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The Official Newsletter of the Council for Nail Disorders

Message from the President & Secretary-Treasurer

Special points of interest:

- Nail Tips
- Nail Clippings
- Mentorship Report
- New Members
- Annual Meeting Schedule



Bertrand Richert, CND President

Submitted by Bertrand Richert and Nathaniel Jellinek

Happy Anniversary!! The CND is 20 years old!

It has grown progressively over the years and gathered more and more people around this little appendage (a few square inches) that is the nail. As a regular speaker all around the world, I am always happy to see more and more young residents attending our sessions. This means that we, the old nail dinosaurs, have succeeded in passing on our passion for nails.



Nat Jellinek, CND Secretary-Treasurer

We've definitely contaminated and "nailed" vocation to some elements from the next generation. Indeed, some are already on the Board of our society. This is critical to provide a boost to the CND and keep it young. This is why I want to break the rule for once... This will be a letter from both the President and the Secretary-Treasurer.

2015 was the nail's year, and what a year. The Annual Meeting of the CND featured speakers from around the world and attracted nearly 100 attendees. Our consistent attendance is a testament to the excellent programming by Dr. Richard Scher and Dr. Phoebe Rich and by Dr. Antonella Tosti and Dr. Martin Zaiac for championing the Nail Basics program, which is a continued success.

After the CND, we had the chance to have excellent AAD nail sessions (with a very special and outstanding one organized by Nat Jellinek with nail surgery on cadavers, within the convention center, 6 hours in a row, fully-booked in 24 hours!!), but also the World Congress in Vancouver with a fantastic nail session with great speakers worldwide that Antonella Tosti and myself had the chance to chair and, last but not least, the Nail Summit in New Delhi, a joint venture from the three nail societies around the world: CND, ENS (European

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Letter from President & Secretary-Treasurer

Nail Society) and NSI (Nail Society of India).

And 2015 was also the birth of a new Journal dedicated only to skin appendages (see page 8).

The next CND meeting will be held on March 3, 2016 in Washington DC, at the historic Mayflower Hotel for our historic 20th Anniversary. The optional morning “basics” session will focus on nail psoriasis and the afternoon Annual Meeting of the CND Membership and Scientific Meeting will include updates and controversies in nail disorders. The morning session is a must for residents, nurses, physician assistants and a good way for beginners to approach the nail organ, as well as a refresher for physicians.

In 2011 we introduced the Scher/Baran Award for the best oral presentation by a resident. The 2015 winner was Daniel Jensen from the University of Alabama-Birmingham for his presentation on the “Dermatology resident training experience and comfort with the medical and surgical treatment of nail disease,” which concluded that dermatology programs in the US vary widely in exposing residents to medical and surgical nail disorders and their treatment.

The Board of Trustees gained one new member in 2015, Dr. Mark Holzberg from Newnan Dermatology in Georgia. A nominating committee will be appointed to create a slate of nominees for election at the next annual meeting. If interested in serving on the board, please contact us at info@nailcouncil.org.

The CND Board of Trustees met in San Francisco following the meeting and set several

goals for 2015-16, including finding ways to better communicate with its members via a more convivial and adapted website responding to the daily needs of physicians and public. A website committee has been appointed and is formed by Dr Phil Fleckman, Dr Bianca Maria Piraccini, Dr Beth Ruben, Dr Nat Jellinek and myself.

Our society does not live only on the fresh blood from newcomers but also from real money. We would like to thank Dr. Daniel who announced that he and his wife Melissa would set up a private fund that would provide a \$500.00 award to a young dermatology or podiatry resident who has demonstrated future leadership in the field of nail disorders.

Raising funds and sponsoring has become more and more difficult over the years for any society, especially one focusing on a field as small as ours. Gone are the days of unrestricted multi-thousand dollar donations. There has been an effort within the Board to counteract this with newfound support from industry to the CND via efforts to 1) update the website and 2) support educational endeavors. We feel that this is necessary – and that the website is the logical place to share/disseminate information and provide something other than the annual meeting, as a resource to members. Our vision is that lecture materials on everything from antifungal diagnosis and therapy to surgical techniques can be shared to members at this site, with hand-out downloads, interesting and interactive case discussions, etc., all a part of the membership experience. Look for these enhancements in the upcoming year, as we look forward to

Letter from President & Secretary-Treasurer

bringing more content to the membership.

As always, your suggestions are welcome on new programs and products that CND can provide to its membership.

Finally, we would like to thank our corporate supporters including:

Gold Level Sponsors

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New Trustee



The Council for Nail Disorders Board of Trustees welcomes Mark Holzberg, MD as its newest Trustee beginning in 2015.

Dr. Holzberg is Clinical Assistant Professor at the Department of Dermatology at Emory University School of Medicine in Atlanta, Georgia.

He runs the Nail Clinic at Grady Memorial Hospital and is in private practice in Newnan, Georgia. With Drs. Robert Baran, David de Berker and Luc Thomas, Dr. Holzberg is a co-editor for the most recent fourth edition of Diseases of the Nail and their Management.

He lives in Atlanta with his wife Karen of 37 years.

**20th Anniversary Meeting of the
Council for Nail Disorders & Nail Basics Review**

March 3, 2016

Mayflower Hotel, Washington, DC

Register at www.nailcouncil.org

Celebrate with CND! 20th Anniversary Meeting

The Council for Nail Disorders celebrates its 20th Anniversary Meeting on March 3, 2016 in Washington, DC at the historic Mayflower Hotel.

The program includes a “basics” course which focuses on Nail Psoriasis and is chaired by Dr. Martin Zaiac and Dr. Antonella Tosti. The pre-session is followed by the Scientific and Membership Meeting of the CND. Dr. Richard Scher and Dr. Phoebe Rich chair this portion of the meeting. The afternoon session includes presentations from residents competing for the Scher/Baran Award for the best oral presentation by a resident.

Schedule of Events

- 08:00 **Introduction**
Antonella Tosti & Martin Zaiac
- 08:10 **Epidemiology** / Richard Scher
- 08:20 **Nail matrix psoriasis** / Bertrand Richert
- 08:35 **Nail bed psoriasis** / Antonella Tosti
- 08:50 **Differential diagnosis** / Nilton Di Chiacchio
- 09:05 **Nail psoriasis in children** / Bianca Maria Piraccini
- 09:20 **Co-morbidities** / Aditya Gupta
- 09:35 **Onychomycosis in nail psoriasis** / Boni Elewski
- 09:50 Break & Exhibits
- 10:20 **Nail psoriasis in diabetics** / Tracey Vlahovic
- 10:35 **Quality of life** / C Ralph Daniel
- 10:45 **Topical treatments**/ Dimitris Rigopoulos
- 11:00 **The podiatric approach** / Bryan Markinson
- 11:15 **Systemic treatments** / Martin Zaiac
- 11:30 **New emerging therapies** / Phoebe Rich
- 11:45 **Conclusions and remarks**
- 12:00 **Lunch/Exhibits**

- 13:00 **CND Membership Meeting** / Bertrand Richert
- 13:10 **Research/ Scher/Baran Awards**
Philip Fleckman
- 13:30 **Nail Cosmetics in Diverse Populations** / Padma Nallamothu

Updates on Nail Disorders

- 13:45 **Nail disorders in pregnancy** / George Kroumpouzou
- 14:05 **Missed diagnoses I've seen** /C Ralph Daniel
- 14:15 **New drugs/new disorders** / Beth McLellan
- 14:30 **Psychogenic Nail Conditions** / Richard Fried

Controversies

- 14:45 **Pediatric Nail Disorders: Topical vs. Systemic Therapy** / Jane Bellet
- 14:55 **MOHS Micrographic Surgery for ISM and Benign Nail Tumors** / Chris Miller
- 15:10 Break & Exhibits

Color of Nails

- 15:35 **Leukonychia** / Molly Hinshaw
- 15:45 **Erythronychia** / Nat Jellinek
- 16:00 **Melanonychia** / Nilton Di Chiaccio
- 16:15 **Nail Matrix Nevus** / Dong-Youn Lee

Onychomycosis

- 16:30 **Topical Therapy** /Tracey Vlahovic
- 16:40 **New Systemic Therapy** / Aditya Gupta
- 16:50 **Devices & Nail Disease** /Shari Lipner

To register, go to www.nailcouncil.org.

Nail Tips

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Nail salon treatments may provide clues to skin and nail infections

Nail salons are visited regularly by many women and men in an effort to keep hands, feet, and nails looking their best. Utilizing these services may be part of a regimen to care for unsightly or damaged nails. Regulations governing salon workers' training and salon sanitation are in place, but monitoring thousands of nail salons may be difficult to impossible. It is helpful for dermatologists and patients to be aware of potential complications that may arise with use of nail services, however rare they may be.

Nail cosmetic problems

Dr. Phoebe Rich and colleagues have published two informative articles on nail cosmetics and possible nail complications that may occur with frequent aesthetic procedures.^{1,2} Trauma to the cuticle or hyponychium may occur from extensive clipping or cleaning of nails. Paronychia, acute or chronic, may occur with such nail trauma, skin abrasions, or repeated water exposure with frequent manicures and pedicures. Skin irritation or allergic reactions to chemicals or ingredients associated with lacquers/acrylics/gels may occur with both salon and home-based procedures. Long artificial nails may result in onycholysis and infection.^[1,2]

Previously, there were cancer concerns over exposure to UV light from nail lamps during gel

nail procedures.^[3] UV exposure has since been quantified and was found to be minimal. Concerned salon clients can use sunscreen and/or place white cloth over their hands while using UV lamps.^[4]

Pedicure footbaths

The whirlpool footbaths used with pedicures need to be regularly cleaned and maintained, as there is potential for filters to harbor biofilms of bacteria. Atypical mycobacterium infections have been reported throughout the United States, with nail salon footbaths implicated as the source of bacteria.^[5,6] Following a series of cases in California, the CDC sampled 30 footbaths from 18 nail salons, with 97% footbaths positive for mycobacteria.^[7] Both salons implicated in infection and control salons were sampled for nontuberculous mycobacteria in North Carolina. Signs of suboptimal footbath cleaning, such as visible debris or surface biofilms, in footbaths were observed in 11/13 suspected salons and 4/11 control salons.^[8]

Mycobacterium abscessus, chelonae, and fortuitum are the causative organisms of these skin and soft tissue infections. Patients with pedicure-associated mycobacterial infection often present with nontuberculous mycobacterial furunculosis on the lower legs. Symptoms may present as early as 1-2 weeks following a pedicure and as long as 2-4 months, and be described as "bug bites" that may progress to larger boils. Violaceous non-healing papules and nodules are common; they may or not be tender and draining of purulent material can be sent for culture.^[1,5,9]

Patients generally require months of antibiotic polytherapy and treatment will depend on the

Nail Tips continued...

sensitivities of organisms which may vary by region.[5,10] Due to intrinsic and acquired resistance, common antibiotics are not used to fight these infections. Successful treatment has been obtained with combinations of clarithromycin, ciprofloxacin, doxycycline, and trimethoprim-sulfamethoxazole, among others.[5,10] Despite resolution of infection, there is potential for long-term discoloration and scarring. While these infections are uncommon, the presentation is useful for physicians to keep in mind. One feature that nearly all patients share is that they shaved their legs roughly 24 hours prior to their pedicure, which may aid in infection susceptibility.

Prevention

Education among salon workers and clients will help prevent nail trauma and infections. Sterilization or disinfection of instruments and equipment required for multiple clients and using new implements (e.g., emery boards and files) will help in limiting infections. With home-use procedures, proper application of the materials can limit skin exposure to chemicals. Clients can also ask that their cuticles not be cut during manicures, and/or refrain from shaving their legs the day before pedicures.[1,2] The CND also has an education pamphlet available on nail cosmetic safety.

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Nail Clippings

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Efficacy and safety of tavaborole topical solution, 5%, a novel boron-based antifungal agent, for the treatment of toenail onychomycosis: Results from 2 randomized phase-III studies. *J Am Acad Dermatol.* 2015

Jul;73:62-9.

Systemic therapies for onychomycosis have dominated the treatment landscape; however, in the last couple of years, we have seen the arrival of efinaconazole and tavaborole as topical therapies that provide a reasonable alternative to systemic antifungals. Tavaborole is the first boron-based agent with a novel mechanism of action compared to existing antifungals and has been shown to penetrate the nail plate in vitro. This recent article reports the efficacy and safety results from two identical phase III multicenter, randomized, double-blind vehicle-controlled, clinical trials for tavaborole topical solution, 5%.

The investigative sites were located in the United States and Mexico for Study 1 (N=594) and in the United States and Canada for Study 2 (N=604). There was a patient mean age of 53.5 years in Study 1 (81.3% male) and 55.5 years in Study 2 (82.7% male), with demographics similar between treatment group in both studies. Patients were culture positive for a dermatophyte and presented with distal subungual toenail onychomycosis involving 20-60% of the target toenail. Tavaborole or vehicle solution was applied once daily for 48

weeks by patients to the target great toenail, on, under, and around the nail. Efficacy was measured at week 52, four weeks following cessation of therapy. Complete cure, defined as completely clear nail plus negative mycology (negative KOH and negative fungal culture) was the primary endpoint, with other endpoints including mycological cure (negative mycology) and completely/almost completely clear nail (< 10%) plus negative mycology.

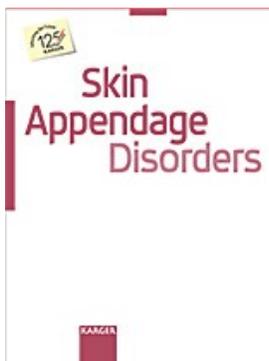
An intention-to-treat analysis using the Cochran-Mantel-Haenszel test for group comparisons showed that, at week 52, treatment with tavaborole was significantly more effective than vehicle. Complete cure rates for tavaborole of 6.5% and 9.1% in Study 1 and 2 respectively, were significantly higher than complete cure rates for vehicle (0.5% and 1.5%, $P = 0.001$). Mycological cure rates were 31.1% and 35.9% for tavaborole vs. 7.2 and 12.2% for vehicle ($P < 0.001$). Complete/ almost complete clear nail plus negative mycology was reported for 15.3% and 17.9% of tavaborole patients compared to 1.5% and 3.9% of vehicle patients ($P < 0.001$). Most adverse events (AEs) were mild to moderate, with serious AEs considered unrelated to treatment. Incidence of treatment emergent AEs were similar in tavaborole and vehicle groups. Discontinuation of treatment as a result of TEAEs were similar between tavaborole (N=3) and vehicle (N=3). Application site reactions occurred more frequently with tavaborole than vehicle and included exfoliation, dermatitis, erythema, pain, and hematoma. Clinical laboratory tests and vital sign measurements did not reveal any drug related effects.

Nail Clippings continued...

Tavaborole topical solution joins efinaconazole as recently FDA-approved alternatives to systemic antifungal medications for mild to moderate onychomycosis due to dermatophytes.

Tavaborole was effective, safe and well tolerated in these clinical trials. It remains to be seen how patients fare with longer term follow-up.

New Journal



<https://www.karger.com/Journal/Home/261870>

Skin Appendages Disorders

A new journal that is dedicated to research and treatment of hair, nail and skin gland diseases.

It will become an excellent resource for dermatologists, dermatological surgeons and cosmetic dermatologists.

The journal welcomes a wide range of original and review articles. The journal, which is arranged in sections, will introduce a section for special case examples and their treatments called "Novel Insights from Clinical Practice." Readers can look forward to other sections to include "Novel Treatments," "Clinical Investigations," "Guidelines," "Adnexal Surgery," and "Pathology."

It is edited by Antonella Tosti, MD and Dimitiris Rigopoulos, MD.

Mentorship Report

Submitted by Shari Lipner, MD



The Council for Nail Disorders Mentorship Grant was instrumental in my learning nail procedures and surgical skills from Dr. Nat Jellinek, a renowned nail surgeon (Dermatology Professionals, East Greenwich, Rhode Island). Until this opportunity, my nail surgical skills and com-

fort level performing nail procedures was quite limited.

My nail procedural skills, made possible by this mentorship grant, transformed by nail clinic. With Dr. Jellinek, I saw over 30 nail patients, with most requiring biopsies or other procedures. Together, we saw new patients that were referred to him, so I observed initial examination and assessment; follow-ups requiring counseling and education; nail biopsies; and post-op visits, where I could see how patients were healing. He arranged for me to see numerous cases of

Mentorship Report continued...

erythronychia, which paralleled the erythronychia study that we did together.

Dr. Jellinek and his staff were very friendly and hospitable making it a truly enjoyable experience. His medical assistants gave me all the information I needed to order surgical supplies, thereby making the transition to implementing the changes in my own clinic seamless. After clinic, I consulted with Dr. Jellinek about my own patients. I showed him pictures and discussed management and surgical techniques for their nail problems. I implemented many of his suggestions, which resulted in great outcomes for my patients when I returned home.

In addition, to the valuable hands on experience I gained while spending time with Dr. Jellinek, I also had the opportunity to do an important study with him. We performed a retrospective study on patients presenting with longitudinal erythronychia that had a nail biopsy. We identified patients in the nail surgery log and evaluated their pathology re-

ports. Using the data obtained, we were able to determine the most frequent and less common causes of erythronychia, thereby educating physicians on the range and frequencies of pathologies involved.

I want to thank the Council for Nail Disorders for providing me this valuable experience to work with Dr. Jellinek.

I can truly say that I am now more confident and comfortable diagnosing, managing, and operating on my nail patients as a result of this mentorship. I have also seen improved results in my patients (i.e. better healing, less pain, better results) after the time spent with Dr. Jellinek.

I look forward to treating my nail patients with this new knowledge and continue to consult with Dr. Jellinek on difficult cases. I want to thank Dr. Jellinek for taking the time to teach and mentor me, look forward to continued mentorship with him, hope that I can one day teach a young faculty member in the same way that he taught me.

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