

INTERVIEW

Learning from a Trailblazer in Dermatology

An Interview with Jean Bologna, MD

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Dr. Jean Bologna is a Professor of Dermatology at the Yale School of Medicine. She received her medical degree from Yale and then remained in New Haven to train in internal medicine, dermatology, and dermatologic research. She has been the President of the Medical Dermatology Society, the Women's Dermatologic Society, and the American Dermatological Association, in addition to serving as Vice-President of the Society of Investigative Dermatology, the American Board of Dermatology, and the International Society of Dermatology. Dr. Bologna was also elected to the Board of Directors of the American Academy of Dermatology and the International League of Dermatological Societies, where she served as Secretary General. She is the senior editor of the textbook *Dermatology*, whose fifth edition is currently underway. Dr. Bologna was awarded the American Academy of Dermatology's highest honor, the AAD Gold medal, in March 2019. She previously received the Visionary Leadership in Dermatologic Education Award from the American Skin Association, the Lifetime Career Educator Award from the Dermatology Foundation, the Lifetime Achievement Award from the Medical Dermatology Society, and the Mentor of the Year and Legacy Awards from the Women's Dermatologic Society.

How would you describe your approach as a dermatologist?

I enjoy seeing patients over prolonged periods of time, as well as their families. I feel it is important to

know more about patients than just their skin diseases. I see patients every Monday, Tuesday, and Friday and take care of many individuals with a history of cutaneous melanoma. Because this diagnosis can lead to anxiety, I believe it is critical to provide support and any reassurance that I can. Placing the patient first provides a straightforward approach.

What are some major changes in the treatment of melanoma that you have observed over the course of your career?

Clearly the introduction of targeted tyrosine kinase inhibitors, and more recently, checkpoint inhibitors has revolutionized the treatment of advanced melanoma. It has given so many patients hope and a prolonged survival.

What does it take to be an excellent trainee?

A strong work ethic, curiosity, empathy, and high clinical standards are necessary. It is important to have already built a strong foundation in general medicine during medical school and internship and to have a logical approach to generating differential diagnoses. I believe it is important to be willing to go the extra mile for patients. I also think that residents should dedicate multi-hour blocks of time for not just reading, but for synthesizing information, and I recommend Saturday and Sunday mornings. While a good portion of what you know should be self-taught, trainees should also take the best of multiple attendings and compose their own style

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of practicing medicine.

You coined the term “toxic erythema of chemotherapy” which is now widely utilized in the oncodermatology literature. What utility did you see in this for clinicians and researchers?

It enhances communication between physicians and therefore benefits the patient. When speaking to a hematologist or oncologist, using terms such as *eccrine squamous syringometaplasia*, while medically correct, would certainly lead to confusion. In addition, being aware of the multiple sites of involvement in toxic erythema of chemotherapy (TEC) is important as is knowing they may not appear on the same day. For example, a patient can develop burning and erythema of the palms and soles and the clinician makes the diagnosis of palmoplantar erythrodysesthesia or hand-foot syndrome, but two days later there is moist desquamation of the axillae and groin. A misdiagnosis of cutaneous candidiasis is often made despite the patient being on appropriate systemic anti-fungal therapy. The patient simply has another site of involvement with TEC. Because TEC heals spontaneously over a few weeks, the misdiagnoses can persist. Lastly, the toxic component of the name reminds one that the reaction is dose-dependent.

As a mentor for countless individuals, what does mentorship signify to you?

Serving as a mentor provides me with a chance to make the inevitable “bumps in the road” less daunting for others. I have always enjoyed providing solutions to problems and I feel very proud when I hear of the professional accomplishments of those I have been able to help. I have mentored a wide range of individuals, from undergraduates to medical students to colleagues, with most of the latter younger and in the field of dermatology. However, over the years, I have provided advice to older colleagues and even patients. Participating in numerous committees within multiple professional organizations has also provided me with opportunities for mentoring.

When I was in medical school and during residency training, I had multiple *teachers* who guided me, but these days, the term *mentor* has become more popular. As the next section details, I was lucky to have great teachers.

Who were the most significant influences in your professional life?

As a third year medical student at Yale, the rotations were either 6 or 12 weeks except for pediatrics. In order to get back in sync, I had to do a 3-week elective and chose dermatology based upon recommendations from classmates. I borrowed Irwin Braverman’s book *Skin Signs of Systemic Disease* and quickly read a good por-



Jean Bolognia, MD, Professor of Dermatology at Yale School of Medicine, New Haven, CT

tion of it. The next week I was in Grand Rounds, and back then the medical students were the first to present their differential diagnoses. So, when called upon, I stated that I thought my assigned patient had histiocytosis X (currently referred to as Langerhans cell histiocytosis), and less likely dermatitis. The attending dermatologist asked, “What makes you think the patient has such a rare entity?” I told him because it looked just like the picture in Dr. Braverman’s book! Believe it or not, the patient actually had histiocytosis X – truly beginner’s luck. The fact that I got the diagnosis correct reflects how important a well-written book is for trainees.

You were a medical student at Yale and remained all throughout your residency training and post-doctoral fellowship up until now as a professor, which is quite noteworthy. What about the institution has compelled you to call it home for so long?

I liked the fact that the faculty at Yale was not as large as at some other institutions as this allowed for closer professional relationships. I am afraid with the new corporate approach to medicine and the rapid enlargement in the number of faculty members this is being lost. I credit Yale for maintaining the tradition of live patient viewing as a key component of our Grand Rounds. Unfortunately, this practice has declined across the country over the last 20 years. Of note, there is an inherent bias that favors the presumed diagnosis when a patient is presented via photographs.

You were recently presented The American Academy of Dermatology’s highest honor, the Gold Medal Award. Congratulations! What does this award mean to you?

It represents a recognition of all the hard work and time spent trying to enhance the body of knowledge that

is ours as dermatologists. I also enjoyed the opportunity to share the celebration with colleagues who have supported me throughout my career.

What do you hope will be the next big therapeutic breakthrough in dermatology?

An oral or topical medication that abolishes pruritus with minimal side effects. Itch is one of the most annoying sensations patients can experience. Think of the last time you had a pruritic arthropod bite and that represented less than 1% of your body surface area. Imagine the frustration of patients who have relentless generalized pruritus. This significantly impacts quality of life in many ways, including the ability to get a good night's sleep.

Which professional achievement are you most proud of?

The comprehensive textbook *Dermatology*. It has been translated into several languages, including Spanish, Portuguese, and simplified Chinese. The book is popular with residents because it provides a logical framework for the thousands of dermatologic disorders we can encounter and there are many illustrations of clinicopathologic correlations. In addition, basic science concepts are taught in the form of schematics, *a la* the journal *Scientific American*.

What's next for you in your career?

Starting the multi-year task of putting together the 5th edition of *Dermatology*. Each chapter, in particular its figures and tables, is initially critiqued by the entire editorial board at a three-day meeting. Then, the authors are sent new clinical photographs and photomicrographs as well as a list of suggested changes. As with any project, there is always room for improvement.