



Our Mission:

- ◆ To support groundbreaking research that opens new doors to prevention, treatment, and cure of skin diseases
- ◆ To raise awareness and educate the public, particularly children from kindergarten through high school, about the importance of skin and the warning signs of skin disorders

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The American Skin Association is a 501(C)3 not-for-profit organization supported by private donations.

346 Park Avenue South
4th Floor
New York, NY 10010

info@americanskin.org

Celebrating Two Decades Of Leadership in Research and Education

The American Skin Association celebrates a milestone this year with its 20th Anniversary. The ASA was founded in 1987 by leading dermatologists, scientists, and concerned volunteers as a not-for-profit, volunteer-lead health organization to promote public education and to support research on all aspects of the skin. One in three Americans suffers from some type of skin disorder, many of which remain fatal. For two decades, the ASA has addressed issues and raised visibility about skin disorders and the need for additional funding for skin disease research.

The ASA has awarded more than \$5.5 million nationwide to support groundbreaking research in the cause, prevention, treatment, and cure of skin diseases. Through its national grants and awards program, the ASA has recognized and supported the work of promising physicians, scientists, leading figures in the field, and

research centers at major institutions across the U.S.

The American Skin Association continues its mission to educate the public about the importance of skin and the warning signs of skin disorders. In addition to the ASA Newsletter and website, free educational pamphlets are published and distributed each year on a variety of skin-related topics. The ASA has also developed a national award-winning skin health education program for Grades K-12, in partnership with the New York Academy of Medicine.

Through cutting-edge research, education, and advocacy, the ASA remains dedicated to saving lives and to alleviating the suffering caused by the full spectrum of skin diseases and cancers.

Here's to the next 20 years!◆

Looking Back

- ◆ Introduced a comprehensive public school health program, with the New York Academy of Medicine, to help students better understand the critical role skin plays in maintaining good health
- ◆ Last year's Annual Gala raised close to \$500,000 to support education and research for the fight against skin disorders

. and Moving Forward

- ◆ Currently reaching 1 million students with our award-winning health education curriculum, and will continue to pursue plans to replicate these programs nationwide
- ◆ Commissioned an impact study of the Research Scholars program since its 1996 inception; a published evaluation is scheduled to be completed for the 2007 Gala

Dear Friends,

As we mark the American Skin Association's 20th anniversary this year, we have many measurable accomplishments and significant achievements to celebrate. Over the past 20 years, the ASA has supported ground-breaking research and education initiatives, and has grown to become an organization with wide-reaching impact on the prevention, treatment, and cure of skin diseases.

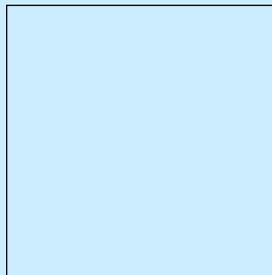
The support of an extraordinary community of dedicated volunteers continues to make a difference in the lives of those with skin disorders and diseases. We would like to express our deepest appreciation to the volunteers, staff, and donors who have partnered in the important mission of the ASA. Thank you to ASA Board of Directors, staff, and Medical Advisory Committee for their leadership and commitment. We also gratefully acknowledge the many donors who are so generously helping to end the pain and suffering caused by skin disease.

As we consider our history and progress, we are reminded that there is still much to do as we continue to strengthen and expand our efforts to reduce the growing incidence of serious skin disorders. One in five Americans will develop skin cancer in his or her lifetime, and melanoma is occurring in epidemic proportions. Further research in prevention and treatment is essential.

As we look forward to the next 20 years, we are confident that we will continue to make significant strides through our shared commitment to ASA's mission. Our efforts will have a lasting impact on the health and lives of those suffering from skin diseases, and on the well-being of our society and future generations.



Howard P. Milstein
Chairman



George W. Hambrick, Jr., MD
Founder and President

American Skin Association

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Pioneering and Curing: Human Papillomavirus (HPV) and Cervical Cancer

This year's ASA Lifetime Scientific Achievement Award will be presented to Douglas R. Lowy, M.D., a National Cancer Institute scientist and a pioneer in Human Papillomavirus (HPV) research. Dr. Lowy's research efforts, together with his colleagues at the National Cancer Institute, led to the development of the world's first vaccine to prevent cervical cancer. Cervical cancer is the second most common cancer affecting an estimated 20 million women worldwide; there are approximately 11,000 cases in the U.S. each year.

There are more than 100 types of Human Papillomaviruses, and the majority of all cases of cervical cancers and genital warts are caused by some type of these infections. HPV is a sexually-transmitted virus, and HPV infections are the most common sexually-transmitted diseases. There is no treatment for HPV, and most people who have it don't realize it, and unknowingly transmit HPV to their sexual partners.

Merck and GlaxoSmithKline received rights to develop an HPV vaccine based on the findings of Dr. Lowy and fellow researchers. In June, 2006, Merck's *Gardasil*® vaccine was approved by the Food and Drug Administration, and

worldwide agreed that the HPV vaccine should be administered for protection from cervical cancers. As of June, 2006, the Centers for Disease Control (Advisory Committee on Immunization Practices) recommended routine vaccination.

Dr. Lowy's research is a significant medical breakthrough, and will have a long-lasting impact on the prevention and treatment of cancer, and on women's health issues around the world.♦



Douglas R. Lowy, M.D.
National Cancer Institute
ASA Lifetime Scientific
Achievement Award, 2007

“This vaccine opens a new era in cancer prevention.”

National Cancer Institute

GlaxoSmithKline has developed the *Cervarix*® vaccine which is awaiting FDA approval.

Most HPV infections resolve on their own and do not lead to cancer. However the HPV vaccine can protect women from most of the HPV infections that *can* go on to cause cervical cancers and genital warts. Studies showed the vaccine's effectiveness to be long-lasting and highly effective, however the vaccine works only if given prior to becoming infected with the virus. If a woman has already had an HPV infection, the vaccine could still be useful to help provide protection from other HPV strains.

The vaccine does not prevent *all* HPV infections, however it does cover the strains responsible for the majority of genital warts and cervical cancers. It is still important to schedule regular pap smears since approximately 30% of cervical cancers are due to HPV strains not covered by the current vaccine.

Five years of research on the safety of the vaccine showed no signs of long-term risks or decrease in effectiveness. Temporary side effects may include fever, nausea, dizziness; and redness, swelling, itching and pain at the injection site. Survey studies showed that over 90% of physicians surveyed

American Skin Association

20th Anniversary Gala

Tuesday, October 23, 2007

6:30 p.m.

The Rainbow Room

New York City

Co-Chairs

Mr. and Mrs. John Castle

Mr. and Mrs. Howard Milstein

Lifetime Scientific Achievement Award

Douglas R. Lowy, M.D.

National Cancer Institute

Reservations Required
(212) 889-4858; (800) 499-SKIN

Atopic Dermatitis . . . a.k.a. Eczema

Eczema is one of the most common skin disorders. There are many types of eczema, and Atopic Dermatitis, most commonly referred to as eczema, is the most common form. It is the type that is most often seen in babies and children, but it can also affect adults, and usually runs in families. Atopic Eczema is believed to be an inherited condition, and it is also associated with asthma and/or hay fever, or a family history of these. The specific cause of Atopic Eczema is unknown, however it is believed that changes in the skin's

protective barrier cause some people to be more sensitive to irritants, which can result in the symptoms of eczema.

Eczema symptoms can include skin which is inflamed, dry, rough, and scaly, with varying degrees of redness and itching. Both over-the-counter and prescription ointments and creams are commonly used to treat eczema. The condition typically follows a cycle of improved and worsening symptoms or "flare-ups." Fortunately most children who have eczema improve with age, and many get completely

better.

Since Atopic Eczema is believed to be hereditary, there is no way to prevent it, however it is possible to improve or prevent symptoms or flare-ups by avoiding triggers that can worsen the condition. Irritants and allergens are the main issues affecting eczema symptoms. In addition to limiting exposure to common irritants such as dust, pollen, animal dander, and cigarette smoke, there are other "tips" that eczema sufferers use to help manage symptoms.

Tips to Help Manage Eczema Symptoms

Do:	Don't:
<ul style="list-style-type: none"> ◆ Control the urge to scratch <ul style="list-style-type: none"> ◆ Keep fingernails short to prevent infection and further skin damage ◆ Ask your doctor about oatmeal baths to help with itching 	<ul style="list-style-type: none"> ◆ Scratch! <ul style="list-style-type: none"> ◆ Scratching feeds the "itch/scratch" cycle which worsens the condition
<ul style="list-style-type: none"> ◆ Apply moisturizers frequently to keep skin from drying out (2-3 times daily) ◆ Apply moisturizer immediately after bathing to lock in moisture 	<ul style="list-style-type: none"> ◆ Use a lot of skin care products/cosmetics/perfumes that contain alcohol, which can cause further drying of the skin
<ul style="list-style-type: none"> ◆ Towel dry gently by patting the skin 	<ul style="list-style-type: none"> ◆ Scrub the skin or rub harshly
<ul style="list-style-type: none"> ◆ Use mild soaps and detergents and rinse well to remove any residue that could continue to irritate 	<ul style="list-style-type: none"> ◆ Use harsh detergents and soaps
<ul style="list-style-type: none"> ◆ Use lukewarm water (not too hot, not too cold) 	<ul style="list-style-type: none"> ◆ Use hot water
<ul style="list-style-type: none"> ◆ Keep baths and showers brief to avoid overdrying the skin 	<ul style="list-style-type: none"> ◆ Overuse soap and water which are drying to the skin
<ul style="list-style-type: none"> ◆ Wear loose-fitting, comfortable fabrics that "breathe" 	<ul style="list-style-type: none"> ◆ Wear rough or scratchy fabrics (wool) or clothing which fits too tightly (promotes sweating)
<ul style="list-style-type: none"> ◆ Manage stress and limit emotional stress which can trigger flare-ups 	<ul style="list-style-type: none"> ◆ Stress!
<ul style="list-style-type: none"> ◆ Avoid climate and temperature extremes (excessive heat or cold;) (Low humidity is also drying) 	<ul style="list-style-type: none"> ◆ Get over-heated (sweating worsens symptoms and increases itching)

Making Progress:

In March 2006, an international research team discovered a gene linked to the development of Atopic Dermatitis. The gene controls the production of a protein involved in forming the body's protective layer at the skin's surface. This barrier is important in keeping the skin healthy and in filtering irritants. Mutations in the gene can lead to dry and scaly skin, and can predispose a person to Eczema. The same gene has also been linked to asthma. Approximately 50% of eczema sufferers also develop asthma, again most likely due to a reduction in the body's ability to filter irritants.

Research efforts continue on this breakthrough and may later lead to new treatments and a possible cure!

Looking Back

- ◆ Launched a user-friendly website – www.americanskin.org – which has welcomed more than 50,000 visitors
- ◆ Set up a toll-free hotline – 800-499-SKIN – to provide quick and easy information for skin disease sufferers and healthcare professionals on issues related to diagnosis and treatment

DID YOU KNOW?

Eczema sufferers know that water can be drying to the skin and can aggravate symptoms. Ointments and creams are most often recommended for eczema, rather than lotions. Ointments contain *no* water, creams contain *little* water, but lotions are typically

Year-Round Skincare

Spotlight: Eczema

Many people see a definite improvement in their eczema symptoms following sun exposure, however others can experience a worsening of symptoms. Like all eczema symptoms, it varies by individual and the type of eczema. Sun exposure has actually been suggested for years as a possible treatment for certain types of eczema, particularly atopic eczema.

Although the ingredients in some sunscreens can be an irritant to some eczema sufferers, the use of sunscreen is still essential! Those with eczema can have increased sensitivity to sun exposure, and the use of certain eczema medications can also make the skin more sensitive to the sun. Find the sunscreen product which works best for you, but never be tempted to go without!

Test any new sun care product on a small area before applying it all over. Avoid rubbing too harshly when applying sunscreen because you can irritate the skin and cause itching. Some find that sunscreens which contain mainly chemicals as their active ingredients irritate their eczema and prefer non-chemical mineral-based sunscreen (Titanium Dioxide) or a combination non-chemical/chemical sunscreen.

Being in the sun can have a drying effect on skin, so it's important to continue to liberally apply moisturizers to keep the skin from drying out. Chlorine in pools can also trigger worsening symptoms, so avoid staying in too long and be sure to rinse the chlorine off afterwards to limit its drying effects. Some eczema sufferers recommend the use of a waterproof sunscreen to act as a barrier against chlorine irritation.

Also be sure to limit the time in the sun to protect against sun damage and to avoid overheating. Excessive heat and sweating can worsen symptoms.

Eczema sufferers don't need to give up fun in the sun! But like everyone, practicing "safe sun" guidelines can help ensure more fun now and less trouble later. ♦

Questions

My teenager is interested in getting tattoos and body piercings?

Are they safe? What are the risks?

Answers

When considering a body piercing or tattoo, it's important to know the risks and to take steps for protection. Both tattoos and body piercings involve breaking the skin. Since the skin is one of the body's main protective barriers, whenever the skin is punctured, you are at increased risk for skin infections and other skin reactions.

Tattoos

Tattoos are permanent markings made by repeatedly pricking the skin with a needle which is connected to tubes containing colored dyes. In addition to the risk of infection, the dyes used can also cause allergic reactions. Tattoos are meant to be permanent, however a large percentage of people who get tattoos later want to remove them. Removal is difficult, painful, and can cause significant scarring. Some safer, non-permanent options include removable temporary tattoos or henna (plant dye) tattoos.

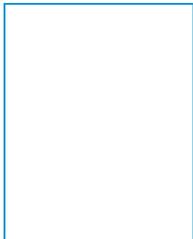
Body Piercings

Some body piercing jewelry is also made of materials which can cause allergic reactions (avoid brass and nickel.) Body piercings done improperly can cause tearing and scarring of the skin. Infection is also a common risk of mouth piercings due to the large number of bacteria in the mouth, and some mouth jewelry can cause damage to the teeth.

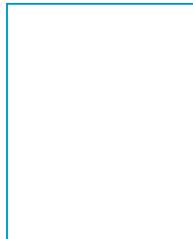
The health risks for both tattoos and body piercings include infection (sometimes serious,) allergic reactions, and scarring. The most serious potential risk is the possibility of contracting a blood-borne disease (such as hepatitis) if the equipment is not properly sterilized. If the decision is made to pursue a tattoo or body piercing, to reduce risks, be sure to choose reputable professionals who use sterile equipment (unused, sterile needles for both tattoos and body piercings.) ♦

Awards and Grants, 2006 - 2007

\$50,000 RESEARCH SCHOLAR AWARDS, 2007



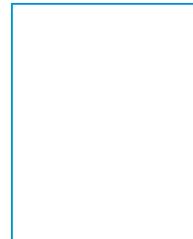
Luis Andres Garza, MD



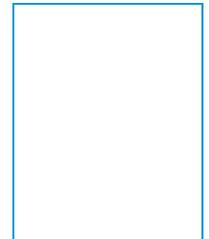
Spiro Getsior, PhD



Deborah Lang, PhD



Andrey Sharov, MD, PhD



Nicole L. Ward, PhD

\$50,000 Research Scholars

2006

Andy Chien, MD, PhD
University of Washington
Melanoma

Deborah Lang, PhD
University of Chicago
Melanoma

David Owens, PhD
Columbia University
Squamous Cell Carcinoma

Aimee Payne, MD, PhD
University of Pennsylvania
Psoriasis/Inflammatory Disease

2007

Luis Andres Garza, MD
University of Pennsylvania
Skin Stem Cell

Spiro Getsior, PhD
Northwestern University Feinburg
Skin Cancer/Melanoma

Deborah Lang, PhD
University of Chicago
Skin Cancer/Melanoma

Andrey Sharov, MD, PhD
Boston University
Skin Cancer/Melanoma

Nicole L. Ward, PhD
Case Western Reserve University
Autoimmune/Inflammatory Skin Diseases

\$15,000 Research Grantees

2006

Oleg E. Akilov, MD, PhD
Massachusetts General Hospital, Harvard
Chilhoos Skin Diseases

Johann Eli Gudjohnsson, MD, PhD
University of Pennsylvania
Autoimmune/Inflammatory Skin Disease

Colin C. Jamora, PhD
University of California San Diego
Skin Cancer/Melanoma

Kenneth A. Katz, MD, MSc
University of Pennsylvania
Psoriasis

Richard A. Spritz, MD
Univ. of Colorado Health Sciences Center
Vitiligo

Sergey Troyanovsky, PhD
Washington University
Skin Cancer/Melanoma

2007

Andrew Blauvlet, MD
Portland VA Medical Center
Autoimmune/Inflammatory Skin Disease

Liang Deng, MD, PhD
Memorial Sloan-Kettering Cancer Center
Skin Cancer/Melanoma

Tatiana Efimova, PhD
Washington University
Skin Cancer/Melanoma

Delphine Lee, MD, PhD
University of California
Vitiligo/Pigment Cell Biology

Richard A. Spritz, MD
Univ. of Colorado Health Sciences Center
Vitiligo/Pigment Cell Biology

Abrar A. Qureshi, MD, PhD
Brigham & Women's Hospital
Psoriasis

Deon Wolpowitz, MD, PhD
Boston University School of Medicine
Autoimmune/Inflammatory Skin Disease

Benjamin Yu, MD, PhD
University of California
Skin Cancer/Melanoma

\$7,000 Medical Students

2006		
<p>Helen Liu Stanford University School of Medicine Melanoma</p> <p>Bernice Ng Yale University School of Medicine Melanoma</p>	<p>Kavitha Reddy Boston University Melanoma</p> <p>Jeanette Waller University of California Melanoma</p>	<p>Amean DeLuce Johns Hopkins University Melanoma</p> <p>Heidi Goodarzi University of California, San Diego Melanoma</p>
2007		
<p>Laura J. Novak Thomas Jefferson University Melanoma</p>	<p>Brijal Desai The Wistar Institute Melanoma</p>	<p>Sandra Y. Han New York University Melanoma</p> <p>Helen Liu Stanford University School of Medicine Melanoma</p>

Looking Back

♦ **“We are delighted to support these scientists as they continue important research that can make a positive difference in the lives of the 80 million Americans living with skin disorders.”**

*George W. Hambrick, Jr., M.D.,
Founder and President*

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The American Skin Association gratefully acknowledges the contributions of those whose annual gifts of \$1,000 or more are helping to end the pain and suffering caused by skin disease.

American Skin Association's 2006 Annual Fund Drive

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 (In honor of David Mandelbaum)
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 Kurban, Dr. Ramsay

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 Ameral, Irene
 Amonette, Dr. and Mrs. Rex
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 Anderson, Mr. and Mrs. Wade
 Anderson, Dr. and Mrs. William A.
 Anonymous
 Anonymous
 Armstrong, Charlotte
 Arons, Mr. and Mrs. Donald
 Barazani, Dr. Lance and Dr. Lori
 Barondess, Dr. Jeremiah

*Thank you for your generous support and for sharing
our commitment to make a difference
in the lives of those living with skin disorders.*

American Skin Association's 2006 Annual Fund Drive

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Yancey, Dr. Kim
Zaykowski, Jeanne
Zecher, Mr. and Mrs. Peter
Zirn, Dr. and Mrs. Jonathan
Zucker, Donald and Barbara

Foundations

Theodora Betz Foundation
Dickson Foundation
Herman Goldman Foundation
Mary A. H. Runsey Foundation
Peter Jay Sharp Foundation
J.T. Tai Foundation

In-kind Gifts

Edelman Communications

Grants and Gifts as of December 31, 2006

..... and Moving Forward

◆ Why Invest in the Future?

To make certain that progress continues to bring a healthier existence to all of those suffering from skin disorders.

19 Amazing Achievements from ASA's 19th

(President's Report for 2006 Annual Meeting—Wednesday, April 11, 2007)

Programs	Development
<p>1 Awarded a record-breaking \$406,000 in research grants Total number of scientists whose work ASA has supported: 138 Overall total funds awarded for research: over \$4.7</p>	<p>11 Exceeded the budgeted fundraising goal for the first time in ASA history and registered an impressive 8% growth in contributed income</p>
<p>2 In preparation for ASA's 20th Anniversary, retained Alice Pentland, M.D., University of Rochester, to evaluate the impact of ASA's Research Scholars program</p>	<p>12 Hosted our most memorable Gala to date, which included not only a very moving speech by the NIH's Steve Rosenberg, but also very special appearances by luminaries Sam Donaldson and Gail Saltz</p>
<p>3 Participated in a seminar for 50 residents interested in physician/scientist academic careers sponsored by the Society for Investigative Dermatology</p>	<p>13 Largest single grant: \$375,000 commitment from Russell Carson for Psoriasis/Inflammatory Diseases</p>
<p>4 Passed the 1 million mark in number of students reached through ASA's award-winning public school program</p>	<p>Press, Promo & PR</p>
<p>5 Hosted <i>The Wonders of Skin</i> (SHEP) in three new cities—Minneapolis, St. Paul, and New Brunswick—as well as New York</p>	<p>14 Thanks to Michael Hodin and the generosity of Edelman Communications, completed an impressive evaluation of ASA's current public relations efforts. With Pfizer's help, we are looking forward to rolling up our sleeves and implementing their recommendations in 2007</p>
<p>6 Through David Mandelbaum's efforts, partnered for the first time with a major sports team, the Minnesota Vikings, to the delight of both students and teachers</p>	<p>15 Heightened awareness of ASA's mission and programs with dermatologists, research scientists, parents, teachers and women by participating in four national conferences hosted by the Society for Investigative Dermatology, American Academy of Dermatology, the PTA and Johns Hopkins respectively</p>
<p>7 Conducted a student outcome evaluation—the second in the program's 8-year history—to ensure the program's continued high standards</p>	<p>16 2006 press coverage included: Announcement of ASA's Lifetime Achievement Award to James Cleaver appeared in <i>Marin County Journal</i>; Stories in <i>St. Paul Pioneer Press</i> and <i>Minneapolis Star Tribune</i> on the partnership with the Vikings</p>
<p>Leadership</p>	<p>Finances</p>
<p>8 Under Nominating Committee Chair Nora Jordan, added two excellent new Board members—Humberto Antunes and Charles Stiefel—who, during their first year on the Board, chaired the Gala</p>	<p>17 Moved ASA's investments to Vanguard and increased revenue from interest and dividends by 70%</p>
<p>9 Under Millicent Johnsen's leadership, launched ASA's new Education Council</p>	<p>18 Ended the year with over \$160,000 surplus</p>
<p>Development</p>	<p>19 Fully implemented auditor-recommended, board-approved internal controls to safeguard surplus and all ASA's finances</p>
<p>10 Chosen for Charity Navigator's <i>Top 10 List of Organizations Reliant on Contributions</i> and received the websites' four-star rating for the second year in a row</p>	

FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION: Year Ending December 31, 2006

Assets

Total current assets	\$
Property and equipment, net	\$
Long-term investments	\$
Other assets	\$

TOTAL ASSETS \$

Liabilities

Total current liabilities	\$
Accrued rent abatement	\$
Net assets-unrestricted	\$
Net assets-Board-designated	\$
Net assets-temporarily restricted	\$

TOTAL LIABILITIES AND NET ASSETS \$

STATEMENT OF ACTIVITIES: Year Ending December 31, 2006

Revenue

Studies and projects	\$
Investments	\$
Restricted contributions	\$
Other	\$

TOTAL REVENUE \$

Expenses

Program services	\$
Management and administration	\$
Program development	\$

TOTAL EXPENSES \$

Change in Net Assets	\$
Unrestricted	\$
Temporarily restricted	\$
Net assets, beginning of year	\$
Net assets, end of year	\$

A Publication of the **AMERICAN SKIN ASSOCIATION**

**345 Park Avenue South
New York, NY 10010**

Address Correction Requested

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 Psoriasis Vitiligo Childhood Skin Diseases
 Other _____

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Please contact me.

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