

The Chronicle

of **SKIN** & ALLERGY

PRACTICAL THERAPEUTICS and CLINICAL NEWS from the WORLD of DERMATOLOGY ■ APRIL/MAY 2022

Rosacea roundup

■ Canadian physicians discuss alternative Tx options for rosacea patients

see page 4

Clinical practice

Choosing a biologic for AD treatment

■ Criteria to consider as the selection of approved systemics for AD grows

by JOHN EVANS,
Senior Editor, The Chronicle

With several systemic treatments approved in Canada for treating atopic dermatitis (AD), and more undergoing clinical trials, this is an encouraging time for clinicians and patients with AD.

However, having a wider selection of medications can complicate the choice of a treatment approach, and points out the need for an organized process of comparing options and selecting the right one

for a patient.

This was part of Dr. Aaron Drucker's message during his presentation at the virtual Toronto Psoriasis Seminar (ToPS) and Robert S. Lester Postgraduate Dermatology Seminar on Nov. 19, 2021.

More approvals on the way

Dr. Drucker compared advancements in AD therapy to the rapid growth over the last 15 years in the

available medications for psoriasis, which he described as 'exponential'.

"We are lucky to be working in this era, where we have so many amazing treatments that are available to us for psoriasis," he said. However, Dr. Drucker noted that the diversity of treatment options makes it "difficult to keep up with what is best for which patient and what exactly is the mechanism for each molecule and the generic names and the trade names. It has been so overwhelming, the speed which these have all come at us."

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IL inhibitors

New IL inhibitors continue to improve patient response

■ Use expanding beyond psoriasis to prurigo nodularis, HS

by LOUISE GAGNON,
Correspondent, The Chronicle

Specific interleukin pathways have been identified in addressing numerous skin conditions such as plaque psoriasis, atopic dermatitis (AD), and IL in-

hibitors have emerged as effective agents to treat these conditions. IL inhibitors are also being examined for conditions that have had few or no biologic options available such as

generalized pustular psoriasis, prurigo nodularis, and hidradenitis suppurativa (HS).

Psoriasis and generalized pustular psoriasis

"Tildrakizumab is the newest anti-IL-23 biologic agent to be approved [for psoriasis], and it gives physicians yet another tool to help patients with severe psoriasis to improve quickly, effectively, and safely," said Dr. Jaggi Rao, a dermatologist in Edmonton and Clinical Professor of Medicine at the University of Alberta. "Tildrakizumab is delivered via a subcutaneous injection, and its unique



Dr. Jaggi Rao

Pediatric health

Diagnosis, management of pediatric lupus

■ Improved understanding of role of type I interferon activity leads to new Tx approaches

by LOUISE GAGNON, Correspondent, The Chronicle

The epidemiology of lupus, the criteria for classifying lupus, and emerging therapies for the condition were topics addressed by Dr. Julie Barsalou at the annual pediatric dermatology update organized by the Centre Hospitalier Universitaire (CHU) St. Justine in Montreal.

"The average age at which

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Anti-IL: New therapies offer convenient dosing

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feature is that it requires the fewest number of injections compared to other anti-IL-23 agents.”
Dr. Rao noted six injections are needed in the first year, and four yearly injections thereafter.

Dr. Ben Barankin, a dermatologist, Medical Director and Founder of the Toronto Dermatology Centre in Toronto, agreed that the launch of tildrakizumab represents a new anti-IL player in psoriasis management that will offer convenient dos-

ing. “The frequency of injection is nice, as it is every three months,” he said. “This is the third IL-23 [for psoriasis] to be approved and join the family of risankizumab and guselkumab.”
A new development in the IL-23

inhibitor family is the recent approval of risankizumab for psoriatic arthritis, noted Dr. Barankin.
Another IL-17 inhibitor now approved for psoriasis is bimekizumab. “Ongoing studies demonstrate amongst the fastest and most complete psoriasis clearance rates ever seen with it, more so than the currently available IL-17 inhibitors on the market,” said Dr. Rao.
Dr. Catherine Zip, Clinical Associate Professor, Division of Dermatology, University of Calgary, agreed that bimekizumab, an IL-17A and IL-17F inhibitor, will offer strong efficacy and its side effect of concern can be well managed.

“In head-to-head trials, it was shown to have superior efficacy to adalimumab, ustekinumab, and secukinumab,” said Dr. Zip. “Oral candidiasis can occur, but it’s mild-to-moderate in severity, rarely recurrent, and responsive to typical anti-candidal therapies. It [bimekizumab] is also being studied for treatment of psoriatic arthritis and hidradenitis suppurativa.”

Dr. Barankin described bimek-
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Chronicle Companies is pleased to support Camp Liberté with monetary and in-kind donations through Sandi’s Fund, established to honour our late friend and colleague, Sandra Gail Leckie, RN. Sandi was a nurse, pharmaceutical industry executive and health educator who had a life long affinity for children and children’s charities.
Chronicle Companies contributes profits from the annual National Pharmaceutical Congress (www.pharmacongress.info) to Sandi’s Fund for Camp Liberté, and has partnered with Camp Liberté to provide communications assistance for this valuable philanthropic undertaking.



CAMP LIBERTÉ

Camp Liberté was created by a group of dermatologists dedicated to offering children with moderate to severe skin conditions an opportunity to enjoy a summer camp experience. With locations in eastern and western Canada, **Camp Liberté** hosts more than 40 children per summer at no cost to parents, thanks to the support of generous donors.

Our camps are fully equipped with volunteer dermatologists, residents and nurses to care for children with a wide range of skin conditions, including atopic dermatitis, epidermolysis bullosa, and alopecia areata.

HOW CAN YOU HELP?

A gift to Camp Liberté provides Canadian children with skin conditions an opportunity to grow in confidence and self-esteem through a multi-cultural outdoor camping experience in a fun, safe, bilingual, environment.

Donate Now! / Faites un don dès maintenant!
campliberte.ca

Le Camp Liberté a été créé par un groupe de dermatologues déterminés à offrir à des enfants qui ont des problèmes de peau variant de modérés à graves la possibilité de vivre l’expérience d’un camp d’été. Avec ses emplacements dans l’est et l’ouest du Canada, le **Camp Liberté** accueille plus de 40 enfants par été sans qu’il en coûte quoi que ce soit aux parents, grâce à l’appui de généreux donateurs.

Nos camps bénéficient des services complets de dermatologues, de médecins résidents et d’infirmières bénévoles qui s’occupent d’enfants aux prises avec un vaste éventail de problèmes de peau, y compris la dermatite atopique, l’épidermolyse bulleuse et la pelade.

COMMENT POUVEZ-VOUS AIDER?

Un don au Camp Liberté permet à des enfants canadiens qui ont des problèmes de peau d’accroître leur confiance en soi et leur estime de soi en vivant une expérience multiculturelle de camping en plein air offerte dans un environnement bilingue, sécuritaire et amusant.



Anti-IL: Investigations in other conditions involving itch

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izumab as a distinctive IL-17 inhibitor because of how it works. “As an IL-17 inhibitor, it is unique because it binds to both A and F,” said Dr. Barankin. “With respect to safety and efficacy, it will be one of the best IL-17 inhibitors, but it presents a higher candidiasis risk.”

The enthusiasm around the expected availability of bimekizumab is shared by other dermatologists including Dr. Kerri Purdy, Division Head and Assistant Professor in the Division of Clinical Dermatology & Cutaneous Science, Department of Medicine, Dalhousie University, Halifax.

“I am most excited about bimekizumab coming out,” said Dr. Purdy. “I am looking forward to having another option in the IL-17 class. I think that is a great class of agents.”

Generalized pustular psoriasis is a condition for which there is a dearth of effective therapies, noted Dr. Barankin.

“We have never had a specific therapy for generalized pustular psoriasis,” said Dr. Barankin. “Spesolimab is an anti-IL-36 inhibitor which reverses GPP quickly, and most patients attain dramatic improvement within the first week. It’s

not a common condition that we see, but when we do see patients with it, it can be very serious and even life threatening. Unlike



Dr. Ben Barankin



Dr. Catherine Zip



Dr. Kerri Purdy



Dr. Kyle Cullingham

spesolimab, the medications we currently use act slowly and do not have as good a side effect profile.

IL inhibitors for AD

Dr. Kyle Cullingham, a dermatologist in Saskatoon and medical director of Saskatoon Dermatology Centre, said dermatologists can potentially look forward to using biologic agents for conditions such as HS. “IL-17 molecules, such as secukinumab or ixekizumab, are being studied for the treatment of HS,” said Dr. Cullingham. “Bimekizumab, which is a new molecule that [has] become available for treating psoriasis, is also being trialled for HS. That is really exciting.”

IL inhibitors are also being explored for their ability to manage conditions such as prurigo nodularis and notalgia paresthetica, condi-

tions in which itch features prominently, noted Dr. Cullingham. “They [prurigo nodularis and notalgia paresthetica] are conditions that work on similar pathways as eczema. Often times, these [conditions] can be the result of chronic eczema. If we can treat them upstream [of the pathway], then we can possibly obtain great results.”

Another biologic option now available in Canada for AD is tralokinumab, a biologic agent that targets IL-13. It received approval in 2021 and will be available for prescription for moderate-to-severe AD, expanding biologic options beyond dupilumab for AD. “No head-to-head trials vs. dupilumab have been

conducted,” noted Dr. Zip.

Dr. Cullingham added he will be taking part in a Phase IV study on tralokinumab. “It’s exciting to have another biologic for atopic dermatitis,” he said. “We will get patients on the medication and see how they fare over the next year. This is an opportunity for real-world data.”

The exploration of many molecules as potential treatments for HS is very encouraging, according to Dr. Cullingham. “There are quite a few molecules being studied for HS,” he said, noting the only approved treatment to date is adalimumab.

“We haven’t had a lot of new options, so it’s exciting to see.”

Non-proprietary and brand names of therapies: *tildrakizumab* (Ilumya, Sun Pharma); *risankizumab* (Skyrizi, AbbVie); *guselkumab* (Tremfya, Janssen); *bimekizumab* (BIMZELX, UCB Canada); *adalimumab* (Humira, AbbVie); *ustekinumab* (Stelara, Janssen); *secukinumab* (Cosentyx, Novartis); *spesolimab* (not approved in Canada); *imsidolimab* (not approved in Canada); *ixekizumab* (Taltz, Lilly); *tralokinumab* (Adtralza, LEO Pharma); *dupilumab* (Dupixent, Sanofi, Regeneron).

What THE LAY PRESS is saying about . . .

Dermatology news your patients may be reading

HOW TO PROPERLY SHAVE TO REMOVE PEACH FUZZ

More women are now shaving their faces. While most might not have dense beards, peach fuzz has become a trait that many females want to eliminate. An article published in *Cosmopolitan* (Mar. 24, 2022) listed tips for women to safely shave their faces and remove that unwanted peach fuzz. The magazine consulted with three specialists based in the U.S. who provided some insights into female face shaving and who also recommended some specific products. All specialists agree that face shaving is safe for women and debunked myths such as the common belief that hair will grow thicker after being shaved. The article also provides a step-by-step guide and recommends specific products that have been dermatologically tested, according to the author.

MEET INTUITIVE SKINCARE

In the past few years, the concept of intuitive eating has become popular. Intuitive eating proposes that a person should listen to their body’s hunger cues and should trust their own body to make food choices that feel good for them. Intuitive skincare proposes a similar idea. A report published in *The Toronto Star* (Apr. 5, 2022) covers this concept, by stating that consumers should always listen to their skin when trying a new product. While the report focuses heavily on a particular brand of products, the general idea is that while a product might work perfectly for some people, everyone’s skin reacts differently and it is important to pay attention to the outcomes.

HOW ‘SKIN OF COLOUR DERMATOLOGY’ IS MAKING HEALTHCARE MORE INCLUSIVE

Too often, people of colour get misdiagnosed or have delayed diagnoses because skin diseases present differently in various skin tones. A report published on the website *SELF* (Mar. 25, 2022) addresses this problem by showing the case of a black woman who was incorrectly diagnosed with vitiligo when she actually had a rare form of blood cancer that also affects the skin. Not only are many doctors unfamiliar with how certain conditions look in darker patients, but textbooks are also lacking diversity. This is slowly changing, as some medical schools now have ethnic skin centers to provide better dermatologic care to people of colour and to minimize gaps in medical training. Clinics dedicated to skin of colour patients are also expanding. According to the report, a more diverse approach to skincare and dermatology is helping to make healthcare more inclusive.

THE 21 BEST MOISTURIZERS WITH SPF FOR 2022

Most skincare routines include a moisturizer and a good facial sunscreen. While applying more than one product isn’t too time-consuming, it is a kill-two-birds-with-one-stone situation if a moisturizer is already infused with SPF. An article published in the *New York Post* (Apr. 12, 2022) listed some recommended moisturizers with SPF for this year. It is important to note that, aside from recommending specific products, the article also has some recommendations regarding sun protection in general. According to Dr. Jesse M. Lewin, a dermatologic surgeon based in New York and spokesperson for The Skin Cancer Foundation, “Daily sunscreen use is an important part of a complete sun protection strategy that includes seeking shade during peak sun hours (10 am to 4 pm) and covering up with UPF clothing, wide-brimmed hats and UV-blocking sunglasses.” He also added that it is important to use an SPF product year-round and not just during the summer.