ASDS, ASCDAS Announce 2009 Joint Meeting

BY ALICIA AULT
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T he American Society for Dermatologic Surgery and the American Society of Cosmetic Dermatology and Aesthetic Surgery will hold their annual meetings jointly in Phoenix in October, the groups announced.

The decision was driven largely by the faltering economy, but also by a desire to offer a new and innovative program to the membership of both societies, according to officers of both groups.

The decision to combine forces at one annual meeting was warmly embraced by board members and the membership.

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“We wanted to deliver more—more attendees, more opinion leaders,” she said, adding that “from our point of view, it was a natural partnership between the best of each society.”

Traditionally, the two meetings are held about 6 weeks apart. Combining them reduces hurdles for dermatologists, who now won’t have to shut down a practice twice in a short period, or have to choose between the two meetings, said Dr. Phil Werschler, ASCDAS president.

There is a large overlap between the ASDS and ASCDAS membership, he said. But the ASDS meeting has been more surgically oriented, while the ASCDAS meeting has placed more emphasis on aesthetic procedures, he said.

The ASDS is looking forward to offering some of the more basic courses that ASDS offers, Dr. Robert Weiss, ASDS president, said in an interview.

ASCDAS also brings cosmeceutical expertise that ASDS usually only touches on; ASDS will offer more content on skin cancer, and topics such as chemical peels and hair transplants that might not be part of the ASCDAS agenda, Dr. Weiss said.

The idea for a joint meeting may also have been spurred by the spirit of unity embodied by the 2008 presidential election, said Dr. Weiss.

The meeting will “show other specialties our unity and it’s going to help propel dermatologic surgery,” he predicted.

Representatives from the two societies said that currently there is no plan to hold a joint meeting again in 2010.

By Mary Ann Moon
Contributing Writer

VA Researchers Unable to Find Causal Link Between Tretinoin and Mortality

A recently reported association between topical tretinoin and increased mortality is not causal and most likely is due to chance, according to a recent report.

The interim finding of an unexpected rise in lung cancer incidence and all-cause mortality prompted the premature halt of the Department of Veterans Affairs Topical Tretinoin Chemoprevention (VATTCT) trial, a large 6-year study that was designed to determine whether the treatment could prevent basal and squamous cell skin cancers in patients who already had at least two keratinocyte carcinomas.

Increased lung cancer incidence and mortality had previously been reported with systemically administered compounds closely related to tretinoin.

Dr. Martin A. Weinstock of the Providence (R.I.) VA Medical Center, and his associates in the VATTCT trial conducted a post hoc analysis of the mortality data and confirmed an association with mortality—but no definitive causal links. “We do not conclude that this trial provides appropriate grounds for hesitating to use topical tretinoin in clinical practice,” they wrote in the Archives of Dermatology.

In an editorial comment that accompanied the report, Dr. Lisa M. Schilling and Dr. Robert P. Dellavalle said that even though the investigators “chalk their results up as a chance finding,” debate about the safety of topical tretinoin will probably continue. Until further evidence emerges to definitively establish the safety or harmfulness of the treatment, physicians should “at a minimum” discuss the VATTCT results with their patients who use tretinoin cream—particularly with elderly men, who composed the bulk of the study population.

“This dialogue should include that the results of the VATTCT may have been due to chance, but also that the outcome of death was not initially anticipated,” Dr. Schilling and Dr. Dellavalle noted.

In addition, “owing to the ad hoc analysis, various important risk factors, such as smoking status, might not have been completely ascertained,” they wrote.

In their post hoc study, Dr. Weinstock and his associates at six VA medical centers randomly assigned 566 patients to use tretinoin 0.1% cream on the face and ears once or twice daily, and 565 patients to use only the vehicle cream as a control. The mean patient age was 71 years, and 97% were men.

Six months before the scheduled end of the trial, the intervention was terminated because of a statistically significant excess of deaths at that time (82 deaths) in the treatment group, compared with the control group (53 deaths). More deaths were later identified, for a total of 122 in the intervention group and 90 in the control group.

The VATTCT trial data showed no dose-response relationship between exposure to topical tretinoin and death risk, as well as no interaction between the medication and smoking in mediating mortality risk. Moreover, “we found it difficult to construct biologically plausible mechanisms that would explain a direct causal link . . . and we were unable to conceive of a plausible mechanism by which tretinoin could indirectly lead to a fatal outcome,” they wrote (Arch. Dermatol. 2009;145:18-24).

That implausibility, together with “lack of speciﬁcity of causes of death, inconsistency with previous experience, weakness of other supportive evidence in our data, and weak statistical signal” led the researchers to their conclusions.

In their editorial comment, Dr. Schilling and Dr. Dellavalle of the VA Medical Center in Denver noted that, unlike other researchers, Dr. Weinstock and the VATTCT investigators publicized their unexpected mortality data (Arch. Dermatol. 2009;145:76).

“We highly commend Weinstock et al. for reporting and highlighting these results,” they wrote in their editorial.

Dr. Weinstock has received support from Galderma Laboratories L.P., Johnson & Johnson, and Ligand Pharmaceuticals Inc.