The 116th Annual Meeting of the Japanese Dermatological Association

PROGRAM

Theme
Prospect for Neo-dermatology

Dates
June 2 (Fri.) - 4 (Sun.), 2017

Venue
SENDAI INTERNATIONAL CENTER
KAWAUCHI HAGI HALL

President
Setsuya Aiba, M.D., Ph.D
Department of Dermatology,
Tohoku University Graduate School of Medicine
The 116th Annual Meeting of the Japanese Dermatological Association

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<th>Time</th>
<th>Sendai International Center Conference building</th>
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**Level**
- **Basic**: For doctor in training
- **Advanced**: For specialist and/or supervisor
- **Update**: Update outside your field (Brushup program for supervisor)
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<th>Room 9 (Meeting)</th>
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<th>Poster Venue</th>
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**【DAY 1】June 2 (Fri), 2017**

**8:00**

- Lecture in English
- Include Lecture in English

**8:00**

- 18:00～19:00 Piano Recital Room 15 (Tohoku University Centennial Hall Kawauchi Hagi Hall)
- 17:30～19:00 Snack and Drink at Special Pavilion 3 of Community Square

**9:00**

- Corporate Exhibition

**10:00**

- Poster Viewing

**13:00**

- Luncheon Seminar 7 [Approaches for unresectable malignant melanoma]

**14:00**

- Educational Lecture 10 [Clinical profile of keratotic skin diseases]

**15:00**

- Educational Lecture 11 [Update of new findings on alopecia research/treatment]

**16:00**

- Educational Lecture 8 [Autoinflammatory syndrome up-to-date]

**17:00**

- Educational Lecture 9 [Basic sciences for all dermatologists: Dermis]

**18:00**

- Educational Lecture 7 [Epithelial and nervous system tumors]

**19:00**

- Educational Lecture 6 [Melanocytes tumors/Others]
# Program at a glance

## The 116th Annual Meeting of the Japanese Dermatological Association

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<td>Morning Seminar 1 (Sunscreens open up windows for antiphotoaging)</td>
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<td>Morning Seminar 2 (Patient satisfaction with psoriasis vulgaris treatments - The role of combination topical medicines)</td>
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<td>Morning Seminar 3 (Phototherapy for refractory skin disease : Potention of targeted narrow band UVB therapy)</td>
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<td>Morning Seminar 5 (Evidence of red-LED effects on hair growth - Fundamentals and clinical application)</td>
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<td>Morning Seminar 6 (Strategies for phototherapeutic countermeasures and safety of nano-ultraviolet light shielding material)</td>
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<td>Special Program 1 Beyond March 11, 2011: Prospect steps for future generation to overcome the national disaster</td>
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<td>Educational Lecture 12 (Dermoscopy master course 1: Pigmented lesions)</td>
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<td>Educational Lecture 13 (All about dermatomycosis)</td>
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<td>Educational Lecture 14 (The new era of urticaria treatments)</td>
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<td>Educational Lecture 15 (Current and future prospects for international and Japanese guidelines on herpes and wart)</td>
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<td>Educational Lecture 16 (Topics in hereditary skin diseases)</td>
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<td>Educational Lecture 17 (Pathology and up-to-date treatment of atopic dermatitis)</td>
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<td>Educational Lecture 18 (Japanese guidelines for the treatment of psoriasis)</td>
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<td>Educational Lecture 19 (Introduction to skin pathology (lecture) Pathology of non-neoplastic skin disease - Part III)</td>
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<td>Educational Lecture 20 (Dermoscopy master course II: Keratotic lesions and vascular disorders)</td>
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<td>Educational Lecture 21 (Systemic scleroderma: This will work for any case!)</td>
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<td>Educational Lecture 22 (Complete explication of skin structure and organization)</td>
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<td>Educational Lecture 23 (Photodermatology: up-to-date photosensitivity)</td>
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<td>Educational Lecture 24 (Autoimmune bullous diseases: New topics of pathology and treatment)</td>
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<td>Educational Lecture 25 (Non-melanoma skin cancer: Diagnosis and treatment update)</td>
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<td>Educational Lecture 26 (Vascular lesion treatment - The essentials of practical treatment for harbors: Pain, complications, relapse - What will you do when these occur?)</td>
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<td>Educational Lecture 27 (Guidelines for wounds, bedsores, and burns (Second Edition) — The points of amendments and changes from the First Edition (2011))</td>
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<td>Educational Lecture 28 (Pathology and treatment of skin diseases involved with eosinophils and neutrophils)</td>
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<td>Educational Lecture 29 (Cutting-edge of systemic lupus erythematosus (SLE) treatments)</td>
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<td>Educational Lecture 30 (Current understanding of pathology in cutaneous psoriasis and psoriasis)</td>
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<td>Educational Lecture 31 (Up-to-date of vitiligo pathology and treatment)</td>
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<td>Educational Lecture 32 (Artificial intelligence and deep learning in medicine)</td>
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<td>Educational Lecture 33 (Significance and utilization of dermoscopy training programs)</td>
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<td>Educational Lecture 34 (The role of biologics - Psoriasis and Crohn's disease)</td>
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<td>Educational Lecture 35 (The current treatment of acne in Europe and North America)</td>
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<td>Educational Lecture 36 (Skin laser treatments not found in textbooks, but used by professionals)</td>
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<td>Educational Lecture 37 (On the frontlines of skin barrier function research)</td>
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<td>Educational Lecture 38 (Aiming for resolution of the unmet needs of patients with chronic urticaria - From the perspective of IgE capture)</td>
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**Level:** Basic: For doctor in training  
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</tbody>
</table>

**Level**
- **Basic**: For doctor in training
- **Advanced**: For specialist and/or supervisor
- **Update**: Update outside your field (Brushup program for supervisor)
### [DAY 3] June 4 (Sun), 2017

<table>
<thead>
<tr>
<th>Room 9 (Meeting Room 3)</th>
<th>Room 10 (Meeting Room 4)</th>
<th>Room 11 (3F Shirakashi 1)</th>
<th>Room 12 (3F Shirakashi 2)</th>
<th>Room 13/14 (Meeting Room 1, 2)</th>
<th>Room 15 (Hagi Hall)</th>
<th>Poster Venue</th>
<th>Corporate Exhibition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morning Seminar 16</strong></td>
<td>Multi and varied zinc deficiency disorders - Zinc, a mineral essential for both life and maintaining healthy skin</td>
<td>Morning Seminar 17</td>
<td>The paradigm shift for dermatomyositis - What is the new treatment standard?</td>
<td>Morning Seminar 18</td>
<td>Easy to get started! Updating skin therapy equipment - From disease to cosmetic applications</td>
<td><strong>Special Pavilion of Community Square</strong></td>
<td><strong>Corporate Exhibition</strong></td>
</tr>
<tr>
<td><strong>Educational Lecture 4</strong></td>
<td>Diagnosis and treatment for erythroderma</td>
<td><strong>Basic/Advanced</strong></td>
<td><strong>Basic/Advanced</strong></td>
<td><strong>Basic/Advanced</strong></td>
<td><strong>Basic/Advanced</strong></td>
<td><strong>Educational Seminar</strong></td>
<td><strong>Luncheon Seminar 32</strong></td>
</tr>
<tr>
<td>Educational Lecture 42</td>
<td>Basic sciences for all dermatologists III: skin immunology. Master the basics of skin pathology</td>
<td>Oral Session 9 Basic research/Quality of Life/ Diagnostic method, screening method</td>
<td>Oral Session 10 Erythema/Dermatitis, eczema/Urticaria</td>
<td>Let’s Practice! Dermatopathology Dojo (Hands-On Practice 4)</td>
<td>Educational Training Session Tips and pitfalls in treatments for skin diseases</td>
<td><strong>Poster Viewing</strong></td>
<td><strong>Corporate Exhibition</strong></td>
</tr>
<tr>
<td><strong>Educational Lecture 50</strong></td>
<td>Pediatric skin diseases 2017: From common to the rare conditions</td>
<td>Oral Session 11 Keratosis/Inflammatory keratosis/Pustule</td>
<td>Oral Session 12 Mesenchymal tumors/ Mycobacterium infection/Parasitic disease, animal dermatosis</td>
<td>Let’s Practice! Dermoscopy Dojo (Hands-On Practice 5)</td>
<td><strong>Poster Viewing</strong></td>
<td><strong>Corporate Exhibition</strong></td>
<td><strong>Corporate Exhibition</strong></td>
</tr>
<tr>
<td>Luncheon Seminar 29</td>
<td>The vanguard in the ultraviolet treatment - Excimer Laser &amp; Excimer Light</td>
<td>Luncheon Seminar 30</td>
<td>The latest treatment strategy for psoriasis - From Japan and Global View Point</td>
<td>Luncheon Seminar 31</td>
<td>Requirements for wide area ‘phototherapies’ - Improving your skills in excimer UV-light phototherapy</td>
<td><strong>Poster Viewing</strong></td>
<td><strong>Corporate Exhibition</strong></td>
</tr>
<tr>
<td>Educational Lecture 59</td>
<td>(Medical instructor training session: To be a good mentor physician)</td>
<td>Oral Session 13 Collagen disorders, Self-inflammatory disorders</td>
<td>Oral Session 14 Drug eruption/ Vasculitis, vascular disorders</td>
<td><strong>Open Lecture</strong></td>
<td><strong>Remove Posters</strong></td>
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</tbody>
</table>

### Educational Lecture 60
Hands-on psychodermatology: Psychosomatic dermatology learned through experiences
Floor Information

SENDAI INTERNATIONAL CENTER

Exhibition Building

Conference Building 2F

Luncheon Seminar
Ticket distribution

Conference Building 2F Forum

Registration
Exhibition Building Exhibition Room 2

Cloak
Exhibition Building Exhibition Room 2

PC Center
Conference Building 2F Meeting Room 4

Secretariat Office
Conference Building 2F Meeting Room 5

Room 1
Conference Building Main Hall

Room 2
Conference Building 2F Sakura

Room 3
Conference Building 2F Tachibana

Room 4
Conference Building 2F Hagi

Room 5
Exhibition Building Exhibition Hall 3-B

Room 6
Exhibition Building Exhibition Hall 3-A

Room 7
Exhibition Building Exhibition Hall 1-B

Room 8
Exhibition Building Exhibition Hall 1-A

Room 9
Exhibition Building Meeting Room 3

Room 10
Exhibition Building Meeting Room 4

Room 11
Conference Building 3F Shirakashi 1

Room 12
Conference Building 3F Shirakashi 2

Room 13
Exhibition Building Meeting Room 1

Room 14
Exhibition Building Meeting Room 2

Book Exhibition
Conference Building 2F Forum

PC Room
Exhibition Building Meeting Room 1, 2
JDA’s Fellowship SHISEIDO
Basic Medical Research Grant
2016 Grant Recipients’ Presentation and Ceremony
for 2017 Grant Recipients

**Category**

1. Epithelial and nervous system tumors
2. Melanocytes tumors/ Others
3. Virus, bacteria, dermatomyositis
4. Lymphoma/ Skin Appendages disease
5. Dermatological physical disorders/
   Dermatohistopathology/ Treatment,
   dermatologic surgery
6. Bullous dermatosis/ Dysbolism/
   Soft structure disorder
7. Alopecia/ Systematic disorders,
   dermadrome/ Others
8. Granulomatosis/ Photosensitivity/
   Nevi, phacomatosis/ Aglais cutis
9. Basic research/ Quality of Life/ Diagnotic method, screening method
10. Erythema/ Dermatitis, eczema/
    Urticaria
11. Keratosis/ Inflammatory keratosis/
    Postule
12. Mesenchymal tumors/ Mycobacterium
    infection/ Paracitic disease, animal
dermatosis
13. Collagen disorders,
    Self-inflammatory diseases
14. Drug eruption/ Vasculitis, vascular
disorders

Poster presentation

6/3 (Sat.) 18:00 ~ 19:00
※Poster discussion is open-ended.
Information & Program
Conference Information

(1) Registration
The registration desk will be open throughout the conference at the following schedule:
- Location: Exhibition building Exhibition Room 2, SENDAI INTERNATIONAL CENTER
- Date & Time:  
  - June 2 (Fri.) 8:00 – 17:30
  - June 3 (Sat.) 7:45 – 19:00
  - June 4 (Sun.) 7:45 – 15:00
- Onsite Registration Fee:
  1) Member: JPY 20,000
  2) Non-Member: JPY 25,000
  3) Japanese Student / Overseas Student / Resident*: JPY 15,000
  4) Accompanying Person: JPY 3,000**

* Students and Residents need to submit their identification.
* Students including undergraduates and postgraduates are requested to submit a proof of their status such as a photocopy of a valid student ID card or a letter from the dean, the department head or the research director with their signature.
** The Accompanying Persons’ registration fee is available only to partners and/or family members of paid delegates registered to attend the Conference. It covers the only admission for Social Gathering (June 3, 19:15- at Special Pavilion of Sendai Aobayama Community Square, and Exhibition Space). Accompanying person cannot access to a lecture room.

(2) Name badge
A name badge will be used to access all conference areas, therefore we kindly request that you wear the name badge at all times during the conference.

(3) Exhibition
The exhibition will be held at Special Pavilion of Sendai Aobayama Community Square
- Exhibition Schedule:  
  - June 2 (Fri.) 10:00 – 18:00
  - June 3 (Sat.) 9:00 – 18:00
  - June 4 (Sun.) 9:00 – 15:00

You could get a congress bag here by trading your voucher which is in your name badge.
**Congress bag is offered to the first 4,000 people.

(4) Sponsored Seminar
(* These are held in Japanese only except two Luncheon Seminars and three Evening Seminars.)
- **Morning Seminars**: Light snack will be provided
- **Luncheon Seminars**: Lunch boxes will be provided.

< Lunch box Ticket >
If you would like to attend Luncheon Seminar held on June 3 or 4, please get the ticket for Lunch box beforehand.
[Ticket distribution (for free)]
- Location: Conference building 2nd Floor. Forum, SENDAI INTERNATIONAL CENTER
- Time:  
  - June 3 (Sat.) 7:45 – 13:10
  - June 4 (Sun.) 7:45 – 13:10

* This ticket will expire 5 minutes after the session starts.
- **Evening Seminars**: Light snack will be provided.
(5) Cloak Room
- SENDAI INTERNATIONAL CENTER
  Location: Exhibition building Exhibition Room 2 and conference building 1F cloak, SENDAI INTERNATIONAL CENTER
  Opening hours: June 2 (Fri.) 8:00 – 19:30
  June 3 (Sat.) 7:45 – 19:00
  (Cloak for Social Gathering will be available at the Social Gathering place from 17:30.)
  June 4 (Sun.) 7:45 – 17:00

(6) Wi-Fi
Free Wi-Fi is available at SENDAI INTERNATIONAL CENTER
ID/Password will be posted at the meeting venue.

(7) My Schedule
The meeting app (JDA2017) can be downloaded for iOS in the App Store and for Android in the Google Play.
The password is "sendai2017"
**Japanese only

(8) Social Gathering
Banquet for all conference participants
  - Location: Special Pavilion of Sendai Aobayama Community Square
  - Date & Time: June 3 (Sat.) 19:15 – 21:15
  * There is space for participants with children.

(9) Refreshment (drink and snack service)
**Drinks and snacks are limited.
  - Location: Special Pavilion of Sendai Aobayama Community Square
    June 2 (Fri.) 13:00 – 16:30
    June 3 (Sat.) 11:00 – 18:00
    June 4 (Sun.) 11:00 – 14:00
Instruction for Oral presentation

(1) Language
All presentations and presentation materials at Agora for Young Asian Dermatologists should be in English.

(2) Presentation Data
1. Only computer presentation is available.
2. Data in USB flash memory drive, CD-R or PC are accepted. (MO, FD, ZIP are not allowed.)
3. Operating systems available are Windows. There will be no Macintosh computers available at the venue. Please bring your own PC if you wish to use Macintosh.

(3) Data Acceptance
Please check your data at the PC Center at least 30 minutes prior your session.

Location: Meeting Room 4, Conference building 2F, SENDAI INTERNATIONAL CENTER
Open hours: June 2 (Fri.) 9:30 – 17:30
June 3 (Sat.) 7:45 – 17:30
June 4 (Sun.) 7:45 – 15:00

When bringing your data in notebook computers
- Eastern Japan, including Sendai, is on 100 V, 50 Hz. The plug type in Japan is type A with two flat blades without a ground pin, the same type widely used in the US and Canada.
- Speakers’ notebook computers must be equipped with a D-Sub 15-pin output, standard monitor terminal. Some thin, light-weighted notebook computers, such as SONY VAIO Note and Apple PowerBook G4 may not have built-in ports.
- Speakers are requested to bring their own adapter for connection between PC and projector, and/or an electric transformer when these are necessary.

When bringing your data in USB memory
- After saving the presentation data on the USB memory, please confirm that the data can be activated at other PCs.
- The data will be copied onto the server and USB memory will be returned to the speaker.
- Presentation files should be named as “abstract number_name”.
  i.e.) P01-01_JohnBrown, LS2_MarySmith (presentation file extensions may be .ppt or .pptx)
- Use standard fonts on the OS. Use of specialized fonts may cause garbling and displacement.

[Recommended fonts]
Arial or Times New Roman

- Animations and movies may be used, though it is highly recommended to be used with your own notebook computer. When bringing them in USB memory, comply with the below:
  a. Only wmv format files are accepted. Other formats are unacceptable
  b. Save the movie data in the same folder, so the link with the PowerPoint will be maintained
  c. It is recommended that you bring your own PC as backup to the movie data
  d. Please let the operator know if you are using sound data
- The presentation data will be deleted by the secretariat responsibly.
- All energy-conserving functions such as screen-savers, sleep/power saving modes should be disabled on laptops to be used in the presentation.
Instruction for Poster presentation

1. All posters must be prepared in English.
2. The poster venue is located at Special pavilion of Community Square.
3. Poster mounting and removal hours are as follows:
   - **Put up posters:** June 2 (Fri.) 9:30 – 13:30
   - **Remove posters:** June 4 (Sun.) 14:00 – 17:00
   Posters should be up all the time.
4. Posters should be posted on the designated board space of 180 cm height and 120 cm width with the abstract number of your paper.
5. Abstract Numbers, pins and equipment necessary for mounting posters will be prepared by the secretariat at the venue.
6. Title, Author's name, Affiliation should be prepared by yourself.
7. Poster discussion is open-ended. Speakers should stand by in front of the poster at the poster discussion time.
   **Poster discussion time:** June 3 (Sat.) 18:00 – 19:00

*Reminder*
No onsite printing service is available.
JDA2017 Program (excerpted version)

JDA2017 lectures are held in 16 locations on site SENDAI INTERNATIONAL CENTER and TOHOKU UNIVERSITY CENTENNIAL HALL KAWAUCHI HAGI HALL. You are invited to attend as many as you desire to.

The follows are excerpted version of programs, in which lectures will be spoken in English.

Friday, June 2

10:20-12:20

**Special Program 1**

*Location: Room 1, Conference Building Main Hall*

Chairs: Mamitaro Otsuki (Jichi Medical Univ.)
Norito Kato (Kyoto Prefectural Univ. of Medicine)

**SS1-4. “Teledermatology in the USA”**

**11:50-12:20**

Carrie Kovarik
(Dermatology, Dermatopathology, and Infectious Diseases University of Pennsylvania, USA)

14:10-14:40

**Invited Lecture**

*Location: Room 1, Conference Building Main Hall*

Chair: Setsuya Aiba (Tohoku Univ.)

**IL. “50 Years of Phenomenal Advances in Skin Biology and Skin Diseases”**

Stephen I Katz
(National Institute of Arthritis and Musculoskeletal and Skin Diseases National Institutes of Health Bethesda)

15:40-16:10

**Dohi Memorial Lecture**

*Location: Room 1, Conference Building Main Hall*

Chair: Shinji Shimada (Univ. of Yamanashi)

**DML. “Basal cell carcinoma—clinical spectrum, pathophysiology and new approaches to diagnosis and treatment”**

Thomas Ruzicka
(Department of Dermatology and Allergology, Ludwig-Maximilian-University Munich, Germany)

16:30-17:20

**Evening Seminar 2**

*Location: Room 3, Conference Building 2F Tachibana*

Chair: Yoshiki Miyachi (Shiga Medical Center for Adults)

**ES2-2. “CLINICAL IMPORTANCE OF PATCH TESTING”**

Howard I. Maibach
(Department of Dermatology, University of California, San Francisco)
Saturday, June 3

13:40-14:30

Luncheon Seminar 10

Location: Room 2, Conference Building 2F Sakura

Chairs: Osamu Ishikawa (Gunma Univ.)
Koji Sayama (Ehime Univ.)

LS10-1. "Psoriasis Treatment Environment in Canada and the latest treatment of Psoriasis"
Ronald B. Vender
(Division of Dermatology, McMaster University)

17:00-17:50

Evening Seminar 12

Location: Room 3, Conference Building 2F Tachibana

Chairs: Nobukazu Hayashi (Toranomon Hospital)
Kenshi Yamasaki (Tohoku Univ.)

ES12-1. "Current paradigm of acne management in North America."
Jerry L. Tan
(Department of Medicine, Western University Windsor campus, Ontario, Canada)

ES12-2. "European acne guidelines and advances in acne measurement: practical clinical messages."
Andrew Y. Finlay
(Department of Dermatology and Wound Healing, School of Medicine, Cardiff University, Cardiff, UK).

11:25-13:25

Educational Lecture 24

Location: Room 7, Exhibition Building Exhibition Room 1-B

Chairs: Masayuki Amagai (Keio Univ.)
Daisuke Sawamura (Hirosaki Univ.)

EL24-2. "Designing targeted cellular immunotherapies for autoimmune disease."
Christoph T. Ellebrecht
(Department of Dermatology, University of Pennsylvania, Philadelphia, USA)

17:00-17:50

Evening Seminar 17

Location: Room 8, Exhibition Building Exhibition Room 1-A

Chairs: Ichiro Katayama (Osaka Univ.)
Chikako Nishigori (Kobe Univ.)

ES17-1. "The pathophysiology of urticaria: lessons learned from omalizumab"
Martin K. Church
(Department of Dermatology, Venerology and Allergy, Charité Universitätsmedizin, Berlin, Germany)
9:20-13:25

AGORA for Young Asian Dermatologists

Location: Room 10, Exhibition Building Meeting Room 4

Organizers: Keiji Iwatsuki (Okayama Univ.)
Yoshiki Tokura (Hamamatsu Univ. School of Medicine)

9:20-9:25

Opening Remarks
Hideoki Ogawa
(CEO, Juntendo Univ.)

9:25-9:30

Welcome Remarks
Yoshiki Miyachi
(Chairman, ADA/Shiga Medical Center for Adults)

9:35-9:55

Keynote Lecture (1)
Chair: Yoshiki Tokura (Hamamatsu Univ. School of Medicine)

Agora-KL1. “Quorum Sensing-An Efficient Regeneration”
Chih-Chiang Chen
(Division of Dermatologic Diagnosis, Department of Dermatology, Taipei Veterans General Hospital, Taipei)

10:00-10:40

Presentations (1)
Chairs: Shigaku Ikeda (Juntendo Univ.)
Akimichi Morita (Nagoya City Univ.)

Agora-1. “Phototherapy in Psoriasis”
Bensachee Pattamadilok
(Institute of Dermatology, Ministry of Public Health, Bangkok)

Agora-2. “Allergen-Loaded Microneedle Patches Efficiently Induce Treg Cells in Allergen-Specific Immunotherapy”
Chang Ook Park, Kwang Hoon Lee
(Department of Dermatology, Yonsei University College of Medicine, Seoul)

Agora-3. “Study on the Mechanism of Psoriasis Relapse or Exacerbation Induced by Topical Glucocorticoid”
Na Liu, Lanqi Wang, Hui Qin, Xia Li, Jie Zheng
(Department of Dermatology, Ruijin Hospital, School of Medicine, Shanghai Jiaotong University, Shanghai)

Agora-4. “Radiation Skin Ulcer Following Cardiac Fluoroscopic Interventions: An Emerging but Overlooked Complication”
Kai-Che Wei
(Dermatology, Kaohsiung Veterans General Hospital, Kaohsiung)

10:45-11:00

Coffee Break/Poster Viewing
11:00-11:20
**Keynote Lecture (2)**

Chair: Hiroyuki Okamoto (Kansai Medical Univ.)

**Agora-KL2. “Pigmentary Disorders in Asian Skin: Diagnostic Challenges and Management”**

Boon-Kee Goh
(Skin Physicians, Mount Elizabeth Hospital, Singapore)

11:25-12:05
**Presentations (2)**

Chair: Toshiyuki Yamamoto (EADC/Fukushima Medical Univ.)
Rie Yotsu (National Sanatorium Suruga)

**Agora-5. “Investigation of the Mechanisms of Proliferation and Metastasis Inhibition by Combined Treatment with Ganoderma Immunomodulatory Proteins and Immunotherapy in Melanoma”**
Yu-Ping Hsiao1, Chun-Te Lu1, Ting-Yi Hou1, Jiunn-Liang Ko1
(Institute of Medicine, School of Medicine, Chung-Shan Medical University, Taichung1, Division of Plastic and Reconstrucive Surgery, Department of Surgery, Taichung Veterans General Hospital, Taichung2)

**Agora-6. “Clinical Implication of Premature Hair Graying”**
Seong-Jin Jo
(Department of Dermatology, Seoul National University Hospital, Seoul)

**Agora-7. “Tropical Cutaneous Infection”**
Pimpa Tantanasrigul
(Institute of Dermatology, Department of Medical Services, Ministry of Public Health, Bangkok)

**Agora-8. “Skin Ion Channel Disorders: From Genetics to Mechanism”**
Yong Yang
(Dept. of Dermatology, Peking University First Hospital, Peking-Tsinghua Center for Life Sciences, Beijing)

12:10-12:45
**Oral Communications (3)**

Chair: Kazumoto Katagiri (Dokkyo Medical Univ. Koshigaya Hospital)
Eishin Morita (Shimane Univ.)

**Agora-O-1. “Elevated Serum TARC/CCL17 Level Is Correlated with Disease Severity in Sarcoidosis Patients”**
Chuyen Thi Hong Nguyen, Ikuko Ueda-Hayakawa, Fumikazu Yamazaki, Naotomo Kambe, Hiroyuki Okamoto
(Department of Dermatology, Kansai Medical University, Hirakata, Osaka)

**Agora-O-2. “Allergen Protease Activity-Dependent Skin Inflammation and Epicutaneous Sensitization”**
Punyada Suchiva1,2, Toshiro Taka3, Hideo Iida1, Sakiko Shimura1,2, Natsuko Maruyama1,2, Hirono Ochi1,2, Seiji Kamijo1, Ko Okumura1, Hideoki Ogawa1,2, Shigaku Ikeda1,2
(Department of Dermatology and Allergology, Juntendo University Graduate School of Medicine, Tokyo1, Atopy (Allergy) Research Center, Juntendo University Graduate School of Medicine, Tokyo2)

Xia Da, Eishin Morita
(Department of Dermatology, Shimane University Faculty of Medicine, Izumo)
Agora-O-4. “Bullous Pemphigoid IgG Induces Mitochondrial Dysfunction on Cultured Keratinocyte in Vitro”  
Duerna Tie, Xia Da, Masataka Ota, Kenji Hayashida, Yuko Chinuki, Sakae Kaneko, Eishin Morita  
(Department of Dermatology, Shimane University Faculty of Medicine, Izumo)

Agora-O-5. “HaCaT and DJM-1 Cells Respond Differently to Differentiation Stimulus from Epidermal Keratinocytes”  
Yunan Wang, Ken Natsuga, Yu Fujimura, Mika Watanabe, Hiroshi Shimizu  
(Department of Dermatology, Hokkaido University Graduate School of Medicine, Sapporo)

Agora-O-6. “Dysfunction of the Stratum Corneum in an Ovariectomized Mice Model of Climacterium”  
Yue Chen1,2, Hiroo Yokozeki1, Kazumoto Katagiri2  
(Department of Dermatology, Tokyo Medical and Dental University, Tokyo1, Department of Dermatology, Dokkyo Medical University Koshigaya Hospital, Saitama2)

Hoang Thi Phuong1,2, Tran Cam Van1, Nguyen Huu Sau1, Le Huu Doanh1, Truong Huyen Trang1, Nguyen Le Hoa1, Daisuke Tsuruta2  
(National Hospital of Dermatology and Venereology, Hanoi1, Department of Dermatology, Osaka City University Graduate School of Medicine, Osaka2)

12:50-13:20  
Current State of Our Society  
Chairs: Yoshiki Tokura (Hamamatsu Univ. School of Medicine)  
Keiji Iwatsuki (Okayama Univ.)

“About the Japanese Dermatological Association (JDA)”  
Yoshiki Tokura  
(JDA)

“About the Chinese Society of Dermatology (CSD)”  
Yong Yang  
(CSD)

“About the Korean Dermatological Association (KDA)”  
Seong-Jin Jo  
(KDA)

“About the Taiwanese Dermatological Association (TDA)”  
Yu-Ping Hsiao  
(TDA)

“About the Dermatological Society of Singapore (DSS)”  
Bôon Kee Goh  
(DSS)

“About the Dermatological Society of Thailand (DST)”  
Bensachee Pattamadilok  
(DST)

13:20-13:25  
Short Comments  
Hsin-Su Yu  
(Past president, TDA / Vice President, National Health Research Institutes Distinguished Investigator, National Institute of Environmental Health Sciences, NHRI Chair Professor of Dermatology, Kaohsiung Medical Univ.)
Closing Remarks

Shinji Shimada
(President, JDA/Dean, Yamanashi Univ.)

Group Photo
Sunday, June 4

9:20-12:20

Special Program 6  
**Location: Room 1, Conference Building Main Hall**

Chairs: Masayuki Amagai (Keio Univ.)
Kenji Kabashima (Kyoto Univ.)

**SS6-3. “Revisiting the importance of CD1a on Langerhans cells”**

10:30-11:05

Winau Florian  
(Program in Cellular and Molecular Medicine, Boston Children's Hospital, Department of Microbiology and Immunobiology, Harvard Medical School, Boston, USA)

13:40-14:30

Luncheon Seminar 31  
**Location: Room 11, Conference Building 3F Shirakashi 1**

Chairs: Hidemi Nakagawa (The Jikei Univ. School of Medicine)  
Takafumi Eto (Tokyo Teishin Hospital)

**LS31-2. “The newly developed human anti-IL-17 receptor-A monoclonal antibody, Brodalumab”**

Kim A. Papp  
(Probity Medical Research and K Papp Clinical Research, Waterloo, Ontario, Canada)
Basal cell carcinoma—clinical spectrum, pathophysiology and new approaches to diagnosis and treatment

Thomas Ruzicka
Department of Dermatology and Allergology, Ludwig-Maximilian-University Munich, Germany

Basal cell carcinoma is the most common cancer in men and shows an increasing incidence due to aging population and increased ultraviolet exposure. Besides its classical presentation, several variants exists which may be difficult to diagnose. Rodent ulcers may show aggressive local growth and massive tissue destruction, but metastatic basal cell carcinoma is exceedingly rare. Major insights into the molecular pathophysiology have been gained from the nevoid basal cell carcinoma syndrome (Gorlin–Goltz syndrome) which is caused by mutations in the sonic hedgehog pathway. Similar mutation are underlying the much more common sporadic tumors. Vismodegib is a new drug inhibiting the activated sonic hedgehog pathway and effective for treatment of tumors not amenable to surgery. Imiquimod and photodynamic therapy represent other nonsurgical approaches. Novel diagnostic methods include optical coherence tomography and confocal laser scanning microscopy, which can be also used for ex vivo Mohs surgery.

[Career Summary]
Born on January 12, 1952 in Prague/Czechoslovakia.

Basic and High School in Prague/Vienna/Munich, Baccalaureat in Munich 1971.

1971–1977 Medical School of the University in Düsseldorf
Promotion to Dr. med. in Düsseldorf on the topic “Lyell Syndrome”.
Grade: Excellent.
1978–1980 Resident at the Department of Dermatology, University of Düsseldorf (Prof. Greither, Prof. Goerz) from
Research area “Role of Eicosanoids in Skin”.
1982–1993 Member of the Department of Dermatology at the Ludwigs-Maximilians-University in Munich (Prof. Braun-Falco, Prof. Plewig).
1983 Specialist in Dermatology
1985 Senior lecturer in Dermatology and Venerology.
1991 Professor in Dermatology.
1993–2006 Director of the Department of Dermatology and Venerology at the Heinrich-Heine-University in Düsseldorf
1995–2006 Speaker of the Special Research Center 503 of Deutsche Forschungsgemeinschaft “Moleculare and cellular mediators of exogenous noxae”
1999 Honorary doctor of University Szeged
2000–2006 Speaker of the “Biomedical Research Center” of the Heinrich Heine University, Düsseldorf
2004  Vice–president, International Society of Dermatology
2004  Board of Directors, Dermopharmacology Society
2004  Editor, Der Hautarzt
2005  Editorial board, Acta Dermatovenerologica
2006  Director, Department of Dermatology, Ludwig–Maximilians University, Munich
2007  Editorial Board Münchner Medizinische Wochenschrift
2007  Executive Board Member EUSCLE
2008  Editorial Board, Wundmedizin und Wundpflege
2008  Editorial Board, Münchner Medizinische Wochenschrift
2008  Editorial Board, Lasers in Medical Science
2009  Board of Directors, German Dermatological Society
2009  Editorial Board, Journal of Clinical Dermatology
2010  International Advisory Board Online Journal of Indian Dermatology (OJID)
2010  Editor Dermatolog (Ukraine)
2010  Board of Editors, Journal für Ästhetische Chirurgie
2011  Vice–president, Euro–Asian Association of Dermatovenerologists EAAD
2011  Editorial Board, Arzneimittel–Therapie–Kritik & Medizin und Umwelt
2012  Honorary Senator of University of Maribor
2012  Honorary doctor of University of Vilnius
2012  Editorial Board of Anais Brasileiros de Dermatologia
2012  Board of Editors, Arzneimitteltherapie–Kritik und Medizin und Umwelt
2013  Editorial Board, Dermatologica Sinica, Taiwan
2013  Editorial Board, Indian Journal of Paediatric Dermatology (IJD)
2013  Advisory Board, Indian Journal of Dermatology (IJD)
2014  Executive board member, International Society of Dermatology
2014  Vicepresident EUSCLE
2014  Executive board member, International Society of Dermatology
2014  International Advisory Board, Russian Journal of Skin and Sexually Transmitted Diseases
2015  Vicepresident, Ärztlicher Verein, München
2015  Honorary Doctor, University of Uzhgorod
2016  President, Ärztlicher Verein München
2016  President elect, German–Japanese Society of Dermatology
2017–  Board of Directors, ISD
               Past president and vice president,
German–Hungarian Dermatological Society
German–Israeli Dermatological Society
I started my training in Dermatology exactly 50 years ago. At that time the specialty was becoming attractive because the scientific basis of skin biology and skin diseases were beginning to unfold. The two most striking advances at that time were 1) the identification of the importance of antibodies in the diagnosis and (potential) pathogenesis of pemphigus and pemphigoid, discoveries that were made in 1964 and 1967, respectively, and 2) the increased understanding of epidermal cell growth and differentiation. In these past 50 years, we have witnessed almost unbelievable advances in our specialty as well as in all of medicine. Many of these advances have come because of the massive increase in collaborations between various basic and clinical departments and between national and international research groups.

During my 42 years at the NIH I have had the great fortune of working with a wonderful group of fellows from the USA and from all over the world. A significant number of these fellows came from Japan and, after training, returned to Japan to lead highly successful independent productive research programs and have become national and international leaders in dermatology and medicine. I believe that much of the success of these fellows can be attributed to 1) their coming from academic centers and Dermatology Departments that were truly interested in developing or furthering their existing departments, 2) their having some laboratory-based training in Japan and facility with the English language so that they could maximize their research time and launch their projects without much delay when they arrived in the USA, 3) facility with language also enabled their almost immediate understanding and participation in all dimensions of research going on in their laboratories and departments, 4) their being allotted enough time for fellowship so they could develop a niche area that they could further pursue on their return, and, 5) their being given resources and time to develop significant programs on their return to Japan. These long-term training programs are only successful if they are mutually beneficial to both the fellow and the lab chief and the departments. At the Dermatology Branch of the National Cancer Institute we benefitted greatly from these interactions that not only occurred in the laboratory but all of us in the Branch tried to incorporate our Japanese fellows into our social lives so that they could get a taste of the social systems in the USA.

In this talk, I will discuss the importance of developing international scientific interactions and I will also focus on some of the major advances we have seen in these past 50 years with a particular emphasis on how our specialty has changed in the past 10–15 years. Some of these advances would have been unimaginable even 15 years ago.

Major advances have come in the areas of cell and developmental biology, genetics, and immunology, among others, and have clearly benefited patients as a consequence of our understanding of basic mechanisms in the pathophysiology of both rare and more common diseases. Who could have imagined just 15 years ago our having effective (or potentially effective) treatments for skin diseases that exhibit systemic structural abnormalities such as Marfan syndrome, tuberous sclerosis and neurofibromatosis? And, who could have imagined our ability to identify the genetic defects in most patients with epidermolysis bullosa and having many different approaches to treatment including gene therapy, systemic or local stem cell therapy and protein therapy? As well, an entire group of diseases that were previously considered as one-offs, have now been identified under the broad heading of auto inflammatory diseases and many of the affected patients are now effectively treated with various types of anti-IL–1β inhibitors. And, who could have imagined even seven years ago that some patients with metastatic melanoma could, with proper identification of the genetic defect, join the ranks of cancer survivors? Even more recently, immune checkpoint inhibitors have been shown to enhance one’s own immune response and thereby lead to longer term survival of patients with certain forms of metastatic melanoma. Finally, understanding of the immune response cascade that occurs in patients with psoriasis has led to the development of drugs that, because of their extraordinary efficacy, are changing the lives of patients with psoriasis.
Investments in basic science and in the extraordinary people who are being attracted to dermatology and to the study of skin biology and skin diseases are critical and portend a very bright future for our specialty and with these investments, patients with skin diseases can continue to imagine a better life.

[Career Summary]
Stephen I. Katz, M.D., Ph.D. has been Director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases since August 1995 and is also an Adjunct Investigator in the Dermatology Branch of the National Cancer Institute. He was born in New York in 1941 and his early years were spent in the Washington, D.C., and Bethesda, Maryland areas. After attending the University of Maryland, where he graduated with honors, he graduated from the Tulane University Medical School with honors in 1966. He completed a medical internship at Los Angeles County Hospital and did his dermatology residency at the University of Miami Medical Center from 1967 to 1970. He served in the U.S. military at Walter Reed Army Medical Center from 1970 to 1972. From 1972 to 1974, Dr. Katz did a postdoctoral fellowship at the Royal College of Surgeons of England and obtained a Ph.D. degree in immunology from the University of London in 1974. He then became Senior Investigator in the Dermatology Branch of the National Cancer Institute (1974–2014) and assumed the position of Acting Chief in 1977. In 1980, he became Chief of the Branch, a position he held until 2002. In 1989, Dr. Katz also assumed the position of Marion B. Sulzberger Professor of Dermatology at the Uniformed Services University of the Health Sciences in Bethesda, Maryland, a position that he held until 1995.

Dr. Katz has focused his studies on immunology and the skin. His research has demonstrated that skin is an important component of the immune system both in its normal function and as a target in immunologically–mediated disease. In addition to studying Langerhans cells and epidermally–derived cytokines, Dr. Katz and his colleagues have added considerable new knowledge about inherited and acquired blistering skin diseases.

Dr. Katz has trained a large number of outstanding immunodermatologists in the U.S., Japan, Korea, and Europe. Many of these individuals are now leading their own high–quality, independent research programs. He has served many professional societies in leadership positions including as a member of the Board of Directors and President of the Society for Investigative Dermatology; on the Board of the Association of Professors of Dermatology; as Secretary–General of the 18th World Congress of Dermatology in New York in 1992; as Secretary–Treasurer of the Clinical Immunology Society; and as President of both the International League of Dermatological Societies and the International Committee of Dermatology. Dr. Katz has also served on the editorial boards of a number of clinical and investigative dermatology journals, as well as several immunology journals. He has received many honors and awards, including the Master Dermatologist Award and the Sulzberger Lecture Award of the American Academy of Dermatology; the National Cancer Institute’s Outstanding Mentor Award; the Harvey J. Bullock, Jr., EEO Award in recognition of his extraordinary leadership in scientific, programmatic, and administrative arenas; the Excellence in Leadership Award from the Intl. Pemphigus Foundation; the "Change It" Champion Award from Parent Project Muscular Dystrophy; the Paul G. Rogers Leadership Award from the National Osteoporosis Foundation; the American Society for Bone and Mineral Research Distinguished Leader Award, the Dermatology Foundation Lifetime Career Educator Award, the American Skin Association Leadership in Academic Medicine Award, honorary membership in the American Academy of Dermatology and the Society for Investigative Dermatology, as well as numerous international dermatological societies; and election into the Institute of Medicine of the National Academy of Sciences (USA). He has also received the Alfred Marchionini Gold Medal; the Gold Medal from the International League of Dermatological Societies for Achievements in Global Dermatology; the Lifetime Achievement Award of the American Skin Association; Doctor Honoris Causa Degrees from Semmelweis University in Budapest, Hungary; Ludwig Maximillian University in Munich, Germany; the University of Athens in Greece, and (Honorary Doctorate) from University College Dublin in Ireland. He also received the Rothman Award for distinguished service to investigative cutaneous medicine and the Kligman/Frost Award, both from the Society for Investigative Dermatology. Dr. Katz has been honored by the Japan government from which he received the Order of the Rising Sun, Gold Rays with Neck Ribbon from the Japanese Emperor. Dr. Katz has twice received the Meritorious Rank Award and has also received the Distinguished Executive Presidential Rank Award, the highest honor that can be bestowed upon a civil servant.
Dermatology will continue to face challenges in the United States as new models for health care delivery systems evolve. Teledermatology has the potential to improve access for patient care within these systems and provide an efficient, patient-centered experience. Teledermatology can be used to improve patient care, access, and outcomes in a variety of ways, including triage, urgent care, inpatient consultation, direct follow-up, and patient monitoring, when integrated into the patients' overall medical care. Over time, many new platforms have emerged that connect patients directly to dermatologists. These virtual dermatology encounters that are facilitated by Internet sites and mobile apps are becoming more popular in certain patient communities, primarily due to convenience, as well as an unmet need for dermatologic care. They range in quality, and recommendations for standard ethical practices are needed in order to ensure coordinated, high-quality care. We are currently at a crossroads where technology, medical care, patient needs, business success, and free market competition are in occasional opposition and imbalance. The position of our specialty and future of medicine will be determined by how the advocates of these opposing forces work together.

[Career Summary]
I have an interest in access to health care, teledermatology, informatics, and HIV-related skin disease. I have created the Penn Dermatology Global Health program, through which I work to provide clinical care and education in underserved communities. I have implemented numerous innovative teledermatology programs in underserved communities in the US and globally using mobile phones, electronic medical records, open source technology, and accessory medical devices. I am now also focusing on developing, sustaining, and advocating for new models of quality health care that can increase access through telemedicine and other means. I have assisted in implementation of telehealth bills in both Pennsylvania and New Jersey, and I have worked with numerous national medical organizations on telehealth and information technology policy. My work spans all health care disciplines and types of technology, and the manuscripts listed below highlights my recent work in this field.

Positions:
2006-Present  Assistant Professor
2013-Present  Associate Professor, Dermatology, Dermatopathology, Infectious Diseases, University of Pennsylvania, Philadelphia, PA
SS6-3
Revisiting the importance of CD1a on Langerhans cells

Winau Florian
Program in Cellular and Molecular Medicine, Boston Children's Hospital, Department of Microbiology and Immunobiology, Harvard Medical School, Boston, USA

In contrast to conventional T cells that recognize peptides on MHC proteins, CD1 molecules present lipid antigens to T lymphocytes. The abundant expression of CD1a hallmarks Langerhans cells in the skin, a subtype of dendritic cell (DC) with antigen-presenting functions. CD1a can bind and display a broad spectrum of lipid antigens derived from exogenous sources, such as bacteria, or host origin. The intricate immune system of the skin is critically involved in responses to extrinsic insults like allergens, as well as in autoimmune diseases, such as psoriasis. However, the in vivo role of CD1a on Langerhans cells remains unclear, principally because CD1a is expressed in humans but lacking in mice. To overcome this obstacle, we generated human CD1a-transgenic mice and investigated the impact of CD1a on skin inflammation. Here we show that the lipidic molecule urushiol from the plant poison ivy induces severe skin inflammation in a CD1a-dependent fashion. The immune response is exclusively driven by CD1a-expressing Langerhans cells that elicit the generation of CD4 T cells, producing the inflammatory cytokines IL-17 and IL-22. Notably, human subjects with poison ivy dermatitis showed a similar cytokine signature following CD1a-mediated urushiol recognition. Among different urushiol congeners, we identified diunsaturated pentadecylcatechol (C15:2) as the dominant antigen for CD1a-restricted T cells. We determined the crystal structure of the CD1a-urushiol (C15:2) complex to 1.9 Å resolution, demonstrating the molecular basis of urushiol interaction with the antigen-binding cleft of CD1a. In a model for psoriasis, CD1a massively amplified inflammation mediated by Th17 cells reactive with self lipid antigens from skin. Strikingly, treatment with blocking antibodies against CD1a fully abrogated skin inflammation. Patients suffering from psoriasis showed strong inflammatory T cell activation in response to CD1a. Thus, we propose CD1a as a novel target for future therapeutic strategies against inflammatory skin diseases.

[Career Summary]
Dr. Winau is a Principal Investigator in the Program in Cellular and Molecular Medicine (PCMM) at Boston Children’s Hospital, and a faculty member in the Department of Microbiology and Immunobiology at Harvard Medical School. Dr. Winau received his M.D. from the Charité Humboldt University in Berlin, Germany. He did his post-doctoral work at the Max-Planck-Institute for Infection Biology in Berlin, before establishing his laboratory at Harvard Medical School. The Winau Lab studies diverse aspects of antigen presentation and T cell biology. He is especially interested in the role of lipids in Immunology, acting as antigens or regulators of immune responses.
Hair is unique because 1) its stem cells are contained within a follicle structure, 2) it undergoes cyclic regeneration repetitively throughout life, 3) regeneration occurs physiologically in healthy individuals and 4) regeneration is also induced in response to injury. Precise control of this cyclic regeneration process is essential for maintaining the homeostasis of living organisms. While stem cells are regulated by the intra-follicle adjacent micro-environmental niche, this niche is also modulated dynamically by extra-follicular macro-environmental signals, allowing stem cells to adapt to a larger changing environment and physiological needs. Our recent work further demonstrated that stem cells activation can be induced simultaneously when surrounding stimulating factors are accumulated and reach the threshold. This type of regeneration is a threshold dependent all-or-none process, which provides an organ-level example of quorum sensing. This finding is important in the field of regeneration medicine. We believe that the quorum sensing behavior principle is likely to be present in the regeneration of tissue and organs beyond the skin. Utilizing such efficient regenerative strategies opens a new window in treating alopecia as well as other degenerative disorders.

[Career Summary]

Education:
1991.9~1998.7 M.D., National Yang-Ming University, Taipei, Taiwan
2005.9~2014.5 Ph.D., National Yang-Ming University, Taipei, Taiwan

Career:
2000.5~2004.4 Residency, Department of Dermatology, Taipei Veterans General Hospital
2004.5~2006.4 Attending physician, Department of Dermatology, Taoyuan Veterans Hospital
2008.6~2010.7 Visiting Scholar, Department of Pathology, University of Southern California, USA
2006.5~2016.2 Attending physician, Department of Dermatology, Taipei Veterans General Hospital
2016.3~present Chief, Division of Dermatologic diagnosis, Department of Dermatology, Taipei Veterans General Hospital

Pigmentary disorders in Asian skin can be a challenge to diagnose and treat, as they are not well characterized in standard dermatological textbooks. In Oriental skin, melasma co-exists with Hori’s naevi, solar lentigines and freckles, and differentiating them is important as the therapeutic interventions differ. Often misdiagnosed as melasma, lichen planus pigmentedus, ochronosis and drug-induced facial pigmentation are important differential diagnoses to highlight in Asian skin. Besides these conditions, there are disorders that may only manifest in or are preponderant in the skin of colour: they include the guttate leukoderma of Darier’s disease, amyloidosis cutis dyschromica, and achromic pityriasis lichenoides. To the untrained eyes, these unusual pigmentary conditions are diagnostic challenges. Their features and diagnostic approaches will be presented in this lecture, together with other dermatological gems such as Dowling-Degos disease, Galli-Galli disease and prurigo pigmentosus.

[Career Summary]

Current Appointments
Medical Director & Consultant Dermatologist of Skin Physicians.
Mount Elizabeth Medical Centre, Singapore
President of Asian Society for Pigment Cell Research
Visiting Consultant, National Skin Centre, Singapore
Honorary Clinical Tutor, University of Cardiff, UK

Previous Appointments
Consultant Dermatologist, National Skin Centre
Deputy Director of Research, National Skin Centre
Clinical Lecturer, National University of Singapore
Organising President, 22nd International Pigment Cell Conference
Psoriasis is commonly skin disease encountered in clinical practice. Chronic course and recalcitrant to treatment often cause patients to feel distressed and psychologically traumatized.

The high efficacy and safety of our treatment modalities couple with good adherence and good compliance from the patients are keys to get successful treatment. Our current, established, treatment modalities, which feature statistically high levels of supporting evidences, include topical corticosteroids, vitamin D analogues, methotrexate, cyclosporine, biologics, and phototherapy. Novel biologic injections are an extremely expensive option for treating incurable chronic lasting disease. The best treatment should be uniquely tailored to meet individual patients’ particular needs with an affordable cost that can be sustained by the patient.

Phototherapy is the first line treatment of these distressed patients in term of cost-effectiveness. This session will review the efficacy and safety of phototherapy modalities, such as whole body phototherapy, local phototherapy, targeted phototherapy.

[Career Summary]
2009–2010 Clinical Research Fellowship : Department of Dermatology, Henry Ford Hospital Physics Department, Wayne State University Detroit, Michigan, USA
2005–2008 Diplomate Thai Board of Dermatology : Faculty of Medicine, Siriraj Hospital, Mahidol University, Bangkok, Thailand
Completion Date : May 31, 2008
2001–2004 Diplomate Thai Board of Internal Medicine : Chulalongkorn University, Bangkok, Thailand
2001–2002 Higher Graduate Diploma of Clinical Sciences in Internal Medicine : Chulalongkorn University, Bangkok, Thailand
1992–1998 Doctor of Medicine : Faculty of Medicine, Siriraj Hospital, Mahidol University, Bangkok, Thailand

Regulatory T (Treg) cells are a key player in inducing immune tolerance in allergen–specific immunotherapy (SIT). Until now, there is no efficient method to induce Treg cells rather than subcutaneous route or sublingual route with allergen delivery in SIT. Recently, new drug delivery system like microneedle is used more conveniently and effectively to deliver large proteins like allergens into the skin through dermis. Therefore, we developed Dermatophagoides farinae (DF)–loaded microneedle patches which consist of dissolving type of microneedles, made of biodegradable components, hyaluronic acid (HA), so when it is applied to the skin, it can dissolve and release allergen into the skin. We also established the murine model of allergen–specific immunotherapy using DF-sensitized atopic dermatitis mice model. Taken together, we found that DF–loaded HA microneedle patches had 10 times more effective allergen–specific immune tolerance or Treg development than subcutaneous route, through the bypass of 500 Da rule interfering allergen delivery in our SIT murine model.

[Career Summary]
Chang Ook Park earned a MD and a PhD from Yonsei University College of Medicine, Seoul, Korea. He finished a dermatology residency training at Severance Hospital, Yonsei University College of Medicine, Seoul, Korea. Dr. Park had a postdoc training in a field of immunodermatology at Department of Dermatology, Brigham and Women’s Hospital, Harvard Medical School, Boston, USA (PI : Dr. Kupper). His clinical specialties are atopic dermatitis and skin allergy. His researches focus on immune mechanisms and immunotherapies of atopic dermatitis.
Psoriasis is a chronic inflammatory skin disease. IL-17 is the most important pathogenic cytokine in psoriasis, mainly produced by dermal γδT cells in psoriatic lesion. In mouse dermal γδT cells, Vγ4+T subsets have memory function. IL-7 selectively promotes mouse and human IL-17-producing γδT cells. Up to now, topical glucocorticoid (GC) is regarded as the first-line treatment for psoriasis vulgaris. Psoriasis can be fast and effectively controlled by topical GC, however the disease is easy to relapse, or even exacerbate with long time use. Topical GC has strong anti-inflammatory effect, but increased IL-17R expression on dermal γδT cells. The increased expression of IL-17R promoted the proliferation of γδT cells. Topical GC treatment rose the percentage of γδT cells especially the percentage of Vγ4+T cells. Once withdrawal of GC, Vγ4+T cells proliferated rapidly, when applied IMQ again, Vγ4+T cells proliferated more rapidly and lead to more quickly inflammatory reaction. At the same time, topical GC promoted keratinocytes to produce CCL20, while CCL20 attracts IL-17-producing cells with CCR6+ to the local skin, especially γδT cells, which further aggravated the skin inflammation.

[Career Summary]
Lanqi Wang, A resident doctor in the Department of Dermatology, Ruijin Hospital, School of Medicine, Shanghai Jiaotong University. Lanqi Wang graduated and got the degree of MD from Shanghai Tongji University at 2008 and received a PhD degree at 2014 in Shanghai Jiaotong University. She mainly engaged in the study of association between infection and psoriasis.

With increasing numbers of percutaneous coronary intervention (PCI) and complex cardiac procedures, higher accumulated radiation dose in patient has been observed. Thus, the incidence of fluoroscopy-induced radiation ulcer is increasing. Radiation ulcer is difficult to manage and currently there are no treatment guidelines. To identify the optimal treatment approaches for managing cardiac fluoroscopy-induced radiation ulcers, we retrospectively reviewed medical records of 13 patients with fluoroscopy-induced radiation ulcers receiving surgical interventions and following up in our hospital from 2012 to 2015.

Conventional wound care and hyperbaric oxygen therapy were of little therapeutic benefit. Twelve patients received reconstruction with advancement flap or split thick skin graft. One-stage radical excision of radiation damaged area in eight cases with immediate reconstruction led to better outcomes than conservative excisions in four cases. Radical surgical excision to remove all the radiation damaged tissues in combination with immediate reconstruction appears to offer the optimal treatment results for cardiac fluoroscopy-induced radiation ulcers. Adequate excision of the damaged areas in both vertical (to the muscular fascia) and horizontal (beyond the sclerotic areas) dimension is pivotal to achieve good treatment outcomes.

[Career Summary]
2009~2011 Dermatology, Hospital of National Cheng-Kung University
2011~ Department of Dermatology, Kaohsiung Veterans General Hospital.
Agora-5
Investigation of the Mechanisms of Proliferation and Metastasis Inhibition by Combined Treatment with Ganoderma Immunomodulatory Proteins and Immunotherapy in Melanoma

Yu-Ping Hsiao\textsuperscript{1,2}, Chun-Te Lu\textsuperscript{3}, Ting-Yi Hou\textsuperscript{1}, Jiunn-Liang Ko\textsuperscript{1}

Institute of Medicine, School of Medicine, Chung Shan Medical University, Taichung\textsuperscript{1}, Department of Dermatology, Chung Shan Medical University Hospital, Taichung\textsuperscript{2}, Division of Plastic and Reconstructive Surgery, Department of Surgery, Taichung Veterans General Hospital, Taichung\textsuperscript{2}

Recent advances have been made in immune and target therapy in melanoma, but durable remissions are rare. The aim is to investigate the effects of Ganoderma immunomodulatory protein (GMI) on melanoma survival and metastasis. We analyzed the cell morphology, protein expressions, and cell migration of GMI-treated melanoma cells (A375.S2 and B16F10). An in vivo anti-tumor metastasis study was performed. GMI significantly inhibited cell growth and migration of melanoma cells. GMI inhibited the expressions of Integrin \( \alpha_5, \alpha_V, \beta_1, \) and \( \beta_3. \) The levels of p-FAK, FAK, p-Rb, p-Chk1, and Survivin were decreased, and LC3 II/I was enhanced by GMI. Integrin-\( \alpha_V \) overexpression activates p-FAK pathways in A375.S2 cells. In vivo, GMI combined with Pembrolizumab not only suppressed tumor metastasis but also significantly decreased the myeloid derived suppressor cells in spleen. GMI inhibited the migration and cell growth of melanoma cells via integrin-related signaling pathways. GMI might be a potential immunotherapeutic adjuvant against melanoma metastasis.

[Career Summary]
Chief, Department of Dermatology, Chung Shan Medical University Hospital, Taiwan
Chief, Department of Dermatology, Chung Shan Medical University, Taiwan
Assistant Professor, Department of Dermatology, Chung Shan Medical University, Taiwan
Visiting Scholar, Chemical and Systems Biology, Stanford University, U. S.A.
Observer, Department of Dermatology, University of California, San Francisco, U.S.A.

Agora-6
Clinical Implication of Premature Hair Graying

Seong-Jin Jo
Department of Dermatology, Seoul National University Hospital, Seoul

Hair graying is one of the natural processes of aging. Hair graying generally begins at an average of about 40 years old in Koreans, but some people start hair graying in their 20s or earlier, called premature hair graying (PHG). PHG is usually considered as not a healthy problem, but a cosmetic one. However, because of the strong association between aging and hair graying, many researchers have been concerned that PHG is a predictor of some medical condition. Several studies suggested the association of PHG with osteopenia or coronary artery disease. In a large cross-sectional study, we noted that PHG is associated with smoking, family history of PHG, and obesity in Korean males. However, we did not find an association of PHG with alcohol consumption, exercise, diet, and psychological stress. In a further study including both males and females, it was found that PHG is associated with some metabolic risk factors such as larger waist circumference, higher blood pressure, and dyslipidemia. Thus, hair graying is not only a presentation of aging, but also a potential marker of phenomenon can be a potential marker that reflects medical condition of an individual.

[Career Summary]
Academic Qualifications
2012.2 Ph.D. of Dermatology, Postgraduate school of Seoul National University, Seoul, Korea
2001.2 M.D. in Korea

Professor Seong Jin Jo received his M.D. and Ph.D. from Seoul National University College of Medicine in 2001 and 2012, respectively. He completed his residency and fellowship at the Seoul National University Hospital (SNUH) and is currently the clinical professor in the Department of Dermatology at SNUH. His clinical practice focuses mainly on psoriasis, skin cancer, and adverse effects of anti-cancer therapy. He is also studying hair graying and hair biology.
Tropical diseases refer to infectious diseases that occur principally in hot climate, tropical regions. Thailand, which is located in the Southeast Asia, comprises of quite a large geographic variation, mainly a tropical hot and humid climate in the majority of the area. A number of diseases related to tropical region have been described in Thailand. Skin is one of the most common sites where any presenting signs of tropical diseases can be observed. Tropical cutaneous infection can be either localized or systemic. It can affect both people with normal immune status and those who are immunocompromised patients.

The challenge in making diagnosis of tropical diseases is how physicians can recognize distinctive clinical signs of the diseases. History taking and a complete physical examination is extremely essential to obtain any information related to each condition. Skin biopsy and tissue culture are sometimes necessary to identify not only the pathology on affected sites but also causative organisms. In this session, several interesting tropical cutaneous infections will be highlighted.

[Career Summary]

● **Education**
  2003–2009  Faculty of Medicine, Srinakharinwirot university
  2010–2011  Master of Science in Clinical Dermatology (Full-time), School of Medicine, Cardiff University, United Kingdom
  2012–2016  Diplomate Thai board of Dermatology, Institute of Dermatology, Bangkok, Thailand

● **Occupation**
  2016–current  Staff physician at the Institute of Dermatology, Bangkok, Thailand

Our research is focused on the genetic skin disorders and ion channels. We have identified the causative genes and the pathogenesis of seven genetic skin diseases, among them, four are ion channel disorders.

In 2004, we identified sodium channel SCN9A mutations caused primary erythermalgia. We elucidated the molecular mechanism of this condition, gain-of-function of the channel leading to more sensitive to pain. We also found the mutation hot spot of SCN9A, mechanism of relief the pain, and genotype–phenotype correlation of this disorder.

In 2012, we found gain-of-function mutations of TRPV3 channel caused Olmsted syndrome, a genetic disorder characterized by palmoplantar and periorificial keratoderma, alopecia, and severe itching. In transfected HEK 293 cells expressing TRPV3 mutants, much larger inward currents were recorded, because of the constitutive opening of the mutants. These mutations lead to elevated apoptosis of keratinocytes and consequent skin hyperkeratosis.

In 2014, we identified water channel AQ5 mutation in a family of palmoplantar keratoderma Bothnia type. The mutation can cause gain-of-function property of AQ5/TRPV4 complex, results in increased cytosolic calcium concentration which is essential for sweat secretion, and hyperhidrosis in the affected individuals.

In 2015, we found the GJA1 mutation as a cause of keratoderma–hypotrichosis–leukonychia totalis syndrome. We observed that the mutant hemichannel had significantly more openings than wild-type, facilitating Ca$^{2+}$ influx at resting potential, cytoplasmic Ca$^{2+}$ overload, and accelerated apoptosis of keratinocytes.

Our goal is to find new medicines to relieve pain, itch and other skin conditions based on these ion channels.

[Career Summary]

● **Position and University**
  Professor, Dept. Dermatology
  Peking University First Hospital

● **RESEARCH INTERESTS**
  1. Role of ion channels in skin sensation, keratinization and hair development
  2. Pathogenesis of genetic skin disorders
Elevated Serum TARC/CCL17 Level Is Correlated with Disease Severity in Sarcoidosis Patients

Chuyen Thi Hong Nguyen, Ikuko Ueda-Hayakawa, Fumikazu Yamazaki, Naotomo Kambe, Hiroyuki Okamoto
Department of Dermatology, Kansai Medical University, Hirakata, Osaka

Our recently report on clinical utility of sIL-2R in sarcoidosis patients with cutaneous lesions enabled us to perform a further retrospective study of 68 patients to assess the value of serum thymus and activation related chemokine (TARC/CCL17) levels. The increased serum TARC levels were observed in 53 patients (77.9%). These patients have significantly higher levels of other laboratory markers in sarcoidosis including sIL-2R (p=0.000), ACE (p=0.001) and lysozyme (p=0.03). More interestingly, they also showed higher incidence of pulmonary involvement (p=0.03) and multiple organ involvements (p=0.019) in comparison with patients with normal TARC levels. Thus, serum TARC levels could be helpful to predict the individual who are at high risk of extra-cutaneous involvement.

Allergen Protease Activity-Dependent Skin Inflammation and Epicutaneous Sensitization

Punyada Suchiva1,2, Toshiro Takai2, Hideo Iida2, Sakiko Shimura2, Natsuko Maruyama2, Hirono Ochi2, Seiji Kamijo2, Ko Okumura2, Hideoki Ogawa2, Shigaku Ikeda2
Department of Dermatology and Allergology, Juntendo University Graduate School of Medicine, Tokyo1, Atopy (Allergy) Research Center, Juntendo University Graduate School of Medicine, Tokyo2

Allergen sources such as mites, insects, fungi, and pollen contain proteases. Epicutaneous exposure to allergens is considered an important route of sensitization toward atopic dermatitis and other allergic diseases such as asthma and food allergies in "atopic march". Painting a model protease allergen, papain, on ear skin of mice and tape-stripping cooperatively promoted dermatitis and upregulation of levels of serum total IgE and papain-specific IgE/IgG1 and induced epidermal barrier dysfunction and gene expression of proinflammatory cytokines and growth factors. Moreover, tape-stripping in combination with papain induced upregulation of COX-2 gene expression and production of lipid mediators. Mechanisms behind the skin responses in the model need to be explored.

[Career Summary]
Punyada Suchiva is currently enrolled at Juntendo University Graduate school of Medicine as a 2nd year graduate student in Atopy Research Center and Dermatology department studying under Professor Ikeda Shigaku. Her current research focuses on the protease allergen and mechanical skin barrier damage that cooperatively promote epicutaneous sensitization and inflammation in mice. She has medical degree from Thailand in 2008 and Master of Science in dermatology from Boston University School of Medicine in 2013.
Agora-O-3
Isolation of Antifungal Components from Ou-gon Which Is Widely Supplemented in Kampo Medicine

Xia Da, Eishin Morita
Department of Dermatology, Shimane University Faculty of Medicine, Izumo

We have tested antifungal activity of 61 Kampo medicines by using micro-broth dilution assay with *Trichophyton rubrum* (*T. rubrum*), and found that 7 of them had antifungal activity. Among these 7 Kampo medicines 6 contained Ou-gon (*Scutellaria root*), and a crude extract of Ou-gon exhibited significant antifungal activity. This study aims to identify antifungal components contained in Ou-gon against dermatophytes, and determine their antifungal mechanism. As a result, two components were isolated having potent antifungal activity, and identified as baicalein and wogonin. Baicalein showed antifungal activity for *T. rubrum*, *T. mentagrophytes*, *Aspergillus fumigatus* and *Candida albicans* (*C. albicans*). Wogonin showed antifungal activity for all except *C. albicans*. Their mode of action is suggested to be apoptosis-like programmed cell death. This study may contribute to the development of new and safe antifungal drugs.

[Career Summary]
9/2006-9/2011 Xinjiang Medical University
10/2011-6/2012 Sapporo IAY International Academy
Japanese Language School
10/2012-3/2014 Department of Dermatology, Shimane University (Foreign researcher)
4/2014-present Department of Dermatology, Shimane University (Doctoral candidate)

Agora-O-4
Bullous Pemphigoid IgG Induces Mitochondrial Dysfunction on Cultured Keratinocyte in Vitro

Duerna Tie, Xia Da, Masataka Ota, Kenji Hayashida, Yuko Chinuki, Sakae Kaneko, Eishin Morita
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In order to investigate direct effects of bullous pemphigoid (BP) IgG on keratinocytes, normal human keratinocytes (NHK) were treated with BP IgG or healthy control IgG, and assessed their morphological characteristics. In the BP IgG-treated NHK, reduction of cell adhesion, increase of cell migration, and loss of cell surface expression antigen were observed. Confocal microscopy examination showed immune-complex internalization. Moreover, BP IgG-treated NHK had relatively low C12-resorufin fluorescence intensity, suggesting damage of mitochondria. Reactive oxygen species were generated during BP IgG-treatment. Transmission electron microscope examination showed morphological change of mitochondria in the BP IgG treated-NHK. We concluded that BP IgG cause direct effects on cellular adhesion of keratinocytes, which may allow BP IgG to enter keratinocytes, and induce mitochondrial dysfunction.

[Career Summary]
9/2007-6/2012 Fudan University Shanghai Medical College
9/2012-9/2014 Chinese Academy of Medical Sciences & Peking Union Medical College
10/2014-3/2015 Department of Dermatology, Shimane University (Foreign researcher)
4/2015-present Department of Dermatology, Shimane University (Doctoral candidate)
Agora-O-5
HaCaT and DJM-1 Cells Respond Differently to Differentiation Stimulus from Epidermal Keratinocytes

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HaCaT and DJM-1 cells are keratinocyte cell lines utilized in a variety of dermatological research. However, the differentiation characteristics of these cell lines have not been fully elucidated. Here we show that, upon differentiation, HaCaT and DJM-1 cells exhibit gene expression patterns that are distinct from those of normal human epidermal keratinocytes (NHEKs). Treatment with EGFR inhibitor AG1478 and bone morphogenetic protein 2/7, which are potent differential inducers, was found to increase the expression of differentiation markers in NHEKs but to decrease that expression in basement membrane molecules. In contrast, such treatment was not found to induce significant changes in differentiation markers nor in basement membrane proteins in HaCaT and DJM-1 cells. These results suggest that, in experiments involving differentiation, HaCaT and DJM-1 cells might not be valid replacements for NHEKs.

Agora-O-6
Dysfunction of the Stratum Corneum in an Ovariectomized Mice Model of Climacterium

Yue Chen, Hiroo Yokozeki, Kazumoto Katagiri
Department of Dermatology, Tokyo Medical and Dental University, Tokyo, Department of Dermatology, Dokkyo Medical University Koshigaya Hospital, Saitama

Recently we found decreased hydration, impaired permeability barrier recovery and weakened integrity of the stratum corneum in ovariectomized (OVX) mice. The present study was designed to elucidate the mechanism of “so-called dry skin” at menopause. Immunohistochemistry showed decreased expression of desmoglein-1, KLK7, loricrin, and involucrin in OVX mice. Real-time PCR showed comparable levels of mRNA of desmoglein-1, corneodesmosin, KLK5, KLK7, and LEKTI between them. These changes in OVX mice were restored by 17beta-estradiol. These results suggest that “so-called dry skin” is based on complicated barrier dysfunction due to impaired epidermal differentiation and decreased levels of desmoglein-1 not depending on KLKs, which could be targets for treatment at menopause.
Penicillium marneffei Infection in a Non-AIDS Patient: A Case Report from Vietnam

Hoang Thi Phuong¹, Tran Cam Van¹, Nguyen Huu Sau¹, Le Huu Doanh¹, Truong Huyen Trang¹, Nguyen Le Hoa⁵, Daisuke Tsuruta²
National Hospital of Dermatology and Venereology, Hanoi¹, Department of Dermatology, Osaka City University Graduate School of Medicine, Osaka²

Penicillium marneffei, a dimorphic fungus is a rare opportunistic pathogen. This opportunistic fungal infection occurs among human immunodeficiency virus (HIV) infected and other immunocompromised patient. Disease with Penicillium marneffei is even rarer among previously healthy individuals. The disease is endemic in Southeast Asia and China. Recognition of this rare disease is important because it is amenable to treatment. We report a case of P. marneffei infection in a previously healthy individual.

Keywords: Penicillium marneffei : HIV

[Career Summary]
Education
2001–2007 Medical doctor, Ha Noi Medical University, Vietnam
2008–2011 Resident in Dermatology, Ha Noi Medical University, Vietnam
Designing targeted cellular immunotherapies for autoimmune disease

Christoph T. Ellebrecht
Department of Dermatology, University of Pennsylvania, Philadelphia, USA

Despite the increasing incidence of autoimmune diseases, therapeutic options still rely on general immunosuppression, which risks severe and potentially fatal side effects. Thus, novel therapeutic approaches for autoimmune diseases are greatly desirable in order to minimize treatment-related toxicity. Recently, adoptive immunotherapy with chimeric antigen receptor T cells (CAR-Ts) has revolutionized cancer therapy. We will discuss current concepts of CAR-T technology and how these can be modified for novel therapeutic strategies for autoimmune blistering skin diseases and autoimmunity in general.

Psoriasis Treatment Environment in Canada and the latest treatment of Psoriasis

Ronald B. Vender
Division of Dermatology, McMaster University

Psoriasis patients in Canada and other developed countries of the world have been fortunate in the past few years to have access to the emergence of safe and effective therapy for their chronic inflammatory disease. Discussion will focus on presently available and future treatments in clinical trials for moderate to severe plaque psoriasis. The extensive experience in Canada with pivotal Phase III clinical trials allow research dermatologists to contribute to the data required for global approval of newer biologics developed with safety and efficacy as primary endpoints. Newer therapies have also been found to improve comorbidities contributing to the overall improvement of health of psoriasis sufferers. Our patients are fortunate to have better treatments but we have much to learn.

The newly developed human anti-IL-17 receptor–A monoclonal antibody, Brodalumab

Kim A. Papp
Probity Medical Research and K Papp Clinical Research, Waterloo, Ontario, Canada

The introduction of monoclonal antibodies targeting IL-17, such as brodalumab, sees new standards for efficacy and onset of action. Brodalumab has demonstrated rapid and proficient resolution of psoriasis, as well as persistent benefit and superior response to ustekinumab at PASI100. A dose-related increase in readily–treated candida infections was observed in all phase III programs. Neutropenia, considered a possible concern in the phase II program, has not remained a concern in light of data from larger, more robust registration studies. Observations support a small, but evident risk in the exacerbation or de novo development of inflammatory bowel disease in patients treated with IL-17 antagonists. Clinical trials have shown IL-17 blockade with brodalumab to be a safe and highly effective treatment for chronic plaque psoriasis, with quality of life and depression measures paralleling improvement in skin signs and symptoms.

Depression：参考情報
ES2-2

CLINICAL IMPORTANCE OF PATCH TESTING

Howard I. Maibach
Department of Dermatology, University of California, San Francisco

This presentation focuses on practical clinical ramifications of diagnostic patch testing—a highly patient centric assay that solves many disconcerting/difficult clinical problems. The target population focuses on patients with chronic dermatitis—where morphology, clinical course and exposure scenario suggests that an endogenous eczema may be complicated by an allergen or may be purely exogenous. The basic communications coda was published by the ICDRG, a half century ago—and remains widely adapted and useful. However, the experienced dermatologist uses this not only to communicate degrees of reactivity—but as a guidance to additional diagnostic steps, such as retesting the same allergen for verification, and use testing (product use testing) [PUT] for risk assessment. This presentation ends with dermatology problems requiring resolution—hopefully with the help of Japanese dermatologists.

ES12-2

European acne guidelines and advances in acne measurement: practical clinical messages.

Andrew Y Finlay
Department of Dermatology and Wound Healing, School of Medicine, Cardiff University, Cardiff, UK.

This presentation explains the 2016 European guidelines for facial acne and describes new scar measurement methods and measurement of the impact of acne on our patients. New drugs for acne in Japan allow a wider choice of targeted therapy, international experience may help informing strategies. For induction therapy the European recommendations are: Comedonal acne, topical retinoid; Mild/moderate papulopustular acne, adapalene/benzoyl peroxide (BPO) combination or BPO/clindamycin combination; Severe papulopustular or nodular/conglobate acne, isotretinoin.

Novel patient-reported outcome measures, Self-assessment of Clinical Acne Related Scars (SCARS) and Facial Acne Scar Quality of Life (FASQOL), will be described. Understanding the impact of acne on the quality of life of patients may improve decision appropriateness. The wider impact on the family can now be assessed with the Japanese version of the Family DLQI.

ES12-1

Current paradigm of acne management in North America

Jerry L. Tan
Department of Medicine, Western University, Windsor campus, Ontario, Canada

Acne management in North America will be based on recommendations from the recent Canadian and American guidelines for management of acne vulgaris. Treatments for which high quality evidence in acne exists will be specified. Acne management is based on primary acne morphology and clinical severity with topical and systemic treatments. The latter address one or more of the following pathophysiological factors including infundibular hyperkeratinization, perifollicular inflammation, Propionibacterium acnes, sebum hypersecretion and increased androgenic stimulation. The objective is to present the current approach to treatment of acne vulgaris in North America based on best evidence contextualized by expert consensus.

References

ES17-1

The pathophysiology of urticaria: lessons learned from omalizumab

Martin K. Church
Department of Dermatology, Venerology and Allergy, Charité–Universitätsmedizin, Berlin, Germany

Recent studies with omalizumab suggest chronic spontaneous urticaria (CSU) is an auto–allergy? On the first omalizumab injection, ~60% of patients become symptom free within 8 days, half of whom respond within 1 day, while ~30% are slow, taking up to 3 months to become symptom free. This suggests two different mechanisms, the fast being IgE against dermal allergens, such as IL-24, or the action of high cytokinergic IgE which increases mast cell reactivity in the absence of antigen cross linkage while the slower one is probably IgG anti–IgE or anti–FcεRI, originally seen using the autologous serum skin test (ASST).