

## Clinical practice



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# 2024: Year in review

## ■ Topicals and oral therapies advancing the specialty in 2024

by LOUISE GAGNON,  
Correspondent, The Chronicle

**C**anadian dermatologists agree that 2024 will be remembered as a year in which there were approvals for therapies that can be used for more than one condition, such as ruxolitinib to treat vitiligo and mild atopic dermatitis (AD), and roflumilast foam 0.3% to treat seborrheic dermatitis and scalp psoriasis.

### First treatment indicated for vitiligo doubles as AD therapy

Dermatologists are encouraged by the approval of the topical Janus kinase (JAK) inhibitor ruxolitinib, because it is the first on-label treatment for non-segmental vitiligo.

Toronto dermatologist Dr. Sam Hanna, Medical Director of Dermatology on Bloor in Toronto, noted the

approval of the non-steroidal topical has been garnering a lot of interest among the dermatology community.

“This has really caught people’s attention,” said Dr. Hanna. “It is the first thing ever that’s been approved for vitiligo. That marks quite a revolution [in vitiligo treatment].”

Dr. Hanna added that this therapy will also meet an unmet need in AD.

“It was shown to be effective and well-tolerated in atopic dermatitis, and it is nice to have options for limited disease,” said Dr. Hanna. “You are not necessarily going to use this for somebody with 80 per cent body surface area coverage [with AD], but you would for somebody with more limited disease, or disease in places where you

may want to avoid using steroids, like the face and folds.”

Fiona Lovegrove, MD, PhD, Medical Director at Lovegrove Dermatology in London, Ont., noted that her patients with vitiligo are very excited about the availability of ruxolitinib as a treatment.

“I have a list of patients who want to use it [ruxolitinib],” said Dr. Lovegrove. “Everything else we use is off-label. We usually cycle between topical corticosteroids

and topical calcineurin inhibitors, and those are all off-label treatments. People who have access to it will do phototherapy, but we don’t have much phototherapy in our [geographic] area.”

Yuka Asai, MD, PhD, a dermatol-

Please turn to **2024** page 6→



Dr. Sam Hanna



Dr. Fiona Lovegrove



Dr. Yuka Asai



Dr. Benjamin Barankin



# 2024: JAK inhibitors for alopecia and acne

Continued from page 4

ogist and Associate Professor, Division of Dermatology, Department of Medicine, Queen's University in Kingston, Ont., pointed out the benefit of having a non-steroidal option to treat vitiligo as well as mild-to-moderate AD.

"It's really nice to have a drug that is effective and on-label for that disease [vitiligo]," said Dr. Asai. "We have had nothing until now. I think it is great, and both vitiligo and AD tend to affect the face. Having a product where you don't have to worry about [eye pressure and] glaucoma or skin atrophy in locations such as the face is reassuring."

Toronto dermatologist, Medical Director and Founder of Toronto Dermatology Centre, Dr. Benjamin Barankin noted that clinical study of the topical agent has been encouraging. "This has actually been properly studied, and it works and it is safe," he said.

### Elegant option for seborrheic dermatitis and scalp psoriasis

The approval of roflumilast foam 0.3% in Oct. 2024 signals a breakthrough in the treatment of

seborrheic dermatitis, a condition for which there were no on-label treatments, while also offering relief for patients with scalp psoriasis.

"I have been looking forward to it for quite some time," said Dr. Hanna. "For somebody with a significant seborrhea or psoriasis in a hair-bearing area like the scalp, this is a very elegant foam with an effective molecule that we're now familiar with. [Roflumilast] is well-tolerated and safe."

A foam provides ease of application that is very appealing and using a non-steroidal treatment does not introduce concerns around possible adverse events, according to Dr. Barankin.

"It is once a day, and it is elegant," said Dr. Barankin. "You can use it on your face and your scalp. It is not a steroid, so you are not worried about possibly affecting [patients'] eye pressures and conditions like glaucoma."

There is overlap between seborrheic dermatitis and psoriasis, and the conditions can co-occur, a phenomenon that dermatologists refer to as sebopsoriasis.

"They overlap so much that we have the term sebopsoriasis," explained Dr. Asai, stressing

roflumilast foam is the first on-label treatment for seborrheic dermatitis. "Foam as a delivery method is a lot better [than cream], particularly for hair-bearing areas. It is a nice type of delivery because we will be able to get to the scalp. This foam will work for both seborrheic dermatitis and scalp psoriasis."

Clinicians have used therapies such as calcineurin inhibitors off-label for seborrheic dermatitis, making the addition of roflumilast foam a welcome new tool.

"Like vitiligo, seborrheic dermatitis is another chronic condition where we have not had any approved therapies to date," said Dr. Lovegrove.

### JAK inhibitors for alopecia and a new treatment for acne

Patients with severe alopecia areata now have oral therapies, such as baricitinib and ritlecitinib, that are indicated for their condition, according to Dr. Barankin.

"These are the first approved agents that actually offer meaningful benefit," said Dr. Barankin. "The current therapies we offer really had significant gaps in benefit and efficacy."

A new addition to the acne tool box is a triple therapy topical combination that includes an antibiotic (clindamycin phosphate), adapalene (a retinoid), and benzoyl (an antibacterial agent), which was approved by Health Canada in Sept. 2024.

"We have had numerous dual therapies for years," said Dr. Barankin. "It is the first-ever triple therapy, and it appears to be well-tolerated and superior to the dual therapies. It is probably the most potent topical therapy for acne that we have ever had."

### Non-proprietary and brand names of therapies:

ruxolitinib (OPZELURA, Incyte Biosciences Canada); roflumilast foam/cream 0.3% (ZORYVE, Arcutis Biotherapeutics); baricitinib (OLUMIANT, Eli Lilly Canada); ritlecitinib (LITFULO, Pfizer Canada); topical clindamycin phosphate/adapalene/benzoyl peroxide (CABTREO Topical Gel 1.2%/0.15%/3.1%, Bausch Health, Canada Inc.).

## Message from the Medical Editor

Continued from page 3

delgocitinib, the hand eczema product from LEO, may have promise for challenging eruptions such as frontal fibrosing alopecia.

Two other articles I would like to bring to your attention to is a report by Dr. Jaggi Rao at Chronicle's Acne Summit earlier this year where he reviews current approaches to acne (see page 1). Newer products such as clascoterone are helping, while older standbys such as isotretinoin, doxycycline, spironolactone, and oral contraceptives continue to play an important role.

The other article of importance in this issue is related to the management of AKs (see page 1). As we know there is a skin cancer epidemic now afflicting Canada. I've never seen so many

aggressive SCCs in the transplant and non-transplant population. It seems we are fighting a losing battle but it is always very important to revisit the diagnosis of treatment of AKs in 2024 so that we are armed with the best tools to fight this epidemic.

I'd like to wish the Chronicle's readership health and happiness in 2025. Stay tuned for even more excitement to come in 2025 on both the research and therapeutic fronts. Also, THE CHRONICLE OF SKIN & ALLERGY will be marking its 30th year of continuous publication, and we'll have some special topics in store.

As always, THE CHRONICLE team invites and welcomes your comments on this issue, or any other topic in dermatology, at [www.derm.city](http://www.derm.city).

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

a skin spectrum podcast



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