I would like to thank the Medical Dermatology Society for their generous support and encouragement. My month-long mentorship under the tutelage of Dr. Michael Girardi at Yale University School of Medicine Department of Dermatology has been invaluable in formalizing my career goals. During that month, I was welcomed and encouraged by Dr. Girardi, the faculty of his department, as well as the faculty from the oncology and radiation oncology departments at Yale University School of Medicine.

The goal of my mentorship month was to become familiar with the state-of-the-art approach to patients with cutaneous lymphomas. To this end, Dr. Girardi devised a fantastic schedule that allowed me to rotate through the departments of Dermatology, Oncology, and Radiation Oncology. What became immediately apparent is that cutaneous lymphomas are complex and heterogeneous, necessitating very personalized care and often a multi-specialty care.

I learned about many novel systemic therapeutic strategies from Dr. Francine Foss, an oncologist and expert in peripheral T cell lymphomas. In particular, I learned about the role for his tone deacetylase inhibitors, biologics, newer chemotherapy agents, and even stem-cell transplant in the care of different cutaneous lymphomas. Importantly, I learned that as we understand more the biologic behavior of cutaneous lymphomas, aggressive approaches at even early stages may be warranted depending on the subtype. I also had the opportunity to work with Dr. Lynn Wilson and learn about the role for several radiation therapies for cutaneous lymphoma, including total skin electron beam therapy for the treatment of mycosis fungoides, and local radiation for the treatment of B-cell lymphomas.

One interesting observation was that many of the side effects of these varied agents had dermatologic manifestations. Many of these patients, while mostly managed by oncologists, still required close dermatologic follow-up to address the skin side-effects from their multiple therapies.

As mentioned above, cutaneous lymphoma often needs to be treated through a multidisciplinary approach. The group meetings were extremely rich, and would include a discussion of the dermatopathologic findings, as well as discussion of biologic markers and how they would impact the therapeutic choices. It was amazing to observe how new discoveries and observations are readily applied to patient care. For instance, new molecular markers were continuously added to flow cytometry panels to better risk stratify patients. I had the opportunity to observe the flow cytometry process, from sample processing to data-acquisition to interpretation. These data, ever evolving, are now being widely used to aid in diagnosis, determine best treatment strategies, and to establish response.

In Dr. Girardi's clinics, I learned about skin-directed therapies as well as extracorporeal photopheresis (ECP). In addition to its role in the treatment of cutaneous lymphomas, I also learned about the use for ECP in inflammatory conditions including graft-vs-host disease and scleroderma. Dr. Girardi, who is also a

basic scientist, and his colleagues are actively researching the mechanisms that lead to the immunomodulatory effect of ECP. A better understanding of this therapy will likely expand the clinical indications for ECP in the future.

I have been fortunate to work with Dr. Girardi, and I hope to emulate his example and become a successful researcher and empathetic clinician. He has been enormously motivational and encouraging, and I am grateful to count him as my mentor. My clinical and scientific interests in cutaneous lymphomas have been strengthened by this experience, and I am profoundly grateful to the MDS for giving me this amazing opportunity.