

**STATEMENT OF THE SOCIETY FOR INVESTIGATIVE
DERMATOLOGY**

ON

**FISCAL YEAR 2006 APPROPRIATIONS FOR THE
VETERANS AFFAIRS MEDICAL RESEARCH PROGRAM**

BEFORE THE

**HOUSE APPROPRIATIONS SUBCOMMITTEE ON MILITARY
QUALITY OF LIFE AND VETERANS AFFAIRS**

PRESENTED BY

KEVIN D. COOPER, M.D.

**PRESIDENT, THE SOCIETY FOR INVESTIGATIVE
DERMATOLOGY**

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Cleveland, Ohio 44113-1800

APRIL 7, 2005, 2:20 PM
H-143 Capitol Building

Mr. Chairman, and members of the subcommittee—I am very grateful for this opportunity to testify today on behalf of the Society for Investigative Dermatology in support of the VA Medical Research Program. I am Dr. Kevin Cooper, Professor of Dermatology, Chairman and Director of the Skin Diseases Research Center at the Department of Dermatology at Case Western Reserve University. I have been a physician and investigator serving the VA for 20 years in a part time capacity as a component of my academic work. I also serve as President of the Society for Investigative Dermatology, and I am here before you today, on their behalf.

Background

The Society for Investigative Dermatology has over 2000 members worldwide dedicated to the advancement and promotion of the sciences relevant to skin health and disease through education, advocacy and the scholarly exchange of scientific information. Members include scientists and physician researchers from universities, hospitals and industries committed to the science of dermatology. Much of the research conducted by our members addresses the needs of our veterans, and as such is funded by the VA Medical Research Program or is performed at VA research facilities. For instance, at the Case Western Reserve University / University Hospitals of Cleveland Department of Dermatology, we collaborate heavily with our VA health system, providing top level dermatology and research services, and receiving support for such.

Burden of Skin Diseases

Mr. Chairman, on April 6, 2005, along with the American Academy of Dermatology Association (AADA), SID released the most comprehensive report to date on the prevalence, annual economic burden and quality of life implications of the 21 most common skin diseases in the United States. For the Committee's review, I am providing copies of the report, entitled "Burden of Skin Diseases", and hope that the Committee will include its executive summary for the hearing record. The Burden of Skin Diseases report identifies several important issues concerning the national challenge that exists with respect to skin diseases as follows:

- 1) Skin disease is one of the top 15 groups of medical conditions for which prevalence and health care spending grew the most between 1987 and 2000. Expenses for skin disease during this time frame grew at a rate that exceeded growth of spending for diseases such as diabetes, cerebrovascular disease and cancer.
- 2) For the 21 skin diseases focused upon in the Burden of Skin Disease report, the annual economic burden is estimated to be \$37 billion. However, over 3000 varieties of skin disease have been identified in medical literature.
- 3) The most costly category of skin diseases identified by the report is exogenous skin conditions, which include skin ulcers and wounds, solar radiation and cutaneous drug eruptions. Skin ulcers and wounds account for \$12.2 billion alone in economic burden each year, including the costs for Veterans in nursing homes and long-term care facilities due to such conditions. This category of diseases is particularly burdensome for the

Veteran population as it includes skin conditions due to chemical exposure and chemical warfare.

Skin Diseases Relevant to Veterans

Mr. Chairman, the U.S. Veteran population is particularly susceptible to skin diseases. Treatment rates for skin cancer and other skin diseases associated with chronic diseases are significantly higher for Veterans than for the U.S. population as a whole. A number of outside factors contribute to the disproportionate rate of skin cancer and other skin diseases in the Veteran population. In addition, exposure to extreme temperatures, unsanitary living conditions, combat wounds, poor nutrition, exposure to chemical agents and other challenges contribute to skin disease in veterans. The threat of chemical warfare is an unfortunate reality of today. Basic research examining skin structure and barrier function and studies examining genetic and immunological disorders that disrupt skin and barrier function have been and continue to be important in expanding our understanding of severe blistering due to chemical exposure, has become an important model for study for vesicant agents and vesicant injury. The VA Medical Research Program conducts and supports a vigorous scientific effort to study and reduce the suffering associated with these service-related skin conditions.

On a more contemporary basis, Mr. Chairman, an article in the February 2, 2005 edition of Stars and Stripes, a Department of Defense-authorized daily newspaper distributed overseas for the U.S. military community, articulates the threat of cutaneous leishmaniasis to military personnel currently serving in Iraq and Afghanistan. Leishmaniasis is the result of an infection caused by the bites of sand fleas that bite humans who are outside in the dawn and dusk periods of the day. Many times, the skin lesions and infection go away, although often leaving scars; but, in some cases, untreated visceral leishmaniasis can be fatal, or the disease reactivates because the immune system does not completely eliminate all the organisms. Suppression of the immune system by simultaneous sun exposure, other infections or medications may be factors. U.S. military doctors diagnosed about 750 cases of leishmaniasis among troops who participated in the first rotations of Operations Iraqi Freedom or Enduring Freedom in Afghanistan. Iraq is also an endemic area for Leishmaniasis, hence the term, "Baghdad Sore" as a colloquial term for Leishmaniasis in the Middle East. For the record, Mr. Chairman, I have attached a copy of the article to my testimony.

Recommendations for the VA Medical Research Program

Mr. Chairman, your support for the VA Medical Research Program is deeply appreciated. In spite of lukewarm support from the Administration for this critical, patient-focused research, we urge continued growth for this program. The Society for Investigative Dermatology is pleased to join our sister organizations in the Friends of VA Medical Research (FOVA) in supporting a Fiscal Year 2006 appropriations level of \$460 million for the VA Medical and Prosthetics Research Program.

Thank you again for the opportunity to present the views of the Society for Investigative Dermatology. I will be pleased to answer any questions you may have.

**HOUSE COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON MILITARY QUALITY OF LIFE AND VETERANS AFFAIRS
Witness Disclosure Requirement - "Truth in Testimony"**

Your Name: Kevin D. Cooper, M.D.

1) Other than yourself, please list what entity or entities you are representing:

Society for Investigative Dermatology
Friends of VA Medical Research

2) Are you testifying on behalf of a Federal, State, or Local Government entity? No

3) Are you testifying on behalf of an entity other than a Government entity? Yes

4) Please list any federal grants or contracts (including subgrants or subcontracts) which you have received since October 1, 1999: Please see biosketch below:

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Kevin D. Cooper, M.D.		POSITION TITLE Professor, Director and Chairman		
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include</i>				
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY	
University of Florida, Gainesville, FL	B.S.	1973	Basic Biological Sciences	
Univ. of Florida College of Medicine, Gainesville, FL	M.D.	1977	Medicine	
Dept. of Derm. Oregon Health Sci. Univ., Portland, OR	Residency	1981	Dermatology	
Dermatology, Natl. Cancer Institute, Bethesda, MD	Fellowship	1985	Sr. Medical Staff Fellow	

NOTE: The Biographical Sketch may not exceed four pages. Items A and B (together) may not exceed two of the four-page limit. Follow the formats and instructions on the attached sample.

POSITIONS AND HONORS

Professional Experience

1985-- Staff Physician, Veterans Affairs Medical Center, Ann Arbor, MI and Cleveland, OH
 1985-95 Assistant, Associate, and Full Professor, Dept of Dermatology, University of Michigan, Ann Arbor, MI
 1986-95 Director, Cutaneous Lymphoma Program, University of Michigan Comprehensive Cancer Ctr, Ann Arbor, MI
 1995-- Professor and Chair, Dept of Dermatology, Case Western Reserve University/University Hospitals of Cleveland, Cleveland, OH

Awards and Other Professional Activities

1989-95 Dermatology Foundation Scientific Advisory Committee

1989-2005 Nat'l Eczema Association for Science and Education Scientific Advisory Committee

1993 American Society for Clinical Investigation

1993-98 Nat'l Psoriasis Foundation Scientific Advisory Committee

1995 American Skin Association Research Award

1995-2000 American Skin Association Scientific Advisory Committee

1995-2000 Board of Directors: Society for Investigative Dermatology and Association of Professors of Dermatology

1995-- Research Committees: CWRU School of Medicine, CWRU/UHC Comprehensive Cancer Center

1996-- Federal Study Sections and Advisories: Special Emphasis Panels Member, GMA-I and Immunologic Sciences Study Section and Ad Hoc Reviewer, SBIR/STTR Review Panel Member, VA Merit Review reviewer (Immunology), NIH Leprosy Advisory Board, NIAMS Advisory Group, FASEB Consensus Conference on Fed Research Funding

1998-- Associate Editor, *Clinical Immunology* (98-02), *J. Invest. Dermatol.*

1998-- American Academy of Dermatology, Task Force on Photobiology; Chair Environmental Council; Research Council; Scientific Assembly Committee (Chair Academy 05)

2001-05 Mycosis Fungoides Patient Adv Foundation

2003-05 Society for Investigative Dermatology, President-Elect and President (2005)

B. SELECTED PEER-REVIEWED PUBLICATIONS (from among over 200 completed manuscripts)

- Cooper KD**, Kazmierowski JA, Wuepper KD, Hanifin JM: Immunoregulation in atopic dermatitis: Functional analysis of T-B cell interactions and the enumeration of Fc receptor-bearing T cells. *J Invest Dermatol*, 80:139-145, 1983.
- Cooper KD**, Baadsgaard O, Ellis CN, Duell E, Voorhees JJ: Mechanisms of Cyclosporine A inhibition of antigen-presenting activity in uninvolved and lesional psoriatic epidermis. *J Invest Dermatol*, 94:649-656, 1990.
- Cooper KD**, Oberhelman L, Hamilton TA, Baadsgaard O, Terhune M, LeVee G, Anderson T, and Koren H: UV exposure reduces immunization rates and induces tolerance to epicutaneous antigens in humans: Relationship to dose, CD1a- DR+ epidermal macrophage induction and Langerhans cell depletion. *Proc Natl Acad Sci*, 89:8497-8501, 1992.
- Meunier L, Gonzalez-Ramos A, **Cooper KD**: Heterogeneous populations of class II MHC II+ cells in human dermal cell suspensions: identification of a small subset responsible for potent dermal antigen-presenting cell activity with features analogous to Langerhans cells. *J Immunol*, 151:1-13, 1993.
- Bata-Csorgo Z, Hammerberg C, Voorhees JJ, **Cooper KD**: Flow cytometric identification of proliferative subpopulations within normal human epidermis and the localization of the primary hyperproliferative population in psoriasis. *J Exp Med*, 178:1271-1281, 1993.
- Hammerberg C, Duraiswamy N, **Cooper KD**: Active induction of tolerance to DNFB by *in vivo* UV-exposed epidermal cells is dependent upon infiltrating class II MHC+ CD11b^{bright} monocytic/macrophagic cells. *J Immunol*, 153:5256-64, 1994.
- Bata-Csorgo Z, Hammerberg C, Voorhees JJ, **Cooper KD**: Kinetics and regulation of human keratinocyte stem cell growth in short term primary *ex vivo* culture; growth factors cooperative with IFN gamma from psoriatic lesional T lymphocyte stimulate proliferation among psoriatic uninvolved, but not normal, stem keratinocytes. *J Clin Invest* 95:317-327, 1995.
- Griffiths CEM, Railin D, Gallatin WM, **Cooper KD**: The ICAM-3/LFA-1 interaction is critical for epidermal Langerhans cell alloantigen presentation to CD4⁺ T cells. *Brit J Dermatol* 113:823-829, 1995.
- Stevens SR, Shibaki A, Meunier L, **Cooper KD**: Suppressor T cell-activating macrophages in ultraviolet-irradiated human skin induce a novel, TGF- β -dependent form of T cell activation characterized by deficient IL-2ra α expression. *J Immunol* 155:5601-07, 1995.
- Kang K, Kubin M, **Cooper KD**, Lessin SR, Trinchieri G, Rook AH: IL-12 synthesis by human Langerhans cells. *J Immunol* 156:1402-07, 1996.
- Hammerberg C, Duraiswamy N, **Cooper KD**: Reversal of immunosuppression inducible through ultraviolet-exposed skin by *in vivo* anti-CD11b treatment. *J Immunol*, 157:5254-5261, 1996.
- Hammerberg C, Bata-Csorgo Z, Voorhees JJ, **Cooper KD**: IL-1 and IL-1 receptor antagonist regulation during keratinocyte cell cycle and differentiation in normal and psoriatic epidermis. *Exp Dermatol* 5:218-226, 1996.

- Skov L, Chan LS, Fox DA, Larsen JK, Voorhees JJ, **Cooper KD**, Baadsgaard O: Lesional psoriatic T cells contain the capacity to induce a T cell activation molecule CDW60 on normal keratinocytes. Am J Pathol, 150:675-683, 1997.
- LeVee GJ, Oberhelman L, Anderson T, Koren H, **Cooper KD**: UVA II exposure of human skin results in decreased immunization capacity, increased induction of tolerance and a unique pattern of epidermal antigen presenting cell alteration. Photochem Photobiol 65(4):622-629, 1997.
- Javier F, Bata-Csorgo Z, Ellis CN, Kang S, Voorhees JJ, **Cooper KD**: Rapamycin (Sirolimus) inhibits PCNA expression and blocks cell cycle in the G₁ phase in human keratinocyte stem cells. J Clin Invest 99(9):2094-2099, 1997
- Hammerberg C, Katiyar SK, Carroll MC, **Cooper KD**: Activated complement component 3(C3) is required for UV induction of immunosuppression and antigenic tolerance. J Exp Med 187(7):1133-1138, 1998.
- Gilliam AC, Kremer IB, Yoshida Y, Stevens SR, Tootell E, Teunissen MBM, Hammerberg C, **Cooper KD**: The human hair follicle: a reservoir of CD4⁺ B7-deficient Langerhans cells that repopulate epidermis after UVB exposure. J Invest Dermatol 110:422-427, 1998.
- Kang K, Gilliam AC, Chen G, Tootell E, **Cooper KD**: In human skin, UVB initiates early induction of IL-10 over IL-12 preferentially in the expanding dermal monocytic/macrophagic population. J Invest Dermatol 110:31-38, 1998.
- Szabo SK, Hammerberg C, Yoshida Y, Bata-Csorgo Z, **Cooper KD**: Identification and quantitation of interferon- γ producing T cells in psoriatic lesions: localization to both CD4⁺ and CD8⁺ subsets. J Invest Dermatol 111:1072-1078, 1998.
- Yoshida Y, Kang K, Berger M, Chen G, Gilliam AC, Moser A, Wu L, Hammerberg C, **Cooper KD**: Monocyte induction of IL-10 and down-regulation of IL-12 by iC3b deposited in ultraviolet-exposed human skin. J Immunol 161:5873-5879, 1998.
- Bata-Csorgo Z, **Cooper KD**, Voorhees JJ, Hammerberg C: Fibronectin and α 5 integrin regulate keratinocyte stem cell cycling: a mechanism for increased fibronectin potentiation of T cell lymphokine-driven keratinocytic stem cell hyperproliferation in psoriasis. J Clin Invest 101:1509-1518, 1998.
- Yoshida Y, Kang K, Chen G, Gilliam AC, **Cooper KD**: Cellular fibronectin is induced in ultraviolet-exposed human skin and induces monocytic/macrophagic cell IL-10 production. J Invest Dermatol 113:49-55, 1999.
- Katiyar SK, Challa A, McCormick TS, **Cooper KD**, and Mukhtar H: Prevention of UVB-induced immunosuppression in mice by the green tea polyphenol (-)-epigallocatechin-3-gallate may be associated with alterations in IL-10 and IL-12 production. Carcinogenesis. 20:2117-24, 1999.
- Lim HW, **Cooper KD**: The health impact of solar radiation and prevention strategies: Report of the Environmental Council, J Am Acad Dermatol. 41:81-99, 1999.
- Ellis CN, Stevens SR, Blok BK, Taylor RS, **Cooper KD**: Interferon gamma therapy reduces blood leukocyte levels in patients with atopic dermatitis: Correlation with clinical improvement. Clin Immunol 92:49-55, 1999.
- Ting KM, Rothaupt D, McCormick TS, Hammerberg C, Chen G, Gilliam AC, Stevens S, Culp L, **Cooper KD**: Overexpression of the oncofetal Fn variant containing the EDA splice-in segment in the dermal-epidermal junction of psoriatic uninvolved skin. J Invest Dermatol: 114:706-711, 2000
- Xiong J, Ghannoum MA, Yoshida Y, **Cooper KD**, and Kang K: Live *Candida albicans*, but not *Candida krusei*, selectively fails to induce human blood mononuclear cell IL-12 and IFN γ production. Infection and Immunity, 68:2464-2469, 2000
- Kremer IB, Stevens SR, Gould JW, DiCarlo J, Quinby G, and **Cooper KD**: Intradermal GM-CSF alters cutaneous antigen presenting cells and differentially affects local versus distant immunization in humans. Clin. Immunol, 96(1):29-37, 2000
- Selgrade MJ, Smith MV, Oberhelman-Bragg LJ, LeVee GJ, Koren HS and **Cooper KD**: Dose response for UV-induced immune suppression in people of color: Differences based upon erythral reactivity rather than skin pigmentation. Photochemistry and Photobiology 74(1):88-95, 2001
- Liu L, Kang, K, Takahara M, **Cooper KD** and Ghannoum MA: Hyphae and yeasts of *Candida albicans* differentially regulate interleukin-12 production by human blood monocytes: inhibitory role of *C. albicans* germination. Infect. Immunol. 69 4695-7, 2001
- Chen G, McCormick TS, Hammerberg C, Ryder-Diggs S, Stevens SR, and **Cooper KD** Basal keratinocytes from uninvolved psoriatic skin exhibit accelerated spreading and focal adhesion kinase responsiveness to fibronectin. Journal of Investigative Dermatology 117:1538-1545, 2001
- Stevens SR, Baron ED, Masten S, **Cooper KD**: Circulating CD4⁺CD7⁻ lymphocyte burden & rapidity of response: predictors of outcome in the treatment of Sezary syndrome and erythrodermic MF with photopheresis. Arch Dermatol;138:1347-1350, 2002

- Toichi E., McCormick TS, and **Cooper KD**: Cell surface and cytokine phenotypes of skin immunocompetent cells involved in ultraviolet-induced immunosuppression *Methods* 28:104-110, 2002
- Demko CA, Borawski EA, Debanne SM, **Cooper KD**, and Stange KC: Use of indoor tanning facilities by white adolescents in the United States. *Arch Pediatr Adolesc Med*, Vol 257, 854-860, 2003
- Barzilai BA, **Cooper KD**, Neuhauser D, Rimm AA, and Cooper GS. Geographic and Patient Variation in Receipt of Surveillance Procedures After Local Excision of Cutaneous Melanoma. *J Invest Dermatol* 122: 246-255, 2004
- Kauffman CL, Aria N, Toichi E, McCormick TS, **Cooper K**, Gottlieb AB, Everitt DE, Frederick B, Zhu Y, Graham MA, Pendley CE, and Mascelli MA. A phase I study evaluating the safety, pharmacokinetics, and clinical response of human IL-12 p40 antibody in subjects with plaque psoriasis. *J Invest Dermatol* 123(6): 1037-1044, 2004.
- Sugiyama, H., Gyulai, R., Toichi, E., Garaczi, E., Shimada, S., Stevens, S.R., McCormick, T.S., **Cooper, K.D.** Dysfunctional Blood and Target Tissue CD4⁺CD25^{high} Regulatory T Cells in Psoriasis: Mechanism Underlying Unrestrained Pathogenic Effector T Cell Proliferation. *Journal of Immunology*, 174: 164-173, 2005.

RESEARCH PROJECTS

Ongoing:

1. "Mechanisms of UV radiation therapy in psoriasis" (Determines the mechanism of UV action in lesional psoriatic skin; specifically the effect of UV upon lesional T cell function and keratinocyte proliferation.)
Principal Investigator: Kevin D. Cooper, MD
Agency: Department of Veteran's Affairs
Type: Merit Review Period: 4/1/02 - 3/31/06
2. "Clinical Oncology Research Career Development Program" (Facilitates interdisciplinary training in translational oncology research for MDs with a clinical training background in one of a number of oncology disciplines.)
Principal Investigator: Clark Distelhorst, PhD
Director, Cutaneous Oncology Training Program: Kevin D. Cooper, MD
Agency: NIH/NCI
Type: T32
3. "UV-induced immunosuppression to chemical toxicants" (The major and stated purpose of this grant is to examine using proteomics the protein changes that occur following UV exposure in combination with environmental toxicants.)
Principal Investigator: Kevin D. Cooper, MD
Agency: NIH
Type: R01 Period: 9/10/02 - 7/31/07
4. Skin Diseases Research Center (Major goal: To generate new knowledge that will have a sustained impact on cutaneous biology that will improve the quality of life of patients with skin disease.)
Principal Investigator: Kevin D. Cooper, MD
Agency: NIH/NIAMS
Type: P30 AR 39750 Period: 4/1/01 - 3/31/06
5. "Normal and UV induced cutaneous antigen presenting cells" (Role of UV-induced tissue changes on APC differentiation.)
Principal Investigator: Kevin D. Cooper, MD
Agency: NIH/NIAID
Type: R01 AI041766-09A1 Period: 12/1/02 - 11/30/07
6. "Psoriatic regulatory T cell dysfunction" (Identification of immunoregulation abnormalities in psoriasis.)
Principal Investigator: Kevin D. Cooper, MD
Agency: NIH/NIAMS
Type: 1 R01 AR051498 Period: 8/1/04 - 4/30/09
7. "Training in investigative and molecular dermatology" (Major goal is to provide interdisciplinary training to MD and PhD scientists contemplating a career in academic dermatology.)
Principal Investigator: Kevin D. Cooper, MD

Agency: NIH/NIAMS

Type: T32 AR 07569

Period: 5/1/91 - 4/30/07

8. "Mechanism of IL-12 inhibition by *Candida albicans*" (The aim is to identify novel means for the prevention and treatment of hematogenously disseminated candidiasis.

Principal Investigator: Mahmoud Ghannoum, PhD, EMBA

Co-Investigator: Kevin D. Cooper, MD

Agency: NIH

Type: 2R01 A1035097

Period: 2/1/05 - 1/31/10

Completed Over Last 3 Years:

1. "Normal and UV-induced cutaneous antigen presenting cells." (The major goals of this project are to determine distinctive characteristics of UV-induced epidermal APC's in humans, and to establish an *in vitro* model of skin-induced APC differentiation.)

Principal Investigator: Kevin D. Cooper, MD

Agency: NIH

Type: R01

Period: 4/1/97 - 3/31/02

2. "Interaction between psoriatic keratinocytes and T cells" (Identifies the cell type(s) in psoriasis responsible for production of EDA Fn, using assays for protein and mRNA with *in situ* localization.)

Principal Investigator: Kevin D. Cooper, MD

Agency: NIH

Type: R01

Period: 7/1/99 - 6/30/02

3. "Training in investigative and molecular dermatology" (Major goal of grant is to provide interdisciplinary research training to recent PhD's and MD's contemplating careers in cutaneous biology.)

Principal Investigator: Kevin D. Cooper, MD

Agency: NIH/NIAMS

Type: T32 AR 07569

Period: 5/1/97 - 4/30/02

5) If you answered "Yes" to question number 3, please list any federal grants or contracts (including subgrants or subcontracts) which were received by entities listed under question number 1 since October 1, 1999, which exceed 10% of the entities revenue in the year received, including the source and amount of each grant or contract to be listed.

6) If you answered "Yes" to question number 3, do any of the entities disclosed in question number 1 have parent organizations, subsidiaries, or partnerships whom you are not representing? No

7) If you answered "Yes" to question number 3, please list any offices or elected positions held or briefly describe your representational capacity with the entities disclosed in question number 1.

President, Society for Investigative Dermatology

Signature: Kevin D. Cooper, M.D.



Date: April 7, 2005

Kevin D. Cooper, M.D.
President of the Society for Investigative Dermatology
Department of Dermatology
University Hospitals of Cleveland
11100 Euclid Avenue
Cleveland, OH 44106

Kevin D. Cooper, MD is Professor and Chairman, Department of Dermatology, and Director, Skin Disease Research Center, at Case Western Reserve University and University Hospitals of Cleveland in Cleveland, Ohio. He is also Professor in the Department of Oncology and Pathology, a Staff Physician for the Dermatology Service at the Cleveland VA Hospital, and Vice President of the University Faculty Practice Association.

Dr. Cooper received his MD degree from the University of Florida College of Medicine in Gainesville, Florida. He was a Resident in the Department of Dermatology at the Oregon Health Sciences University in Portland, Oregon, and a Fellow at the National Cancer Institute, National Institutes of Health in Bethesda, Maryland. He is board certified in dermatology and dermatologic immunology/diagnostic laboratory immunology.

Dr. Cooper is currently the President of the Society for Investigative Dermatology, the world's leading organization for scientific communication and advancement in cutaneous biology and dermatology. He is also a member of the American Academy of Dermatology Scientific Advisory Committee and is chair of this committee for the "Academy 2005" meeting. Dr. Cooper's most recent awards and honors include plenary lectureships at major conferences, the Dean's award of "Million-Dollar Professor", and recognition as one of "America's Top Physicians". He is also a member of the Association of Professors of Dermatology, the American Society for Clinical Investigation, and the American Dermatologic Association. He is a member of the Case School of Medicine Research Committee and the Executive Committee of the Ireland Cancer Center.

Dr. Cooper is currently on a Department of Veterans Affairs Data and Safety Monitoring Board, and serves as chair of the Medical Advisory Board for the National Eczema Association for Science and Education, and as chair of the American Academy of Dermatology's Expert Resource Group on Atopic Dermatitis. Dr. Cooper has lectured nationally and internationally on skin disease and has published hundreds of articles in scientific journals and book chapters on the pathophysiology of psoriasis, atopic dermatitis, photomedicine, lymphoma, and immune-mediated skin disorders.