

Clinical news

2023: Assessing new therapies

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■ Significant advances seen in Tx for AD, acne, GPP

by LOUISE GAGNON,
Correspondent, The Chronicle

The availability of a biologic to treat children as young as six months of age with atopic dermatitis (AD), the approval of a new topical agent to manage acne, the approval of a new topical for psoriasis and a biologic to treat generalized pustular psoriasis (GPP) have all made 2023 a progressive year for dermatology therapies.

Dupilumab for AD in infants and for prurigo nodularis

Even for dermatologists who do not treat pediatric patients, the approval of dupilumab for use in children as young as six months of age is a signal of the robust safety of this medical therapy, according to Dr. Lauren Lam, a dermatologist at Beacon Der-

matology in Calgary, and a clinical lecturer at the University of Alberta in Edmonton.

“I find even when counselling [adult] patients, I can tell them that this medication is actually approved for six months and above,” said Dr. Lam. “As soon as patients hear that, they feel really reassured.”

Toronto dermatologist Dr. Sam Hanna, Medical Director of Dermatology on Bloor in Toronto, views the approval as a move to potentially influence the trajectory of the course of disease of AD and possibly related comorbidities.

“We always talk about disease modification, but the ability to treat early may actually alter the course of disease,” said Dr. Hanna. “It [early

treatment] certainly impacts on cumulative life course impairment. In controlling disease early, by definition, the trajectory of that individual’s life course impairment is going to change. That is super important.”

Toronto dermatologist & Co-Founder of Toronto Dermatology Centre Dr. Benjamin Barankin noted the ability to treat AD and related associated conditions at a very young age will be of benefit. “If a younger patient has eczema and atopic diathesis comorbidity, I think this is the drug for them,” he said.

Another recent indication approved for dupilumab is for prurigo nodularis (PN), which represents a major advance in the management of that condition, said



Dr. Lauren Lam



Dr. Benjamin Barankin



Dr. Sam Hanna



Dr. Renée Beach

2023: Exosomal therapy gaining in popularity

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Dr. Lam.

“That is a huge milestone for PN,” said Dr. Lam. “We don’t have good, convenient treatments for PN.”

Dr. Renée A. Beach, founder of DermAtelier on Avenue in Toronto and adjunct Assistant Professor, University of Toronto, Faculty of Medicine, noted that dupilumab’s approval for PN offers benefit for a distressing condition.

“It is definitely such a frustrating disease and frustrating condition,” said Dr. Beach. “I think having that blockade of IL-4 and IL-13 to help shut down the itch is very targeted and very important.”

Advances in psoriasis

The newest topical agent for plaque psoriasis is the PDE4-inhibitor roflumilast, and Canadian dermatologists are very excited about its availability.

“It is a great option that is steroid-sparing,” said Dr. Beach. “There is steroid-phobia and steroid fatigue [amongst patients]. It [roflumilast] is something different for patients who do not need a systemic agent.”

Dr. Lam echoed Dr. Beach’s view that roflumilast is being well-received by patients.

“I think people really like it because it has better efficacy than some of the other non-steroidal options, and there is no burning sensation with it,” said Dr. Lam.

Roflumilast is a great addition to the psoriasis toolbox, pointed out Dr. Hanna. “It is really nice to have another effective and non-steroidal option,” said Dr. Hanna. “It is especially important that it can be used in intertriginous areas or on the face and that it can be used in patients as young as 12 years old. It does not necessarily have rapid onset, but that is okay if we get clearance in a safer way.”

Although its prevalence is infrequent, generalized pustular psoriasis (GPP) is a debilitating condition, and the approval of the IL-36 inhibitor spesolimab to treat GPP is targeting a previously unmet need, pointed out Dr. Hanna.

“If a patient would show up [with GPP], I have an option for them,” said Dr. Hanna. “It is a rare disease, but it is a difficult disease. I am really glad we have this option.”

The availability of spesolimab is a breakthrough for a condition that is very challenging to manage, pointed out Dr. Barankin. “It [spesolimab] is the first-ever approved drug for generalized pustular psoriasis,” said Dr. Barankin. “It has very fast onset. GPP is not a common condition, but it is a severe one.”

A new topical agent for acne

Clascoterone is a new topical agent to manage acne that addresses the androgen component of the condition and will be a valuable new treatment choice, according to dermatologists.

“The nice thing about clascoterone is that it can be used in males,” said Dr. Lam. “Men never had an option for anything anti-androgenetic. I think dermatologists are probably going to be

using it in combination with other topical agents like retinols or benzoyl peroxide or topical antibiotics.”

Dr. Beach agreed that clascoterone presents a novel treatment choice for boys and men and offers an alternative to spironolactone.

“It [anti-androgen treatment] is relatively contraindicated in boys,” said Dr. Beach. “It is so helpful to have this product on label for boys and men. For dermatologists who were dependent on spironolactone and were compounding spironolactone, clascoterone is an anti-androgen that would be acceptable.”

As a topical anti-androgen, clascoterone represents something novel in treating acne, according to Dr. Barankin. “It is a whole different class of [topical] therapy as it is an anti-androgen, and androgens stimulate sebum production,” said Dr. Barankin. “It’s a cream that is administered twice a day. We started using it, and it’s very well-tolerated.”

Secukinumab approved in U.S. for HS

The approval of secukinumab by the U.S. FDA for HS, and its likelihood of being approved for this indication in Canada, is definitely a positive step in the management of this chronic condition, according to Dr. Beach.

“It is a disease that has social and psychological impact for patients, in addition to being physically difficult for them,” said Dr. Beach. “I think having more options in the field is great, particularly if the agent has actually been studied in HS.”

Because HS is a condition that involves multiple pathways, expanding therapeutic choices are needed to ensure it is well-controlled, according to Dr. Hanna.

“I tell patients that not everybody is going to respond to the same things in the same way,” he said, noting not all patients with HS respond to the biologic adalimumab, for example. “That is why options are important. We’re going to need to see a lot of options and maybe combine therapies to get optimal control with some individuals.”

Among Canadian clinicians, attention to

deroofing as a method to manage HS is growing, according to Dr. Lam.

“Awareness about the combination of medical treatment with specifically deroofing is slowly starting to catch fire, and people are starting to understand the difference between the two [medical treatment and surgical treatment],” said Dr. Lam. “There is awareness that you really need the combination of the two: medical treatment first followed by deroofing.”

Exosomes and cosmetic innovations

Exosomal therapy is gaining attention as a form of regenerative medicine in dermatology, according to Dr. Beach.

“I think that a lot of people are thinking about regenerative therapy with things like exosomes,” said Dr. Beach. “They are being used for skin regeneration, faster wound healing, improvement of boosting procedures like micro needling, and also as therapy for regenerating hair, depending on the concentration of the exosomes.”

New in cosmetic dermatology is Restylane’s Eylight, which is designed to decrease the under-eye grooves that develop as a result of a lack of volume and volume loss in the area under the eye, explained Dr. Barankin.

Another cosmetic innovation is SKINVIVE, a U.S. FDA-approved hyaluronic acid administered as a microdroplet injectable to improve skin smoothness. “It is different than other fillers as it delivers a micro-droplet treatment,” said Dr. Barankin. “It’s for skin hydration and glow, and it promises to last for up to nine months after even one treatment. It can be used on the face and neck for very fine lines where you want to be careful to avoid lumpiness.”

Non-proprietary and brand names of therapies: dupilumab (*Dupixent, Sanofi*); roflumilast cream 0.3% (*ZORYVE, Arcutis Canada Inc.*); spesolimab (*Spevigo, Boehringer Ingelheim*); clascoterone cream 1% (*Winlevi, Sun Pharma Canada*); secukinumab (*Cosentyx, Novartis*); adalimumab (*Humira, AbbVie*); Juvederm Restylane Eylight (*Galderma*); Juvederm Skinvive (*Galderma*).

Message from the Medical Editor

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ized by the Dermatology Industry Taskforce on Inclusion, Diversity and Equity (DiTiDE), an unincorporated, ad hoc committee consisting of Canadian life sciences managers and executives, physicians, and allied parties who are committed to improving the patient experience and outcomes of underrepresented skin types in Canadian Dermatology, through physician education, resources, and industry support.)

In this issue’s essay, Dr. Sheila Wang of Montreal draws on her own experience of life-threatening dermatological emergency to again highlight racial disparities in dermatology when it comes to mis- or missed diagnosis in our pa-

tients with skin of colour. This is an area of dermatology that we will all need to gain expertise in order to better manage our patients. Her essay is on page 17, and we appreciate her sharing this experience.

In closing and on behalf of the staff at the Chronicle, I would like to thank you for your continued support in 2024 as we plan to continue doing what we do best: bring our readership information on new and exciting advancements covering all aspects of dermatology.

As always, THE CHRONICLE team invites and welcomes your comments on this issue, or any other topic in dermatology, at www.derm.city.

—Wayne P. Gulliver, MD, FRCPC, Medical Editor