

New therapies

More dermatology therapies approved in 2022

Canadian dermatologists assess benefits of new treatments

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A new biologic for psoriasis and a new tyrosine kinase-2 inhibitor for psoriasis, the long-term safety of an IL-17 to treat pediatric patients with psoriasis, the availability of a new laser to treat acne, more options for atopic dermatitis (AD) patients, and expanding the use of derofing in the management of HS, are all advances that are highly encouraging to Canadian dermatologists.

New options for psoriasis

Deucravacitinib received Health Canada approval for the management of psoriasis in fall, 2022, and represents a significant addition to the psoriasis toolbox, according to Toronto dermatologist Dr. Barankin.

“It’s a first-in-class TYK-2 in-

hibitor, and it is the only TYK-2 inhibitor available worldwide,” said Dr. Barankin. “This has a different mechanism of action from existing JAK inhibitors, there is minimal or no inhibition of JAK 1/2/3. There are higher scores in efficacy, and it showed superiority to [apremilast] in the pivotal phase III trial.”

Deucravacitinib was compared to placebo and apremilast in patients with moderate-to-severe plaque psoriasis in the two Phase 3 studies, (POETYK) PSO-1 and (POETYK) PSO-2.

Another 2022 addition to the psoriasis armamentarium was bimekizumab, noted Dr. Barankin. “It’s a terrific option for psoriasis,” said Dr. Barankin. “The efficacy is greater than with some other biologics. As dermatologists, we are comfortable managing the candidiasis [that may

occur] as an adverse event. The candidiasis rarely leads to discontinuation of the therapy.”

Existing patient support programs are critical to ensure timely access to biologic agents that treat psoriasis, noted Dr. Marlene Dytoc, a Clinical Professor of Medicine in the Division of Dermatology at the University of Alberta in Edmonton.

“There is more compassionate access to biologic agents for psoriasis,” said Dr. Dytoc. “This type of access helps our patients quite a bit.”

Vaccinating patients taking JAK inhibitors

Health Canada has approved the non-live herpes zoster/varicella zoster vaccine that offers protection from herpes zoster or shingles for patients 18 years of age and older who are immunocompromised, a development that is important in dermatology, according to Dr. Kerri Purdy, Division Head, Associate Professor in the Division of Clinical Dermatology



Dr. Ben Barankin



Dr. Kerri Purdy



Dr. Marlene Dytoc

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& Cutaneous Science, Department of Medicine at Dalhousie University in Halifax.

“Normally, you would get the vaccine when you are 50 or older, but we are now able to offer the Shingrix vaccine to younger patients if they are going to be put on a JAK inhibitor,” said Dr. Purdy, who noted that JAK inhibitors can increase the chance of herpes zoster reactivation.

Developments in pediatrics

The availability of ixekizumab, an IL-17 inhibitor, as an option to treat psoriasis in a prolonged fashion in pediatric patients has been valuable for clinicians, according to Dr. Purdy.

“It’s exciting to have other options for children with psoriasis,” said Dr. Purdy. “It has not been found to have any major safety signals.”

The use of IL-17 inhibitors has been linked to the development of Crohn’s Disease, but a paper published in 2022 allays concerns about initiating ixekizumab treatment in adolescence, a time when Crohn’s Disease often has its onset. Data published this year from the IXORA-PEDS study showed that out to 108 weeks, there were no additional cases of inflammatory bowel disease in pediatric patients on ixekizumab (*JAMA Dermatol* 2022 May 1;158(5):533-541).

Atopic dermatitis advances

There are increasing options to treat AD, and now clinicians can choose from four possible systemic treatments, which include dupilumab, tralokinumab, upadacitinib, and abrocitinib, noted Dr. Purdy.

“With AD, it is similar to how psoriasis was a decade or more ago,” said Dr. Purdy. “We only had one or two systemic choices. Every time an-

other therapeutic choice becomes available, it allows us to better treat our patients with options that may be better suited for them. Rather than just having one advanced, systemic therapy, we now have several and we know that there are more coming. It’s really exciting to be able to provide options for patients where one treatment may not be the right fit.”

Because AD has similarities to autoimmune conditions such as vitiligo and alopecia areata, treatments for those conditions are also emerging, noted Dr. Purdy.

One of the benefits of some of the treatments for AD is that they are treating common AD comorbidities, such as depression, said Dr. Dytoc.

A pooled analysis from three monotherapy studies of abrocitinib showed that adults and adolescents with moderate-to-severe AD treated with abrocitinib experienced clinically meaningful improvements in patient-reported outcomes, especially itch, depression/anxiety, fatigue, and work productivity.

“It has shown to help with the clinical aspects of depression associated with AD,” said Dr. Dytoc, who added research shows that dupilumab has also demonstrated benefit in reducing depression in patients with AD.

Focus on deroofing for HS

Clinicians agree that, thanks in part to the Canadian Hidradenitis Suppurativa Foundation and the Canadian Dermatology Association, there has been greater interest in deroofing in the management of patients with hidradenitis suppurativa.

“I think there is more awareness in performing the deroofing surgical procedures for HS,” said Dr. Barankin. “It is a very simple technique that helps wounds heal nicely. More training is

being encouraged, so that more dermatologists can offer deroofing.”

The ability of dermatologists to perform deroofing avoids the need and time delay for patients with HS to be referred to surgeons for management of their condition, noted Dr. Barankin.

Dr. Dytoc agreed that there is an adjunctive role for deroofing in the management of HS.

“Alongside medical therapy for HS, there is a benefit of deroofing,” said Dr. Dytoc. “You can use deroofing for one small lesion or you can remove a sinus tract. It is encouraged for persistent cysts and sinus tract formation.”

A non-systemic option for acne

The approval and availability of AviClear, a laser with a wavelength of 1,726 nm, for the treatment of acne in Canada represents a significant advance in the management of this chronic condition, according to Dr. Barankin.

“Some patients do not want a systemic treatment that affects their whole body,” said Dr. Barankin, referring to oral treatments such as isotretinoin. “There is a role for this type of treatment.”

An advantage that has been seen with this medical device for the management of acne is that it can be used in darker skin tones with no concerns about causing hyperpigmentation.

Non-proprietary and brand names of therapies:

deucravacitinib (Sotyktu, Bristol Myers Squibb); *apremilast* (Otezla, Amgen); *bimekizumab* (Bimzelx, UCB Canada); *herpes zoster and varicella zoster vaccine* (Shingrix, GSK Canada); *ixekizumab* (Taltz, Lilly); *dupilumab* (Dupixent, Sanofi); *tralokinumab* (Adtralza, LEO Pharma); *upadacitinib* (Rinvoq, AbbVie); *abrocitinib* (Cibinqo, Pfizer Canada); *isotretinoin* (Accutane, Roche; Epuris, Cipher).

Research

Some evidence for nutritional supplements in hair loss



Image from Marco Verch via Flickr

Findings from a literature review suggest there is a potential role for nutritional supplements and dietary interventions in the treatment of hair loss. However, the researchers caution the findings should be interpreted in the context of each study’s design and that future randomized controlled trials with active comparators are needed.

In the study, published in *JAMA Dermatology*, the authors write “Despite the widespread use of nutritional supplements and dietary interventions for treating hair loss, the safety and effectiveness of available products remain unclear.”

To address this lack of clarity, the researchers searched the MEDLINE, Embase, and CINAHL databases from their inception through Oct. 20, 2021, to identify articles that investigated dietary and nutritional interventions in individuals who had alopecia or hair loss but did not have a known nutritional deficiency.

From an initial list of 6,347 citations, 30 articles were included in the final review. These included 17 randomized clinical trials (RCTs), 11 clinical studies (non-RCT) and two case series studies. No diet-based interventional studies met the inclusion criteria.

From the studies of nutritional interventions that had the highest-quality evidence, a potential benefit was shown for:

- Viviscal
- Nourkrin
- Nutrafol
- Lamdapil
- Pantogar
- Capsaicin and isoflavone
- Omegas 3 and 6 with antioxidants
- Apple nutraceutical
- Total glucosides of paeony and compound glycyrrhizin tablets
- Zinc
- Tocotrienol
- Pumpkin seed oil

There was low-quality evidence of disease course improvement for kimchi and cheonggukjang, vitamin D3, and Forti5. Adverse effects were rare and mild for all the therapies evaluated