

## New therapies

# Innovations in acne treatment in 2022

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## ■ Minocycline foam formulation minimizes systemic absorption of antibiotic

by LOUISE GAGNON,  
Correspondent, The Chronicle

**E**merging options in novel retinoids, new antibiotics, as well as agents that challenge the hormonal pathways in acne, and innovative energy devices are all on the acne radar for Canadian dermatologists who treat patients with the condition.

“Trifarotene cream 0.005%, a retinoic acid receptor gamma agonist, has been embraced by many Canadian dermatologists because of its ability to treat the face and other body areas.

“I use it a lot in my practice,” said Dr. Michelle Pratt, Clinical Assistant Professor of Dermatology at Memorial University of Newfoundland and Labrador in St. John’s, N.L. “I find that it is really effective and it seems to have better tolerability compared to other retinoids. It has highly robust clinical trial data for both facial and truncal acne. It is unique in that it selectively targets the gamma receptor,

which is the most abundant retinoic acid receptor found in skin.”

Trifarotene is effective and safe for the face, chest, and back, according to Dr. Ben Barankin, Medical Director and Founder of the Toronto Dermatology Centre in Toronto.

“The biggest issue with [retinoids] is always tolerability,” said Dr. Barankin. “It is an elegant and well-tolerated product that has been a very nice asset. What is unique is that there are good data on usage of it on the body, which really has not been studied by other topical agents.”

### Antibiotic treatments

It is not yet available in Canada, but dermatologists are eager to use topical minocycline foam 4% for their patients with inflammatory acne lesions. One of the advantage of the foam formulation is that it minimizes

systemic absorption.

“It is applied once daily and was found to be efficacious and generally well-tolerated in phase III clinical trials,” said Dr. Maha Dutil, Adjunct Assistant Professor of Medicine at the University of Toronto and President of the Toronto Dermatological Society.

“The vehicle allows for efficient delivery into the pilosebaceous apparatus,” said Dr. Dutil. “With topical application there was minimal systemic absorption and accumulation of minocycline thus reducing the risk for antibacterial-related systemic toxicity.”

Another antibiotic treatment that is not yet available in Canada is sarecycline, an example of an antibiotic that also helps curtail the threat of antibiotic resistance, according to Dr. Yuka Asai, a dermatologist and Associate Professor, Division of Dermatology, Department of Medicine, Queen’s University, Kingston, Ont.

“Antibiotic stewardship is impor-

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Dr. Michelle Pratt



Dr. Yuka Asai



Dr. Ben Barankin

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# Acne: 1726 nm laser shows promise as active acne Tx

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tant,” said Dr. Asai. “It is not to say that antibiotics don't have a role in acne management. I think people who treat acne are more aware of using these [antibiotics] responsibly. We know that being on antibiotics forever is not a cure for acne.”

## Hormonal treatments

Oral contraceptives and spironolactone are hormonal treatments that clinicians have used as tools to manage acne in their female patients, but these treatments are not options for male patients, noted Dr. Barankin.

While not yet available in Canada, the novel topical androgen receptor inhibitor clascosteorone cream 1% will be safe to use in both females and males, pointed out Dr. Barankin.

“It's an androgen blocker,” said Dr. Barankin. “It targets sebum production and is very well-tolerated. We do not yet have a topical [targeting the hormonal pathways]. It will be a very nice addition to our toolbox.”

## Energy device to treat active acne

Energy devices have traditionally been used to deal with the sequelae of acne, such as acne scars, but a new device has been approved to manage active acne.

“I do not usually recommend lasers for acne, but the data looks exciting for this 1726 nm laser

that targets sebaceous glands and shrinks them,” said Dr. Dutil. “It seems to be efficacious and safe in all skin types (I-VI) in the study, which involved about 100 patients. In a small number of patients, it provided a durable response.”

Dr. Dutil added longer term data are needed to determine the extent of the impact this therapy will have on patients.

The energy-based device is interesting because research shows that it is well-tolerated and can be used in all skin types, according to Dr. Pratt.

“It has been approved by both the [U.S.] FDA and Health Canada,” said Dr. Pratt. “During the trials patients tolerated the procedure well, with minimal pain scores, and no need for topical anaesthetic. If AviClear is as effective as the trial data suggests, I think it has the potential to be a game changer. I look forward to longer-term data to assess the durability of results.”

## Considerations in skin of colour

Skin colour is a factor to take into account when managing acne, noted Dr. Pratt.

“A major consideration in patients with darker skin or skin of colour is that they are more prone to post-inflammatory hyperpigmentation,” explained Dr. Pratt. “Hyperpigmentation secondary to acne can take months, even sometimes years, to fade. Often patients present with their main concern being the hyperpigmentation

rather than the acne itself. Even mild acne can cause significant pigment disturbance. In terms of counselling patients, everyone should be wearing sunscreen, but especially when there are any pigmentation concerns. Any UV exposure will just make it darker and take longer for it to fade. I really emphasize that [these patients] need to be diligent about sun protection and wear daily sunscreen.”

Dr. Asai echoed Dr. Pratt's view about factors to consider in treating acne in patients with skin of colour.

“Post-inflammatory hyperpigmentation and scarring are sequelae that are very important to people [with darker skin who have acne],” said Dr. Asai. “These tie into quality of life as well.”

Clinicians need to be particularly careful with the use of energy-based devices in patients with deeper skin tones because of the risk of hyperpigmentation, stressed Dr. Asai.

“These devices are commonly used, and we want to make sure that many of the people using these devices are aware of this risk,” said Dr. Asai. “They may not actually be trained like dermatologists.”

## Non-proprietary and brand names of therapies:

*trifarotene cream 0.005% (Akliel, Galderma); topical minocycline foam (not approved in Canada); sarecycline (not approved in Canada); clascosteorone cream 1% (not approved in Canada).*

## What **THE LAY PRESS** is saying about . . .

*Dermatology news your patients may be reading*

### SOME SKIN CARE PRODUCTS FOR KIDS WORK ON ADULTS WITH ECZEMA

According to an article published in the **Huffpost** (Apr. 22, 2022), there are plenty of children's skin care products that can be used to treat adult eczema. The publication consulted with Dr. Elizabeth Geddes-Bruce of Westlake Dermatology in Austin, Texas, who said that children's skin care products work well for adult patients with eczema because they are gentle. The article also features a robust list of balms, creams and cleansers curated by Dr. Geddes-Bruce. Among her recommendations are Mustela's Stelatopia Cleansing Gel, Hello Bello's Everywhere Balm, Aveeno's Baby Wash, CeraVe's Baby Moisturizing Cream and Eucerin's Baby Eczema Relief Body Cream.

### CAN ACNE CAUSE INSOMNIA?

Lack of sleep can affect how the skin looks, but recent research has shown that acne may also impact sleep quality. An article published in **Allure** (Aug. 24, 2022) reported that three recent studies have investigated this connection. First, they cite a study published that found that acne and sleep quality were directly correlated. This means that while acne may be the cause of a bad night's sleep, a poor night's sleep may also cause acne. A study presented at the 2022 American Academy of Dermatology Annual Meeting also found a link between acne and poor sleep. In this case, more than half of the participants with acne reported a lack of sleep. However, most findings leave much to interpretation. More specific research is needed to explain this possible connection.

### THREE SKIN-CARE INGREDIENTS DERMATOLOGISTS SAY CAN UNDO SUMMER SUN DAMAGE

A report published in **Well + Good** (Sept. 6, 2022) consulted two dermatologists about temporary sun damage. According to Dr. Brian Hibler, a dermatologist at Schweiger Dermatology Group in New York City, while some of this damage isn't immediately apparent on the skin, it can accumulate over the years and manifest as deep wrinkles, broken blood vessels, and mottled hyperpigmentation. Dr. Mona A. Gohara, a dermatologist and associate clinical professor of dermatology at Yale School of Medicine, added that “90 per cent of visible signs of aging come from unprotected exposure to UV light.” Both physicians state that combatting the visible effects of UV exposure is easy and that temporary sun damage can be reversed. They also said that Vitamin A (retinoids), Vitamin B3 (niacinamide) and Vitamin C are the best ingredients to keep in mind when looking for a skincare product to undo summer sun damage.

### BABY STICKY TAPE SKIN TEST CAN PREDICT ECZEMA RISK

Researchers from the University of Copenhagen used a sticky tape skin test on a group of two-month-olds to examine skin cell samples, and found detectable immune biomarker changes in the cells that were linked with future eczema risk. According to a report on the study published by the **BBC** (Sept. 7, 2022), babies with elevated levels of thymus and activation-regulated chemokine in their skin cells are more than twice as likely to develop atopic eczema by the age of two. They suggest that babies at high risk could benefit from early treatment with skin creams to avoid flare-ups.