exposure that is associated with the maximum recommended human dose [MRHD] of **ACZONE®** Gel 7.5% based on AUC comparisons). These effects may have been secondary to maternal toxicity.

Nursing Mothers

Although systemic absorption of dapsone following topical application of **ACZONE®** Gel 7.5% is minimal relative to oral dapsone administration, it is known that dapsone is excreted in human milk. Because of the potential for oral dapsone to cause adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue **ACZONE®** Gel 7.5%, taking into account the importance of the drug to the mother.

Pediatric Use

Safety and efficacy was evaluated in 1066 subjects aged 12 to 17 years treated with **ACZONE®** Gel 7.5% in the clinical trials. The safety profile for **ACZONE®** Gel 7.5% was similar to the vehicle control group. Safety and effectiveness of **ACZONE®** Gel 7.5% have not been established in pediatric patients below the age of 12 years.

Geriatric Use

Clinical trials of **ACZONE®** Gel 7.5% did not include sufficient numbers of subjects aged 65 years and older to determine whether they respond differently than younger subjects.

Glucose-6-phosphate Dehydrogenase (G6PD) Deficiency

Individuals with glucose-6-phosphate dehydrogenase (G6PD) deficiency may be more prone to methemoglobinemia and hemolysis (see *Warnings and Precautions*).

ACZONE® Gel 5% and vehicle were evaluated in a randomized, double-blind, crossover design clinical study of 64 subjects with G6PD deficiency and acne vulgaris. Subjects were Black (88%), Asian (6%), Hispanic (2%), or of other racial origin (5%). Blood samples were taken at Baseline, Week 2, and Week 12 during both vehicle and **ACZONE®** Gel 5% treatment periods. Some of these subjects developed laboratory changes suggestive of hemolysis, but there was no evidence of clinically significant hemolytic anemia in this study (see *Warnings and Precautions*).

Rx ONLY

Allergan

Irvine, CA 92612 U.S.A.

APC24AJ16 160549
Based on package insert 72780US10

Leadership Update

Heather Onoday
Immediate Past President

Current projects:

- Dermatology Nursing Essentials chapter
- Reviewer, JDNA
- Dermatology Certification Review, on-line course
- Board of Directors\Environmental Scanning Committee Chair, Nominating Committee Chair, Nurse Practitioner Society Committee member

First experience with DNA:

Robin Weber was a nurse practitioner who was the current president of the northwest Oregon dermatology nurses association in approximately 2001.
Robin is no longer with us, and is terribly missed by many. She was an excellent mentor to so many of the DNA membership, myself being no exception. During a business meeting for our local chapter, she stood up and nominated me to be local chapter president.

This was very shocking, as I had only limited exposure to the DNA and knew nothing about the nomination. With her support and positive coaching, I had a successful year and went on to volunteer in many other roles at a national level.

Most satisfying aspect of my job:

The most gratifying aspect of my career as a nurse practitioner, is having the opportunity to get to know my patients. I've met the most interesting people, who have given me amazing perspectives on life. It's a rare circumstance to get to connect so closely, with so many people in one given day. I appreciate that opportunity and know that it's not a common experience for the average person or profession. I enjoy all of the insight and stories I am gifted with at each encounter.

What is a must-know for new dermatology nurses:

What I would hope to convey to anyone new in dermatology, is what the Dermatology Nurses' Association can offer them and their career. As a new nurse in the setting, anyone would certainly be focused on ensuring that they are learning all of the tasks and care related to Dermatology. Early on, it's hard to look past the basics of how to set up a tray, how to triage, and learning your ABCDEs. However, the DNA has the bigger picture in mind. They ensure the professional has up-to-date information, they help connect professionals with their peers, they have a global perspective, and they have in mind, the goal of the highest professional accomplishments in all aspects of one's career.

If not a dermatology nurse, I would:

The only other thing I could possibly see myself doing if I were not a dermatology nurse would be: making beignets in my own coffee shop.

Words to live by, "famous quotes ":

"*The one important thing I have learned over the years is the difference between taking one's work seriously and taking one's self seriously. The first is imperative, the second is disastrous. "*
Margot Fonteyn, English dancer (1919-1991).

NCDA Delegation Lobbies Congress for Patient Access to Pharmaceutical Treatments and Other Priority Legislative Issues

The American Academy of Dermatology Association (AADA) Legislative Conference was help in Washington, D.C. September 27-29. The keynote speaker for the conference was Ann Compton. The main purpose of the conference was legislative discussion for issues pertaining to Dermatologists, dermatology caregivers, and our patients. Issues discussed by our legislators were:

Rising costs of drugs
Persevering access to compounded products in physicians' offices
Promoting transparency with regard to physician networks and health plans
Promoting awareness of skin cancer and its prevention
Advocating and promoting increased funding for research

The NCDA Delegation included:
Adewole Adamson, MD (Chapel Hill)
John Albertini, MD (Greensboro)
Craig Burkhart, MD (Chapel Hill)
Bob Hsia, MD (Greenville)
Russell Kilpatrick, MD (Greenville)
Linda Markham, RN (Pinehurst)
W. Alan Skipper, CAE (Raleigh)

The 2016 AADA will be in September, 2016. The DNA plans to send a representative of our organization to attend.

Hope you enjoyed your visit to Washington.
Senator Richard Burr

FOR YOUR NOT-SO-TYPICAL PATIENTS WITH ACTINIC KERATOSIS (AK)...

PICATO®

NOT YOUR TYPICAL TOPICAL

Picato® is a field* treatment for AK that shortens dosing to just 2 or 3 days†— helping your patients with no time for downtime get back to their active, on-the-go lifestyles[1]

Picato® (ingenol mebutate) gel 0.015%, 0.05%

*Picato® is indicated to treat the field of AK, up to 25 cm^2 per tube per treatment application.[1]
†**Efficacy was assessed at day 57.**[1]

Indications and Usage

Picato® (ingenol mebutate) gel, 0.015%, 0.05% is indicated for the topical treatment of actinic keratosis.

Important Safety Information

Picato® is contraindicated in patients with known hypersensitivity to ingenol mebutate or any component of the formulation. Anaphylaxis, as well as allergic reactions leading to hospitalization have been reported in postmarketing use with Picato®. If anaphylactic or other clinically significant hypersensitivity reactions occur, discontinue Picato® immediately and institute appropriate medical therapy.

For topical use only; not for oral, ophthalmic, or intravaginal use. Avoid treatment in, near, or around the periocular area, mouth and lips. Inform patients that hypersensitivity reactions and/or ophthalmic adverse reactions can occur with Picato®. Eye disorders, including severe eye pain, chemical conjunctivitis, corneal burn, eyelid edema, eyelid ptosis, periorbital edema can occur after exposure. To avoid transfer of the drug into the eyes and to the periocular area during and after application, patients should wash hands well after applying Picato® gel. If accidental exposure occurs, flush eyes with water and seek medical care.

In post-approval use of Picato®, the following adverse reactions have been identified: hypersensitivity (including anaphylaxis), allergic contact dermatitis, and herpes zoster. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Severe skin reactions in the treated areas on the face/scalp and trunk/extremities, including erythema, flaking/scaling, crusting, swelling, vesiculation/pustulation, and erosion/ulceration can occur after application. Administration of Picato® gel is not recommended until the skin is healed from any previous drug or surgical treatment. The most common adverse reactions observed in clinical trials on the face and scalp (≥2%) are local skin reactions (94%), application site pain (15%), application site pruritus (8%), application site infection (3%), periorbital edema (3%), and headache (2%). The most common adverse reactions observed in clinical trials on the trunk and extremities (≥2%) are local skin reactions (92%), application site pruritus (8%), application site irritation (4%), nasopharyngitis (2%), and application site pain (2%).

There are no adequate and well-controlled studies of Picato® gel in pregnant women. Picato® gel should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

The safety and effectiveness of Picato® gel for actinic keratosis in patients under 18 years of age has not been established.

Please see brief summary of full Prescribing Information on the following pages.

Encourage patients to report side effects of prescription drugs to the FDA at **www.fda.gov/medwatch** or **1-800-FDA-1088**, or LEO Pharma Inc. at **1-877-494-4536**, and select option 1.

Reference: 1. Picato [prescribing information]. Parsippany, NJ: LEO Pharma Inc.; 2015.
For more information about Picato®, please visit **www.Picato.com/HCP.**

Picato® (ingenol mebutate) gel 0.015%, 0.05%

LEO

PICATO® (ingenol mebutate) gel, 0.015% for topical use
PICATO® (ingenol mebutate) gel, 0.05% for topical use
Initial U.S. Approval: 2012

BRIEF SUMMARY: Please see package insert for full prescribing information.

1 INDICATIONS AND USAGE

Picato® gel is indicated for the topical treatment of actinic keratosis.

2 DOSAGE AND ADMINISTRATION

For topical use only; Picato® gel is not for oral, ophthalmic, or intravaginal use.

Avoid transfer of Picato® to periocular area [*see Warnings and Precautions (5.1)*].

Avoid application near and around the mouth and lips.

For the treatment of actinic keratosis on the face or scalp Picato® gel, 0.015% should be applied to the affected area once daily for 3 consecutive days.

For the treatment of actinic keratosis on the trunk or extremities Picato® gel, 0.05% should be applied to the affected area once daily for 2 consecutive days.

Picato® gel may be applied to the affected area, up to one contiguous skin area of approximately 25 cm^2 (e.g., 5 cm x 5 cm) using one unit dose tube. After spreading evenly over the treatment area, the gel should be allowed to dry for 15 minutes. Patients should wash their hands immediately after applying Picato® gel and take care not to transfer the applied drug to other areas, including the eye. Patients should avoid washing and touching the treated area for a period of 6 hours after application of Picato® gel. Following this time, patients may wash the area with a mild soap.

4 CONTRAINDICATIONS

Picato is contraindicated in patients with known hypersensitivity to ingenol mebutate or any component of the formulation. Anaphylaxis, as well as allergic reactions leading to hospitalization have been reported in postmarketing use with Picato [*see Adverse Reactions (6.2)*].

5 WARNINGS AND PRECAUTIONS

5.1 Ophthalmic Adverse Reactions

Avoid treatment in the periocular area. Eye disorders, including severe eye pain, chemical conjunctivitis, corneal burn, eyelid edema, eyelid ptosis, periorbital edema can occur after exposure *[see Adverse Reactions (6)]*.

To avoid transfer of the drug into the eyes and to the periocular area during and after application, patients should wash hands well after applying Picato® gel. If accidental exposure occurs, the area should be flushed with water and the patient should seek medical care as soon as possible.

5.2 Hypersensitivity Reactions

Hypersensitivity reactions, including anaphylaxis and allergic contact dermatitis, have been reported post-marketing [*see Adverse Reactions (6.2)*]. If anaphylactic or other clinically significant hypersensitivity reactions occur, discontinue Picato immediately and institute appropriate medical therapy.

5.3 Local Skin Reactions

Severe skin reactions in the treated area, including erythema, crusting, swelling, vesiculation/postulation, and erosion/ulceration, can occur after topical application of Picato® gel *[see Adverse Reactions (6)]*. Administration of Picato® gel is not recommended until the skin is healed from any previous drug or surgical treatment.

6 ADVERSE REACTIONS

The following serious adverse reactions are discussed in more detail in other sections of the labeling:

- Ophthalmic Adverse Reaction [*see Warnings and Precautions (5.1)*]
- Hypersensitivity Reactions [*see Warnings and Precautions (5.2)*]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

The data described below reflect exposure to Picato® gel in 499 subjects with actinic keratosis, including 274 subjects exposed to Picato® gel field treatment (skin area of 25 cm^2 in the face or scalp regions) at a concentration of 0.015% once daily for 3 consecutive days, and 225 subjects exposed to Picato® gel field treatment (skin area of 25 cm^2 in the trunk or extremities regions) at a concentration of 0.05% once daily for 2 consecutive days.

Local skin reactions, including erythema, flaking/scaling, crusting, swelling, vesiculation/pustulation, and erosion/ulceration were assessed within the selected treatment area and graded by the investigator on a scale of 0 to 4. A grade of 0 represented no reaction present in the treated area, and a grade of 4 indicated a marked and severe skin reaction that extended beyond the treated area.

Table 1 Investigator Assessment of Maximal Local Skin Reactions in the Treatment Area during the 57 Days Post Treatment Period (face/scalp trials)

Face and Scalp (n=545) **Picato® gel, 0.015% once daily for 3 days**				
Skin Reactions	Any Grade[a] > Baseline		Grade 4	
	Picato® gel (n=274)	Vehicle (n=271)	Picato® gel (n=274)	Vehicle (n=271)
Erythema	258 (94%)	69 (25%)	66 (24%)	0 (0%)
Flaking/Scaling	233 (85%)	67 (25%)	25 (9%)	0 (0%)
Crusting	220 (80%)	46 (17%)	16 (6%)	0 (0%)
Swelling	217 (79%)	11 (4%)	14 (5%)	0 (0%)
Vesicular/ Pustulation	154 (56%)	1 (0%)	15 (5%)	0 (0%)
Erosion/Ulceration	87 (32%)	3 (1%)	1 (0%)	0 (0%)

[a]Mild (grade 1), Moderate (grade 2-3) or Severe (grade 4).

Table 2 Investigator Assessment of Maximal Local Skin Reactions in the Treatment Area during the 57 Days Post Treatment Period (trunk/extremities trials)

Trunk and Extremities (n=457) **Picato® gel, 0.05% once daily for 2 days**				
Skin Reactions	Any Grade[a] > Baseline		Grade 4	
	Picato® gel (n=225)	Vehicle (n=232)	Picato® gel (n=225)	Vehicle (n=232)
Erythema	207 (92%)	43 (19%)	34 (15%)	0 (0%)
Flaking/Scaling	203 (90%)	44 (19%)	18 (8%)	0 (0%)
Crusting	167 (74%)	23 (10%)	8 (4%)	0 (0%)
Swelling	143 (64%)	13 (6%)	7 (3%)	0 (0%)
Vesicular/ Pustulation	98 (44%)	2 (1%)	3 (1%)	0 (0%)
Erosion/Ulceration	58 (26%)	6 (3%)	2 (1%)	0 (0%)

[a]Mild (grade 1), Moderate (grade 2-3) or Severe (grade 4).

Local skin reactions typically occurred within 1 day of treatment initiation, peaked in intensity up to 1 week following completion of treatment, and resolved within 2 weeks for areas treated on the face and scalp, and within 4 weeks for areas treated on the trunk and extremities.

Adverse reactions that occurred in ≥2% of subjects treated with Picato® gel and at a higher frequency than the vehicle are presented in Table 3 and Table 4.

Table 3 Adverse reactions occurring in ≥ 2% of subjects treated with Picato® gel and at higher frequency than vehicle (face/scalp trials)

	Face/Scalp	
Adverse Reactions	**Picato® gel, 0.015% (N=274)**	**Vehicle (N=271)**
Application Site Pain	42 (15%)	1 (0%)
Application Site Pruritus	22 (8%)	3 (1%)
Application Site Infection	7 (3%)	0 (0%)
Periorbital Edema	7 (3%)	0 (0%)
Headache	6 (2%)	3 (1%)

Table 4 Adverse reactions occurring in ≥ 2% of subjects treated with Picato® gel and at higher frequency than vehicle (trunk/extremities trials)

	Trunk/Extremities	
Adverse Reactions	**Picato® gel, 0.05% (N=225)**	**Vehicle (N=232)**
Application Site Pruritus	18 (8%)	0 (0%)
Application Site Irritation	8 (4%)	1 (0%)
Nasopharyngitis	4 (2%)	2 (1%)
Application Site Pain	5 (2%)	0 (0%)

Less common adverse reactions in subjects treated with Picato® included: eyelid edema, eye pain, conjunctivitis.

A total of 108 subjects treated with Picato® gel on the face/scalp and 38 subjects treated on the trunk/extremities were followed for 12 months. Results from these studies did not change the safety profile of Picato® gel.

6.2 Postmarketing Experience
The following adverse reactions have been identified during post approval use of Picato® (ingenol mebutate) gel, 0.015% and 0.05%: hypersensitivity, allergic contact dermatitis, herpes zoster, chemical conjunctivitis, and corneal burn.

Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy
Pregnancy Category C
There are no adequate and well-controlled studies of Picato® gel in pregnant women. Picato® gel should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Systemic embryofetal development studies were conducted with ingenol mebutate in rats and rabbits. Intravenous doses of 1.5, 3, and 5 µg/kg/day (9, 18, and 30 µg/m^2/day) ingenol mebutate were administered during the period of organogenesis (gestational days 6 – 16) to pregnant female rats. No treatment related effects on embryofetal toxicity or teratogenicity were noted at doses up to 5 µg/kg/day (30 µg/m^2/day). Intravenous doses of 1, 2, and 4 µg/kg/day (12, 24, and 48 µg/m^2/day) ingenol mebutate were administered during the period of organogenesis (gestational days 6 – 18) to pregnant female rabbits. An increase in embryo-fetal mortality was noted at 4 µg/kg/day (48 µg/m^2/day). An increased incidence of fetal visceral and skeletal variations was noted in all three ingenol mebutate dose groups. The clinical relevance of these findings is unclear since systemic exposure of ingenol mebutate was not detected in subjects with actinic keratosis treated with Picato® gel, 0.05% applied to a 100 cm^2 treatment area *[see Clinical Pharmacology (12.3)]*.

8.4 Pediatric Use
Actinic keratosis is not a condition generally seen within the pediatric population.

The safety and effectiveness of Picato® gel for actinic keratosis in patients less than 18 years of age have not been established.

8.5 Geriatric Use
Of the 1165 subjects treated with Picato® gel in the clinical trials, 56% were 65 years and older and, 21% were 75 years and older. No overall differences in safety or effectiveness were observed between these subjects and younger subjects.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action
The mechanism of action by which Picato® gel induces cell death in treating AK lesions is unknown.

12.2 Pharmacodynamics
The pharmacodynamics of Picato® gel is unknown.

12.3 Pharmacokinetics
Absorption
The systemic exposure to Picato® gel, 0.05% was assessed in two studies in a total of 16 subjects with AK, following application of approximately 1 g of Picato® gel, 0.05% to an area of 100 cm^2 of the dorsal forearm once daily for two consecutive days. In these studies, the blood levels of ingenol mebutate and two of its metabolites (acyl isomers of ingenol mebutate) were measured. Blood levels of ingenol mebutate and the two metabolites were below the lower limit of quantification (0.1 ng/mL) in all the blood samples of the subjects evaluated.

Drug Interactions
In vitro studies demonstrated that [^{3}H]-ingenol mebutate undergoes extensive metabolism in human hepatocytes.

In vitro studies to assess the potential of ingenol mebutate to inhibit or induce human cytochrome P450 (CYP) enzymes demonstrated that ingenol mebutate does not inhibit CYP 1A2, 2A6, 2B6, 2C8, 2C9, 2C19, 2D6, 2E1, and 3A4 or induce CYP 1A2, 2C9, and 3A4. The estimated expected systemic exposure (< 0.1 ng/mL) following topical application of Picato® gel, 0.05% to AK subjects in the pharmacokinetic studies described above is negligible compared to the concentrations of ingenol mebutate evaluated in the in vitro studies.

17 PATIENT COUNSELING INFORMATION

See FDA-approved patient labeling (Patient Information and Instructions for Use) in the full prescribing information

Hypersensitivity Reactions
Inform patients that hypersensitivity reactions can occur with Picato®. Advise patients of the symptoms of allergic reactions and anaphylaxis, and instruct patients to seek immediate medical attention if these symptoms occur [*see Warnings and Precautions (5.2)*].

Ophthalmic Adverse Reactions
Inform patients that severe eye injury can occur with Picato®. Advise patients that Picato® is not for ophthalmic use. Advise patients to avoid application around the eyes. If severe eye pain or other symptoms of accidental exposure occur, advise patients to flush eyes with water and seek medical care [*see Warnings and Precautions (5.1)*].

Local Skin Reactions
Inform patients that treatment with Picato® gel may lead to local skin reactions [*see Warnings and Precautions (5.3)*].

Important Administration Instructions
Advise patients that Picato® gel is for external use only. Advise patients to avoid application near and around the eyes, mouth and lips.

Patients should avoid inadvertent transfer of Picato® gel to other areas, or to another person. Instruct patients to:

- allow the treated area to dry for 15 minutes after application.
- avoid washing and touching the treated area, or participating in activities that cause excessive sweating, for 6 hours after treatment. Following this time, patients may wash the area with a mild soap and water.
- keep out of the reach of children.

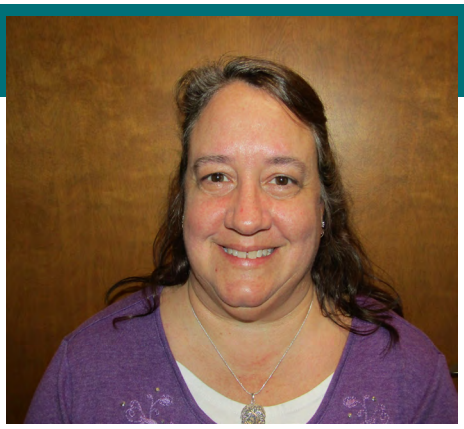
Manufactured by: LEO Laboratories Ltd. (LEO Pharma) 285 Cashel Road, Dublin 12 Ireland or

DPT Laboratories, Ltd. 307 E. Josephine Street San Antonio, TX 78215, USA

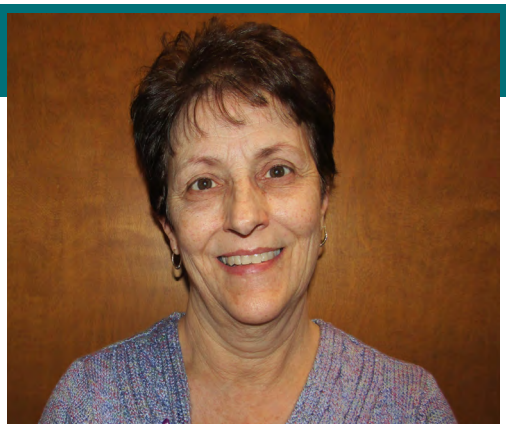
Distributed by: LEO Pharma Inc. 1 Sylvan Way, Parsippany, NJ 07054, USA. For more information call 1-877-494-4536.

US Patent Nos. US6432452, US6787161

Revised: October 2015



Katrina Masterson
Co-Chair, NPS



Theresa Coyner
Co-Chair, NPS

NPS – MOVING FORWARD

Greetings from the co-chairs of the NPS. We thought it was appropriate to formally introduce the co-chairs with some photos and a synopsis of our work environment and activities within the DNA.

Katrina Masterson obtained her BSN, MSN, and DNP from Purdue University, West Lafayette, IN. She is board certified as a FNP, and also has achieved DCNP status. Katrina works at Randall Dermatology, West Lafayette, IN as a dermatology nurse practitioner for 13 years. She has been very active in the DNA including HPAC member and chair, member of the 2016 Nurse Practitioner Forum planning committee, and currently serves on the Nominations and Elections Committee. She also serves on the JDNA editorial board and has published several articles in the journal.

Theresa Coyner obtained her BSN from Indiana State University, Terre Haute, IN, and her MSN from Indiana University, Indianapolis, IN. She is board certified as an ANP, and also has achieved DCNP status. Theresa also works for Randall Dermatology as a dermatology nurse practitioner for the past 15 years. She has been very active in the DNA including member of the Environmental Screening Committee, member of the Awards and Recognition Committee, member and past chair of the Education Advisory Council. She has also served on Nominations and Elections committee and was on the 2015 chair of the Nurse Practitioner Forum and Program Planning Committee. Theresa also serves on the *JDNA* editorial board and has published an article in the *JDNA*.

Randall Dermatology is a large general dermatology, aesthetics, and Mohs surgery practice with numerous satellite offices. Even though we work in the same practice we never work together at the same clinical site. We have been fortunate to have a collaborative practice agreement with a dermatologist who values education and involvement in professional activities.

Completed Projects:

In 2015 our NPS goals were revised and an identity statement was written. These can be found at the NPS web page. http://www.dnanurse.org/about/np-society

Projects Underway:

In response to numerous requests, a nurse practitioner certification study guide is being developed. The course content was derived from the current DCNP examination mapping. There are ten modules: Neoplasms, Papulosquamous and Eczematous Dermatoses; Urticaria, Erythema, Photosensitivity, and Connective Tissue Diseases; Pigmentary and Vascular Disorders; Photodamage and Cosmetic Surgery; Systemic Diseases and Genodermatoses; and Hair, Nails, and Mucous Membranes. The course will consist of power point presentations in an outline format similar to the Dermatology Essentials textbook. The course will include photos and review questions. If our current timeline holds, we hope to introduce the first web-based modules at our 2016 Indy convention.
The contributors to this endeavor thus far include: Tracy Nelson, Cathy Poole, Tiffany Engelken, Deborah Moehrle, Kim Carlson, Olanda Hathaway, Elizabeth Pettit, Anne St. Pierre, Krista Rubin, Nicole Scherer, Andrea Frantz-Iversen, Donna Fichera, Cynthia Cloud, Emily Jorge, Phil De Turk, Jennifer Blattner, Katrina Masterson, and Theresa Coyner.
Each module, with review questions will be peer reviewed by a small panel of DCNP's prior to obtaining continuing education credits. This has been an arduous and rewarding process we knowthat NPS membership will find it a helpful addition as they prepare for the DCNP certification.

New Developing Projects:

There is a concentrated effort to obtain national accreditation for the DCNP examination. Part of that process includes providing the Scope of Dermatology Nurse Practitioner Practice, Dermatology Nurse Practitioner Standards of Care, and Dermatology Nurse Practitioner Core Competencies. In order to accomplish this there is a collaborative effort underway between members of the DNCB, DNA, and the AANP Dermatology Specialty Practice Group. A committee has been formed to update Standards of Care and Scope of Practice, and a task force has been convened to develop the core competencies. Margaret Bobonich is chairing the core competencies task force. The majority of those competencies were identified in Bobonich, M. & Cooper, K. D. (2012). A core curriculum for dermatology nurse practitioners: using Delphi technique. Journal of Dermatology Nurses Association, 4(2): 108-120.

On-going Activities:

We fully support the DCNP examination and urge those NPS members who have not yet attained DCNP status to consider taking the examination. We also encourage those members who are DCNP to consider becoming an item writer for the examination. You can contact DNCB at DCNB@ahint.com. Additionally, we fully support the JDNA. We encourage the membership to submit an article to the journal and offer your expertise in becoming a journal reviewer. You can contact Melissa Derby, managing editor, at melissaderby@charter.net

Membership Opportunities:

This is an exciting time for dermatology nurse practitioners with many opportunities to get involved. Most individuals find more satisfaction from organization membership when they invest in the organization. We urge you each to consider offering your unique skill and experience by getting involved in some of the on-going projects. Working together is more rewarding and yields higher quality results. Be part of the "driving force in dermatology nursing". We would love to see you at the DNA annual NP Forum on March 31st and April 1st.

We look forward to hearing from you. Please feel free to contact Katrina and/or Theresa at either of the

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THE OFFICIAL JOURNAL OF THE DERMATOLOGY NURSES' ASSOCIATION

JDNA, the official publication of the Dermatology Nurses' Association (DNA), is the resource of choice for dermatology nurses and other healthcare professionals seeking critical dermatology information and resources for their patients. Engaging, peer-reviewed articles cover a broad scope of relevant dermatology topics, including clinical practice and management issues, research and case studies, patient education and collaboration with other disciplines. Providing critical information and research that applies directly to practice, the journal is dedicated to helping dermatology nursing professionals build their knowledge and skills to improve patient care. Visit: www.JDNAonline.com

Preparing for certification?

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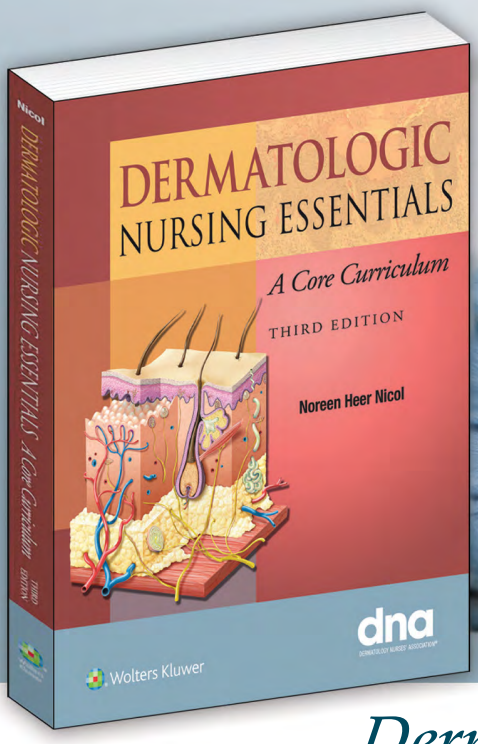

Dermatologic Nursing Essentials: A Core Curriculum, 3rd Edition

Noreen Heer Nicol, PhD

ISBN: 978-1-4511-8878-3

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Theresa Coyner
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Amanda Logan
Director

Jane Glaze
Director

Chantel Malcolm
Nominating Committee

Jaeny Kim
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THE DRIVING FORCE IN DERMATOLOGY

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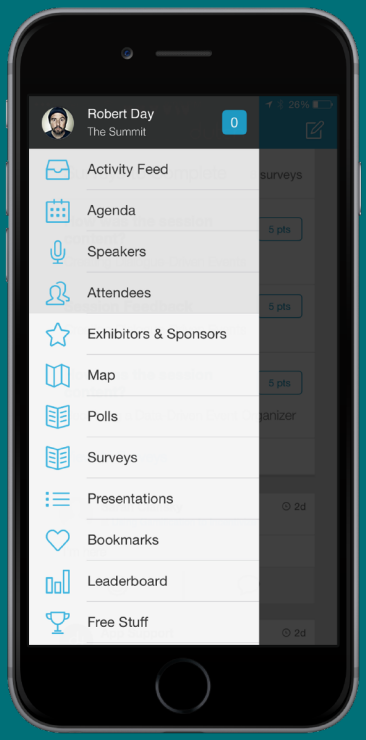


Double Dutch App Coming to 2016 Convention!

This year at the DNA 2016 Convention, we are excited to present a whole new way of experiencing Convention with award-winning Double Dutch mobile app!

Some of the best app features that you're want to check out:
- Start a conversation by posting, liking or commenting in the interactive "Activity Feed"
- Simultaneously post photos and comments to Social Media.
- See who else is attending by visisting Attendee Profiles
- Reach out to other attendess through Private Messages

Executive Director's Message

Linda Markham
Executive Director

An inside look at DNA's Strategic Plan

"An important duty of any organization's leadership is to take a good hard look at where the organization stands related to its past, present, and future."

Welcome to 2016! A lot of newness is happening within the DNA. An important duty of any organization's leadership is to take a good hard look at where the organization stands related to its past, present, and future. Over the course of the past several years, the Board of Directors has done just that. A lot of discussions and decisions have been made after a thorough investigation of the DNA. A major outcome of the Board's hard work is a new Strategic Plan that will help the organization have a meaningful purpose, specific goals, and a guide in accomplishing them.

During their Board meeting in November 2015 at the new DNA Headquarters in North Carolina, the Board looked at where DNA had been over its journey of many years. In knowing that a new course of direction had to take place within the DNA, one of their first steps during this meeting was evaluating the Strategic Plan. Of course their work for the preparation of evaluating the Strategic Plan began long before their face-to-face Board meeting to make these important decisions. Prior to this meeting they evaluated the plan in place at the time to determine if the goals and objectives still had any relevance for the DNA. They also knew it was important to make sure that the DNA has a clear vision of where we need to go and how we are going to get there. That is the purpose of having a good strategic plan which can be used as a roadmap to help guide decisions for the DNA as we continue this journey.
Following is a list of the strategic plan goals and objectives that were determined during this Board meeting in November.

GOAL #1 Education: **DNA will be recognized as the leading educator for dermatology care.**

Objectives:

1. Increase competency and knowledge in dermatology care
2. Expand forums for dissemination and discussion of information
3. Study and disseminate evidence based research
4. Initiate and support original nursing research

GOAL #2 Membership: **DNA will be an inclusive organization of interdisciplinary professionals committed to advancing dermatology care.**

Objectives:

1. Increase recruitment of new members: by 3% year one, 5% year two, and 7% year three
2. Improve retention to 100%
3. Outreach to promote diversity

GOAL #3 Public Awareness and Advocacy: **DNA will be recognized and resourced for their knowledge, expertise, and advocacy in dermatology.**

Objectives:

1. Seek and collaborate with groups whose goal is to educate the public about preventative measures.
2. Increase DNA's visibility worldwide.
3. Support advocacy efforts for health and awareness

GOAL #4 Financial Sustainability: **DNA will remain financially solvent.**

Objectives:

1. Increase non-dues revenue by 25% each year
2. Minimize organizational expenses
3. Ensure financial transparency
4. Develop a financial strategy
5. Explore 501c(3) status or Foundation

GOAL #5 Governance and Structure: **DNA will have an effective, balanced structure and governance.**

Objectives:

1. Develop and implement a mentorship plan
2. Promote leadership succession planning
3. Review and evaluate governance structure, implementing change as needed
4. Promote leadership competency

GOAL #6 Volunteerism: **DNA will foster active participation by its members and community in a volunteer-driven environment.**

Objectives:

1. Restore volunteer engagement program
2. Promote value of volunteerism

GOAL #7 Community: **DNA will nurture relationships through communication and collaboration.**

Objectives:

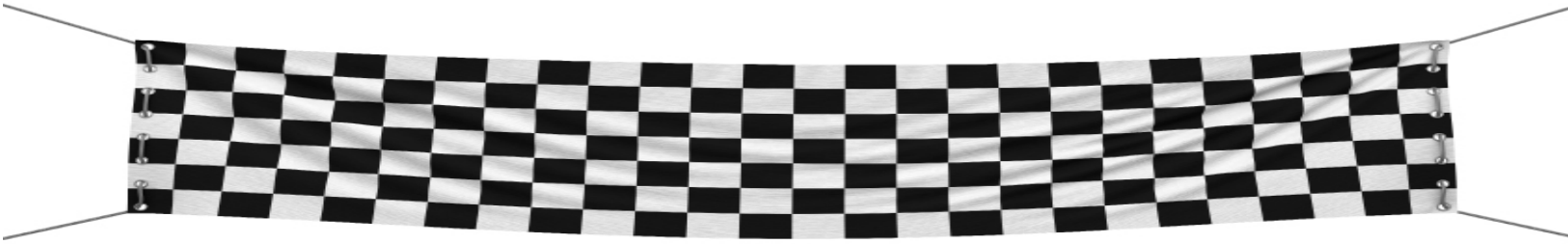
1. Improve social media outreach(internal & external communities)
2. Effective and timely communication to members
3. Promote direct and indirect networking
4. Seek opportunities for collaboration

There has been a lot of hard work with the Strategic Plan since the Board met in November 2015. Knowing that there are a lot of committed members and volunteers in this great organization, the Board felt it would be beneficial to obtain their much needed input. Each DNA committee was then solicited for input on tactics to reach the goals that related to their individual charges. The membership was also asked to participate in a survey that allowed them to give input with tactics for the goals of the Strategic Plan. Now, the Board is taking all of the information that was gathered and placing some of the recommendations into the DNA Strategic Plan. So be on the lookout for a lot of projects and new things happening within the DNA.

Here is just a glimpse of things already taking place. There are a lot of exciting things happening within the NP Society including its new leadership and efforts underway to update the DNA NP Scope and

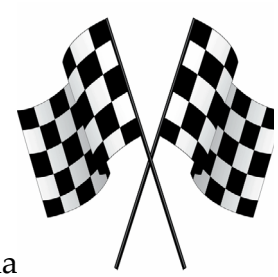
Standards, produce a review course, and steps being taken to work towards obtaining an ANA SIG status. There are also a few new committees such as the Communications, Membership, and Environmental Scanning committees. These committees, although in their infancy, have already contributed greatly to the DNA and moving forward and staying on top of current and future trends that will affect the DNA. This past year has been a year of looking and reflecting back at our past, at our current situation, and where the DNA needed to be in the future. With this in mind, the leadership of the DNA has set this new Strategic Plan in motion in striving to make this organization even better than it already is and has been.

The leadership of the DNA would also like to thank everyone who participated and shared all of your wonderful ideas. This is your organization, and it is important that your voices are heard.



The Program Planning Committee takes you on a tour of Indy

Get Ready to Start Your Engines, DNA is headed to Indy!!!



We hope that you are making plans to attend the DNA's 34th Annual Convention, March 31 - April 3, 2016 at the JW Marriott in Indianapolis, Indiana.

The Program Planning Committee has worked hard this year to offer DNA members new and exciting topics for the upcoming meeting. This convention offers wonderful educationa opportunities and a cultural experience only found in downtown Indianapolis

As you start to plan your trip to the DNA Convention in Indianapolis, consider some of the following attractions before, during and after the convention to help you plan an eventful trip to Indianapolis during DNA's Annual Convention. Most of these are within walking distance from the hotel.

Monument Circle - One of Indy's most recognizable icons, Monument Circle gets its name from the Soldiers and Sailors Monument. Surrounded by shops and restaurants, it's a great place to start your exploration of this bustling area.

The Eiteljorg Museum - Located in bustling downtown Indianapolis, the Eiteljorg Museum of American Indians and Western Art is depicts Native American culture through a large permanent collection of art and artifacts. From a real stagecoach to outdoor sculptures, you'll discover a lot in and around this impressive building.

Rhythm Discovery Center - Downtown, the Rhythm! Discovery Center explores the world of percussion through a wide range of instruments and interactive exhibits. It explores the roles percussion plays in different cultures and allows guests to get hands-on and see what it's like to play drums in different venues (by taking a turn in the innovative sound booth!).

Indianapolis Museum of Art - The Indianapolis Museum of Art is one of the largest and oldest art museums in the U.S., with an impressive permanent collection in its galleries and outdoor gardens, and many equally lovely special exhibits. The Virginia B. Fairbanks Art & Nature Park, where the sculptures are beautifully integrated into the landscape, is especially worth a visit.

Indianapolis Motor Speedway - Opened in 1909, the Indianapolis Motor Speedway is the home of famed Indy 500 races, and its Hall of Fame Museum is a must for any racing fan. Here, visitors can enjoy memorabilia, cars, and much more.

White River State Park - The White River State Park is a haven for Indianapolis locals and visitors alike. The park covers more than 250 acres, and includes museums, public green areas, and plenty of recreational activities. One of the museums in White River State Park, the Indiana State Museum offers guests the chance to learn about the history of the Hoosier state. The wide range of exhibits covers Indiana history, popular culture, local art, and important personalities.

Central Canal - The Central Canal is yet another wonderful attraction in White River State Park. It includes a three-mile Canal Walk, as well as the opportunity to rent kayaks or pedal boats.

Indianapolis Zoo - The Indianapolis Zoo is home to more than 3800 animals across its 65 acres. The most popular attraction by far is the Dolphin Presentation, so be sure to arrive early!

Programming Planning Committee Continued

Keystone Fashion Mall - The Keystone Fashion Mall is home to plenty of high-end retailers, including Saks Fifth Avenue, Burberry, and Coach, as well as electronics brands like Apple and Microsoft.

What better way to exercise after a day of education, network and sitting than to hop on one of these Bar, Club & Pub Tours and peddle around town to enjoy you day with the famous Handle Bar.

We look forward to networking with old and new colleagues; learn more about dermatology in down-town Indianapolis. For more information, visit http://www.visitindy.com/indianapolis-about-indianapolis

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† Choi MJ, Maibach HI. Role of ceramides in barrier function of healthy and diseased skin. *Am J Clin Dermatol.* 2005;6(4):215-223.

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You're wanted in the DNA Nurses' Lounge

We are very pleased to announce that the DNA has joined the ***Nurses Lounge*** – a professional online network for nurses. This network will allow us to more easily communicate news, meetings, courses, continuing education opportunities and other valuable information direct to our members.

The ***Nurses Lounge*** offers a great way to maintain separation between your social and professional life that is growing more and more important in an online world. Additionally, the ***Nurses Lounge*** has a lot of nursing news that you will not receive from other social networks. That's why we would like to encourage you all to join ***DNA's Nurses Lounge***.

As a member, you will be connected not only to DNA, but can connect to your local nursing profession, nursing schools as well as other nursing organizations and nursing employers.

Connecting a site dedicated to the nursing profession will benefit you individually as well as those institutions that support the profession. In addition to receiving local/state industry news, this free service also provides a way for you to stay connected professionally with fellow DNA members and other colleagues as well.

To join, click the following link: http://www.nurseslounge.com/lounges/profile/16384/dermatology-nurse
We encourage you to join now. The process only takes a few minutes and will benefit us all. While you are at it, be sure to include your picture!

We thank you for participating and look forward to seeing you in the ***DNA Nurses Lounge***.

NL

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DERMATOLOGY NURSES' ASSOCIATION®

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Play the Scavenger Hunt Game at the 2016 DNA Convention in Indy!

Don't miss out on the fun!

As you make your way around the Exhibit Hall at the 2016 Annual Meeting, visit the booths of DNA Corporate Members. When you speak with the company's representative you will get the answer to the question on the game card. Once completed, the card will be entered in a drawing for great prizes!

Start your engines and get ready to race to the Finish Line!

UPDATE your DNA profile at www.dnanurse.org. We value your membership

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35th Annual Convention

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