

**WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE**  
**Executive Committee Meeting**  
**September 19, 2019**  
**MINUTES**

Presiding: Margaret M. Dunn, Dean

Present: Drs. Linda Barney, Eric Bennett, Jim Brown, John Duby, Kim Gilliam, Mike Johnson, Michael Leffak, Col. Brad Lloyd, Al Painter, Brenda Roman, Daniel Swagerty, Jeff Travers, Randy Woods, and Jerry Yaklic

Staff: Joanna Anderson, Angela Clements, Drew Dieckman and Kim Paul

The meeting was called to order at 4:35 p.m. by Dean Margaret Dunn

**1. Approval of Minutes:**

A motion was made, seconded and passed unanimously to approve the minutes of August 8, 2019, as written.

**2. Report of the Dean:**

**A. Proposal for the creation of the Department of Medical Education:**

Many other schools have created departments of Medical Education. It would support recruitment of faculty focused on medical educational leadership and research, and could also offer multidisciplinary degrees and certificates. The BSOM faculty was notified of the proposal on August 22 and the proposal must go to the Provost and Faculty Senate before being approved by the University Board of Trustees.

**B. BSOM Visioning Exercise:**

On Thursday, December 12<sup>th</sup> from 2:00 p.m. to 8:00 p.m. and Friday, December 13<sup>th</sup> from 8:00 a.m. to 12:30 p.m., Drs. Dunn and David Bright will be holding a BSOM visioning exercise for the Executive Committee and the CQI Steering Committee. The purpose of this exercise is to take a look at BSOM's strengths, opportunities, aspirations and results, as part of the preparation for the BSOM leadership transition.

**C. Representative from BSOM to the Faculty Senate's Library Faculty Advisory Board:**

The Faculty Senate's Library Faculty Advisory Board is in need of a representative from BSOM. The Advisory Board meets twice in the fall and twice in the spring. The projects this year include a faculty survey and providing input on the University Library's strategic Plan. Please send the names of any interested faculty members to Dr. Dunn.

**3. Information Items:**

**A. Personnel Actions:**

Dr. Painter presented the personnel action items that were distributed with the agenda. A motion was made, seconded and unanimously approved to accept the personnel actions as distributed.

**B. Members' Items:**

- Dr. Painter: The BSOM Women Faculty Collaborative are hosting their first event to celebrate women faculty and developing their future in medicine. The event will be held on Monday, October 21<sup>st</sup> from 5:30 p.m. to 7:30 p.m. at the Wandering Griffin and will feature a panel presentation by Drs. Dunn, Kadakia and Roman. Please encourage your female faculty members to attend.
- Dr. Bennett: COSM Festival of Research is on Friday, September 20<sup>th</sup>. The Festival of Research showcases the research endeavors of faculty, staff, and students supported by COSM. At 3 p.m. there will be research poster displays as part of the Ohio Physiological Society meeting which will continue through September 21<sup>st</sup>.

**New Business:**

- A. Scholarship in Medicine Update** – Jeffrey Travers, M.D., Ph.D., Professor and Chair, Pharmacology & Toxicology
- B. CQI Steering Committee Update** – Brenda Roman, M.D., Associate Dean for Medical Education

**5. Adjournment:**

There being no further business, the meeting was adjourned at 5:35 p.m.

The next scheduled meeting is Thursday, October 10, 4:30 p.m. in the WSP Health Center, 725 University Blvd., Third Floor, Large Conference Room.

Respectfully submitted,  
*Drew Dieckman*  
Recorder

Title of Project

Student Name

Mentor Name and Affiliation

Track

Scholarship in Medicine Proposal

**By checking this box, I indicate that my mentor has read and reviewed my draft proposal prior to submission**

*Students should use the AMA template on BAMS for writing the proposal and final report.*

### **Abstract**

(pose clinical question/diagnostic problem, provide essential information about the case)

Key Words: (list 3-10 key words here)

### **Introduction/Literature Review**

(Provide a brief background and rationale for your proposed case. Introduce your topic, the significance, and gaps in the literature.)

### **Clinical Question**

(State the clinical question or diagnostic problem)

### **Case Description/Summary**

#### *History and Presentation*

(How did the patient present?)

#### *Diagnostic Focus and Assessment*

(What were the steps that led toward the diagnosis? What was the thought process? What were the test results?)

#### *Therapeutic Focus and Assessment*

(What therapies were tried? What were consultant recommendations? What worked, what did not?)

#### *Follow-up and Outcome*

(What was the final result? What adverse results were noted? How did the patient adhere to treatment?)

### **Analysis of Diagnostic Assessment/Therapeutic Interventions**

(For each of the following, if relevant, discuss the sensitivity, specificity, number needed to treat, positive predictive value, and/or negative predictive value for each of the diagnostic

assessments (physical exam, labs, scans, etc.) and therapeutic interventions (medications, physical therapy, surgeries, etc.) listed above. Why did you select those assessments and interventions? How were your choices supported by the literature?)

### **Discussion and Connection to Literature**

(Discuss the summary of the case and its results. Discuss the importance of the case. Describe the existing theories and research findings on the key issue in the patient's condition. Include a thorough connection to the existing literature and known epidemiology of the case. Explain how this evidence can add value to future clinical practice.)

### **Conclusion**

(Summarize the case. What are the important lessons learned?)

### **Patient Perspective**

(What was the patient's experience? State that the patient provided informed consent)

### **Timeline of your involvement in the project**

(Expected timeline for getting ethical approval, reviewing/investigating the literature, collecting data, analyzing data etc.)

### **Goals of the Case Report**

(Explain the value of your case report in one or more of the following areas:

- Recognition and description of a new disease
- Recognition of rare manifestations of a known disease
- Elucidation of the mechanisms of a disease
- Detection of adverse or beneficial side effects of drugs (and other treatments)
- Medical education and audit)

### **Role of Student**

(Specifically, in which areas you will participate. Be detailed about how you're involved. The paper that will be turned in for SCH credit MUST be the student's original work.)

### **Plan for Ethical Approval**

(If your project involves human or animal subjects, state when you will apply for IRB/IACUC approval. State that the patient provided informed consent.)

(If your project already has approval, list the number and approval date.)

### **References**

- (In AMA format.)
- (All references listed here should be cited (in-text citations) in the Introduction/Literature Review or Discussion sections.)
- (At least 5 appropriate sources)

# An aberrant reaction to *Candida albicans* antigen used for recalcitrant warts successfully treated with oral prednisone



Andrew La'Pelusa, BS,<sup>a</sup> Jennifer Rorex, BS,<sup>a</sup> Nathan M. Weir, MD, PhD,<sup>a</sup> and Jeffrey Bryant Travers, MD, PhD<sup>a,b,c</sup>  
Dayton, Ohio

**Key words:** immune therapy; papillomavirus.

## INTRODUCTION

Cutaneous papillomavirus infections are a common cause of morbidity.<sup>1,2</sup> Although many treatment regimens for common warts are available, no single form of therapy is the clear method of choice. Immunotherapy with *Candida albicans* antigen injections is an accepted method that can be effective, with few side effects reported. The immunotherapeutic *Candida* antigen (CA), is used intralesionally for the treatment of recalcitrant warts.<sup>3-5</sup> *Candida* antigen induces a delayed hypersensitivity reaction in healthy patients such that the cell-mediated immune response enhances the immune system's identification of the viral infection. Although safe, previous studies report pain, edema, and a purple digit as rare aberrant reactions to such treatment.<sup>6,7</sup>

## CASE REPORT

An 11-year-old, 56.3-kg girl with a 5-mm verrucous papule with thrombosed capillaries on the lateral distal right fifth digit presented to the clinic with concerns for wart removal. After unsuccessful treatment with cryotherapy, the patient and her mother were provided education about the immunotherapeutic CA. At the time of the first treatment approximately 2 months after cryotherapy, not only did the patient receive a 0.1-mL of 50 μm/mL CA (LETI Laboratories, Barcelona, Spain) into finger, we also injected 0.1 mL of CA into the ipsilateral volar forearm as a test site.

The patient and family were instructed to obtain a picture of the volar forearm test site 2 days later. At her follow-up appointment 1 month later, the family noted a minimal reaction from the injections (less

Abbreviation used:

CA: candida antigen



**Fig 1.** Photo taken 2 days after the second 0.1-mL injection of CA into the fifth digit. The patient experienced redness, edema, and mild pain.

From the Departments of Dermatology<sup>a</sup> and Pharmacology,<sup>b</sup> Boonshoft School of Medicine, Wright State University and Dayton VA Medical Center.<sup>c</sup>

Funding sources: None.

Conflicts of interest: None disclosed.

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**Fig 2.** The patient reported an improvement at the end of a tapering dose of oral prednisone regimen (see text for dosage).

than 5 mm from the provided digital picture of forearm test site), and the wart was approximately the same size (5 mm). At this visit, the recalcitrant wart was treated with a second injection of 0.1 mL CA. Later that night, the patient was taken to urgent care by her mother with the reported concern of redness, pain, and edema in the digit. The patient was given ibuprofen, 200 mg 3 times a day. One day later the finger worsened with increased swelling and mild pain (Fig 1). Two days after the injection, the patient was seen in the clinic and examined. It was noted that there was no dysesthesias of the tip of the affected finger as would be associated with compartment syndrome. The patient was then started on a tapering dose of oral prednisone: five 10-mg tablets of oral prednisone per day for 3 days, three 10-mg tablets of oral prednisone per day for 3 days, and one 10-mg tablet of oral prednisone per day for 3 days. The patient reported an improvement at the end of the treatment regimen (Fig 2). Approximately 2 months later, the finger was asymptomatic, although slight erythema was noted (Fig 3). The wart resolved.

## DISCUSSION

Although considered safe, CA antigen is reported to cause exuberant reactions in some cases.<sup>6,7</sup> Of



**Fig 3.** Approximately 2 months after the oral prednisone treatment, the finger exhibited mild erythema and was otherwise asymptomatic with resolution of the wart.

interest, this reaction might be dose dependent, with less chance of reaction using diluted CA antigen.<sup>7</sup> Neither the original test site nor the first wart injection resulted in significant inflammation. This finding suggests that having a minimal antecedent reaction does not predict a future exuberant one.

We report this case to increase awareness of the possible complications that may arise when using CA antigen in an otherwise healthy patient. Moreover, as no specific treatment (other than surgical incision to the area because of worries about compartment syndrome) was described in original reports of CA reactions,<sup>6,7</sup> this report indicates that a course of systemic prednisone at 1 mg/kg with rapid taper has efficacy.

## REFERENCES

1. Jablonska S, Majewski S, Obalek S, Orth G. Cutaneous warts. *Clin Dermatol*. 1997;15(3):309-319.
2. Sanfilippo AM, Barrio V, Kulp-Shorten C, Callen JP. Common pediatric and adolescent skin conditions. *J Pediatr Adolesc Gynecol*. 2003;16(5):269-283.
3. Kwok CS, Holland R, Gibbs S. Efficacy of topical treatments for cutaneous warts: a meta-analysis and pooled analysis of randomized controlled trials. *Br J Dermatol*. 2011;165(2):233-246.
4. Signore RJ. Candida albicans intralesional injection immunotherapy of warts. *Cutis*. 2002;70(3):185-192. Erratum in: *Cutis*. 2002;70(5):294.
5. Johnson SM, Horn TD. Intralesional immunotherapy for warts using a combination of skin test antigens: a safe and effective therapy. *J Drugs Dermatol*. 2004;3(3):263-265.

## **BSOM Continuous Quality Improvement Steering Committee (CQISC)**

### **Executive Summary September 2019**

Since the last report to the Executive Committee in March, the CQISC has reviewed and discussed the following items:

- Spent the majority of time from April-July reviewing all as well as developing several new medical student policies that needed to be in place before the current academic year
- August CQI meeting focused on “hot topics” related to LCME elements and these will be divided up amongst the CQI committee members to begin reviewing data (including internal ISA evaluations, annual AAMC GQ surveys) and writing up drafts for the DCI narratives
  - Essentially treating the DCI as a “living document” so that we can identify areas for improvement and make changes PRIOR to completing the formal DCI paperwork ~18 months prior to our next site visit (March 2025)
- Reviewed “progress reports” for the four elements that we have to submit updates to the LCME next summer 2020 during the September CQI meeting
  - 3.3 Diversity – specifically recruitment & retention programming for faculty, senior leadership
  - 7.9 Interprofessional Education
  - 11.1 Academic Advising
  - 11.2 Career Advising – need to put together focus groups with students to better identify areas for improvement in this area
- Welcomed new members to the committee this year:
  - Paul Koles, MD, Department Chair, Pathology
  - Amber Todd, PhD, Director of Assessment, OME
  - Kriti Goel, M3 student representative
  - Aaron Blevins, M2 student representative

Any questions or comments for the CQI steering committee or about LCME can be directed to Dr. Brenda Roman (brenda.roman@wright.edu) or Colleen Hayden (colleen.hayden@wright.edu) in the Office of Medical Education.

<b>LCME "HOT TOPICS"</b>	<b>Primary Reviewer</b>	<b>Assistant Reviewer</b>	<b>AGENDA MONTH</b>
6.6 Serving-Learning/Community Service	Aaron Blevins	Colleen Hayden	November-19
9.9 Student Advancement and Appeal Process	Al Painter	Brenda Roman	November-19
8.7 Comparability of Education/Assessment	Gary LeRoy	Brenda Roman	November-19
9.3 Clinical Supervision of Medical Students	Randy Welton	Brenda Roman	November-19
9.5 Narrative Assessment	Aaron Blevins	Colleen Hayden	January-20
1.4 Affiliation Agreements	Amber Todd	Colleen Hayden	January-20
12.6 Student Health and Disability Insurance	Kim Paul	Colleen Hayden	January-20
9.7 Formative Assessment and Feedback	Kriti Goel	Colleen Hayden	January-20
6.2 Required Clinical Experiences	Kriti Goel	Brenda Roman	February-20
10.4 Characteristics of Accepted Applicants	Al Painter	Brenda Roman	February-20
10.1 Premedical Education/Required Coursework	Kriti Goel	Brenda Roman	February-20
9.1 Preparation of Resident and Non-Faculty Instructors	Randy Welton	Brenda Roman	February-20
*7.9 Interprofessional Collaborative Skills	Aaron Blevins	Brenda Roman	March-20
*3.3 Diversity/Pipeline Programs and Partnerships	Amber Todd	Brenda Roman	March-20
*11.1 Academic Advising	Eric Bennett	Colleen Hayden	March-20
*11.2 Career Advising	Randy Welton	Colleen Hayden	March-20
8.4 Evaluation of Education Program Outcomes	Al Painter	Colleen Hayden	April-20
8.1 Curricular Management	Amber Todd	Brenda Roman	April-20
8.3 Curricular Design, Review, Revision/Content Monitoring	Eric Bennett	Brenda Roman	April-20
8.2 Use of Medical Educational Program Objectives	Paul Koles	Colleen Hayden	April-20
8.6 Monitoring of Completion of Required Clinical Experiences	Gary LeRoy	Brenda Roman	May-20
2.4 Sufficiency of Administrative Staff	Kim Paul	Colleen Hayden	May-20
7.3 Scientific Method/Clinical/Translational Research	Paul Koles	Colleen Hayden	May-20
6.3 Self-Directed and Life-Long Learning	Randy Welton	Brenda Roman	May-20
3.1 Resident Participation in Medical Student Education	Al Painter	Brenda Roman	June-20
6.7 Academic Environments	Amber Todd	Brenda Roman	June-20
3.6 Student Mistreatment	Eric Bennett	Brenda Roman	June-20
3.5 Learning Environment/Professionalism	Paul Koles	Brenda Roman	June-20
1.5 Bylaws	Greg Kojola	Colleen Hayden	July-20
11.6 Student Access to Educational Records	Greg Kojola	Colleen Hayden	July-20
1.2 Conflict of Interest Policies	Paul Koles	Brenda Roman	July-20
1.1 Strategic Planning and Continuous Quality Improvement	Eric Bennett	Colleen Hayden	August-20
4.6 Responsibility for Medical School Policies	Greg Kojola	Colleen Hayden	August-20
11.5 Confidentiality of Student Educational Records	Kim Paul	Colleen Hayden	August-20

*\*currently on monitoring for these elements*