Cosmeceutical facts and fancies

Innovation rules in cosmeceuticals. But innovative doesn’t always equal effective. “Some of these new products are based on fact, and some are based on fantasy,” said Zoe Diana Draelos, MD, a dermatologist and consulting professor of dermatology at Duke University School of Medicine. “Some work, and some do not.”

Dr. Draelos examined eight product categories during the “Hot Topics” session Saturday. All of the products did something, but not necessarily what they advertised.

Korean paper masks are presoaked in treatment products and claim to brighten skin, tighten pores, minimize wrinkles, and more. The masks work, Dr. Draelos said, largely because the paper provides an occlusive barrier to reduce transepidermal water loss (TEWL). The skin becomes overhydrated, and fine lines are temporarily reduced.

“But the effect is not permanent,” she cautioned. “TEWL resumes when you remove the mask, and the lines will slowly return to view.”

Digital beauty advisers hang on a bathroom wall, like a mirror. The user takes a daily photo to track improvements and, it is promised, gets appropriate beauty treatment recommendations.

In reality, Dr. Draelos said, the devices are personal data collectors and sales tools that allow purchases without leaving the bathroom.

Skin rolling is a consumer tool to induce columnar skin injury by rolling short needles across the skin. The goal is to trigger controlled collagen production during wound healing. Rollers are also touted as tools to apply hyaluronic acid, peptides, and other ingredients deeper into the skin.

“Skin rollers can work, but they can be problematic if consumers use them improperly,” Dr. Draelos said.

see COSMECEUTICALS page 22
AmLactin® Alpha-Hydroxy Therapy contains more than 3X* the concentration of lactic acid, a powerful AHA, compared to other top-selling therapeutic moisturizers. Our powerful formulas deeply moisturize and boost the skin’s natural renewal process through gentle exfoliation.

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Meet your 2017 slate of candidates

The American Academy of Dermatology has selected its candidates in this year’s election. The Nominating Committee voted to present the following slate of candidates (listed in random order) to the membership for the 2017 Academy election of officers, directors, and Nominating Committee member representatives.

**Board of Directors**

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<th>Nominating Committee Member Representatives</th>
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<td>George J. Hruza, MD</td>
<td>Alice Gottlieb, MD, PhD</td>
<td>Dirk Elston, MD</td>
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<td>Kenneth J. Tomacki, MD</td>
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<td>Stephen Mandy, MD</td>
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**Late-breaking science bodes improvements**

In four Late-breaking Research presentations, researchers presented significant developments for treating plaque psoriasis, Candida nail infections, and prurigo nodularis.

**Expanding indications**

Data showing that a biologic currently used in psoriatic arthritis may be effective in plaque psoriasis made headlines during the first Late-breaking Clinical Trial session on Saturday.

Early results from the CIMPASI-1 and CIMPASI-2 trials suggest that certolizumab may be effective in treating chronic plaque psoriasis. Certolizumab is approved by the Food and Drug Administration for psoriatic arthritis and other inflammatory diseases, but not for plaque psoriasis.

The trials compared 200 mg and 400 mg of certolizumab every two weeks against placebo in patients with moderate to severe chronic plaque psoriasis. Alice B. Gottlieb, MD, PhD — professor of dermatology at New York Medical College — reported the initial 16-week trial results. Both trials will run for 44 weeks, including an open-label segment.

PASI 75 responder rates were 66.6 percent for the 200 mg dose and 75.8 percent for the 400 mg dose versus 6.5 percent for placebo in CIMPASI-1. CIMPASI-2 had similar results: 81.4 percent for the 200 mg dose and 82.6 percent for 400 mg versus 11.6 percent for placebo.

PGA 0/1 responder rates were 47 and 57.9 percent versus 4.2 percent for placebo in CIMPASI-1; in CIMPASI-2, they were 66.8 percent for 200 mg and 71.6 percent for 400 mg versus 2 percent for placebo.

“There is clinically meaningful and statistically significant improvement with certolizumab,” Dr. Gottlieb said. “And when you ask patients, the results were very, very good from their perspective.”

**Positive results for Candida nail infection**

Phase II results for a novel fungal CYP51 inhibitor indicate the oral product is safe and effective in eliminating Candida albicans nail infections. The trial compared four formulations of VT-1161 against placebo for 48 weeks. An ongoing follow-up phase will track outcomes to 96 weeks.

“We have a drug that is clinically very effective as well as very safe,” said Amir Tavakol, PhD, chief development officer for Viamet. “None of the patients stopped treatment due to an adverse event.”

The trial compared 300 mg and 600 mg doses over both 12 and 24 weeks. An intent-to-treat analysis showed a complete cure rate up to 42 percent in the treatment arms compared to zero in the placebo arm. Cure rates hit 51 percent among patients who completed the entire course. Phase III trials are planned for later this year.

**New topical for plaque psoriasis**

Benvitimod, a novel nonsteroidal cream, showed superiority to placebo and calcipotriol ointment in patients with mild to moderate plaque psoriasis. A phase III trial compared 7% Benvitimod to calcipotriol 0.005% and placebo over 12 weeks of treatment and a 48-week open label follow-up phase. At week 12, benvitimod showed statistically significant improvement with placebo.

See TRAILS page 25
Sunday Plenary showcase
Five lectures, presidential addresses among the highlights

The Sunday Plenary will feature four scientific lectures that will focus on the promise of telemedicine, treating complicated infantile hemangiomas, how moles become cancers, the links between psoriasis and cardiovascular disease, and a Guest Speaker presenting an update on controlling the threat of Ebola. It will also feature addresses by AAD President Abel Torres, MD, JD, MBA, and President-Elect Henry Lim, MD, from 8 to 11:30 a.m. Sunday in the Chapin Theater.

Clarence S. Livingood, MD, Award and Lectureship
Making better use of limited resources is a common theme in the raging debates on the future of health care in the United States. Many see telemedicine as a way to improve triage, urgent care, inpatient consultation, direct follow-up with patients, and patient monitoring.

Carrie L. Kovarik, MD, will highlight the potential of using technology while emphasizing the importance of following standard practices in dermatology when she presents “Telemedicine and the Future of Medicine.” She is an assistant professor of dermatology, dermato-pathology, and infectious diseases at the University of Pennsylvania.

“Everything was interesting. The short presentation on superficial radiation therapy for skin cancers and then the treatment for atopic dermatitis with the inhibitor — dupilumab — were very good.”

Geri Sega-Hall, MD
Portsmouth, United Kingdom

“Good quality clinical studies have been the result of happenstance, and the treatment of complicated infantile hemangiomas is one such discovery. When a newborn was treated for corticosteroid-induced myocardiopathy, its hemangiomas changed colors and started to subside. Christine Léauté-Labrèze, MD, will recount that amazing story in “Propranolol in Infantile Hemangiomas: A Successful Drug Repurposing.” She is a pediatric dermatologist at Université de Bordeaux in Bordeaux, France.

“The information about women’s hair loss issues was good. That is one of the more tricky parts of my practice — trying to figure out what is going on, and once I have figured that out, how to fix it. The new treatments that are available — interestingly enough, the things that address nutrition — are fascinating, especially the dietary supplements that might have some effect on women’s hair growth.”

Daniel Elieff, MD
St. Cloud, Minnesota

“Patients with more severe psoriasis die about five years younger than they should based on their risk factors for mortality. The risk is similar to the risk conferred by diabetes, which everyone knows is a major risk factor for heart disease,” Dr. Gelfand said.

Guest Speaker
How does a disease in Central Africa create fear of a worldwide epidemic, and how do you stop it? The answer is part of the fascinating story of Ebola, and it still does not have an ending.


“We need to think about global health not only for stopping these outbreaks but even for expanding our field. We need to ensure there is good dermatologic support in the global community. The next outbreak could be Zika or something else,” Dr. Tapper said.

What did you find most interesting among the “New Emerging Therapies” presentations?

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“I liked the discussion from Dr. Nestor about the upcoming trends in aesthetic dermatology. I have done a lot of that in the past, then I backed away, and now I’m looking to move more into it again. It has changed a lot. His presentation on suture lifts was very interesting.”

Daniel Elieff, MD
St. Cloud, Minnesota

“I liked the hair session with Dr. Ablon. There have been questions in my mind whether low-level lasers work. She addressed that well. There are still things to learn about them, but they seem to be working. Also, she had good results with that marine extract in the last year.”

Katy Cook MD
Ames, Iowa

“The information about women’s hair loss issues was good. That is one of the more tricky parts of my practice — trying to figure out what is going on, and once I have figured that out, how to fix it. The new treatments that are available — interestingly enough, the things that address nutrition — are fascinating, especially the dietary supplements that might have some effect on women’s hair growth.”

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University Place, Washington

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Thomas Hirota, DO
University Place, Washington
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Entrance to
convention hall

at booth #2589
Progress is slow in improving diagnosis of CTCL

Cutaneous T-cell lymphoma (CTCL) is a complex disease that is difficult to diagnose and manage, but advances in research and technology are raising hopes of finding reliable tests and biomarkers for earlier diagnosis. These advances were examined Saturday during “Management Issues in Cutaneous Lymphoma” (F066). “There is a lot that is not known, but there are many great developments coming out now, including high throughput sequencing and transcriptional profiling. We are also learning about dysregulation of certain pathological pathways and how we can manipulate them to treat the disease,” Larisa J. Geskin, MD, associate professor of dermatology and director of the Cutaneous Oncology Center at Columbia University, New York, said in an interview about her presentation.

The most common types of CTCL are mycosis fungoides and Sézary syndrome. Mycosis fungoides is often confused with conditions such as being and psoriasis, and is frequently misdiagnosed, with an average diagnosis taking eight years, she said. Sézary syndrome patients are often misdiagnosed as having peripheral T-cell lymphoma and mistakenly treated with aggressive chemotherapy.

“The reason for the delay in diagnosis is that the current methods rely on a constellation of findings, including immunohistochemistry, phenotyping, evidence of clonality, and clinical presentation. They are not very specific or sensitive,” Dr. Geskin said. “Mycosis fungoides is considered to be an incurable disease, but there are many new promising therapies coming out. Early diagnosis is beneficial because it can provide appropriate therapies so patients feel better.”

Keys to earlier diagnosis would be the development of reliable testing and finding biomarkers. Dr. Geskin reviewed research modalities being used to improve diagnosis, including proteomic approaches, micro RNA (mRNA) classification, evaluations of copy number variations, transcriptional profiling, and T-cell receptor clonality (TCR).

In 2012, Dr. Geskin’s laboratory reported increased TOX and decreased RUNX3 tumor suppressor gene expressions based on high throughput sequencing and genetic profiling. This finding was confirmed by the protein expression in the tissue, and it has led to the discovery of the TOX gene as a useful marker for CTCL diagnosis.

“TOX is very important because it was shown to be present in the tissue biopsies of these patients,” Dr. Geskin said, adding that it may be a more specific marker in the detection of CTCL.

TOX plays a role in CD4+ T-cell development, and it regulates RUNX3, a known tumor suppressor gene. In CTCL, TOX acts as an oncogene, which suppresses RUNX3, dysregulating the TOX-RUNX3 pathway, a novel oncogenic pathway recently described by Dr. Geskin’s group and others.

Other developments in the diagnosis and pathogenesis of CTCL are the use of FISH (fluorescence in situ hybridization) to assess copy number variations, transcriptional profiling, and high throughput sequencing of TCR. Researchers are discovering patterns in these patients, Dr. Geskin said.

“There are no dependable biomarkers in CTCL, but we are finding frequently dysregulated pathways, and proteomic and genomic abnormalities. We have new methods and technologies coming out that detect new markers that were not previously known,” she said. “We are searching for new diagnostic tests, and in the process, we learn about disease pathogenesis and dysregulation of normal pathways in cutaneous T-cell lymphoma.”

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Making progress with acne and rosacea

New drugs, combination treatments show promise

The newest advances in acne and rosacea treatments available today and in development were reviewed Saturday during “Acne and Rosacea” (S019).

Acne treatments move ahead

In acne, an oral antibiotic and several promising topical treatments are in phase II and phase III trials, including topical that could reduce the production of sebum, said Linda Stein Gold, MD, Dr. Stein Gold, director of dermatology clinical research at Henry Ford Health System in Detroit, presented “Topical Therapies: What’s on the Horizon.”

“There is a lot of active research in acne. There are a lot of exciting new developments. We have in the pipeline some new molecules that will enhance our therapeutic options,” she said in an interview about her presentation.

The one oral treatment, sarecycline, appears to have an enhanced anti-inflammatory property in a narrow spectrum of action. It is a member of the tetracycline family that is used once a day. It is in phase III trials, so preliminary data may soon be available, Dr. Stein Gold said.

Two types of topical minocycline — a gel and a foam — are in clinical trials. The foam showed efficacy in treating comedonal lesions, inflammatory lesions, and total lesions in earlier trials. The 4 percent foam “reached the high hurdle of getting patients to clear/almost clear, or at least a two-grade improvement,” she said. Tests of the minocycline gel are just starting phase II trials.

Internet reports of success in topical treatments reducing sebum production are myths, Dr. Stein Gold said, but three topical agents being studied may be the first to actually reduce sebum production.

First is SBK-45, a topical nitric oxide releasing agent that targets inflammation and is antimicrobial. Some preliminary studies show it might also reduce sebum production, she said, adding that phase II trials were promising. The first of two phase III clinical trials met all of the primary endpoints; however, the second trial met only one of three endpoints, for non-inflammatory lesions.

Second is DRM01, a novel molecule that targets coenzyme-A carboxylase, a key enzyme in sebum production. It has shown statistically significant improvement in a phase II trial, Dr. Stein Gold said.

Third is cortisone 17α-propionate 1% cream, a topical anti-androgen which is in phase III clinical trials.

“I think we are going to have the benefit of some new molecules in the near future. It is an exciting time for the treatment of acne,” Dr. Stein Gold said.

Rosacea: Combination therapy

Zoe Draelos, MD, a consulting professor of dermatology at Duke University School of Medicine, presented “State of the Art of Rosacea: Combination therapy” (S022).

“Combination therapy is the key to treatment success,” she said in an interview. Her presentation detailed a regimen for those with acne and rosacea.

First is a 2% benzoyl peroxide ointment, which reduces sebum production. Other FDA-approved treatments are:

• Anti-inflammatories, including topical metronidazole, topical azelaic acid, and oral antibiotics

• Oxymetazoline, approved by the Food and Drug Administration in January, is a topical treatment that reduces redness in the face by constricting blood vessels, but it does not cure rosacea. It should be applied every morning.

• Topical ivermectin, which kills Demodex mites on the face, one of the important causative factors of rosacea

• Two topical antibacterial agents — azelaic acid and metronidazole, which reduce the inflammation that characterizes rosacea

• Oxymetazoline and brimonidine, which reduce redness

Erythematotelangiectatic rosacea is best treated with topical metronidazole or topical azelaic acid twice a day, Dr. Draelos said. Then, to reduce the redness, topical oxymetazoline or brimonidine should be used every morning to cover the rosacea.

Inflammatory rosacea, which is papulopustular rosacea, features redness, swelling, and acne-like breakouts. “If someone has a lot of inflammatory papules on the face, they might use topical ivermectin at night until the inflammatory papules resolve, and then they would use topical brimonidine or topical oxymetazoline every morning to control the redness,” she said.

After ivermectin is discontinued, topical anti-inflammatories, such as topical metronidazole or topical azelaic acid, can be used, supplemented by ivermectin once a week or once a month, Dr. Draelos said.

Another treatment now in phase III trials is an anti-inflammatory peptide that is thought to help control bacteria on the skin surface, and it may help in the control of rosacea, she said.

Superficial radiation advances as option for NMSC treatment

David J. Goldberg, MD, JD, examined the genesis of the evolution of superficial radiation therapy (SRT) during “New and Emerging Therapies for Non-Melanoma Skin Cancers,” part of “New Emerging Therapies” (S023).

Dr. Goldberg is a dermatologic surgeon at Skin Laser and Surgery Specialists of New York/New Jersey.

NMSC is rising at a rate of 4.8 percent annually, with a five-year survival rate of 95 percent. The most common forms of basal cell carcinoma and squamous cell carcinoma. Both have cure rates of 90 percent or higher when using simple surgical excision, radiotherapy, cryotherapy, electrodesiccation and curettage, and Mohs surgery.

“It is clear that Mohs does better than anything else in 2005 data,” Dr. Goldberg said, noting that its cure rates are 99 percent for BCC and 96.9 percent for SCC. “Mohs is my treatment of choice. We are still treating the majority of lesions with Mohs.”

Increasingly, though, elderly patients prefer to avoid surgery, and other patients are poor surgical candidates, so SRT is an option because it has advanced with the development of better equipment.

SRT uses low-energy photon X-rays operating at variable peak voltages of 50, 70, and 100 kVp. It is easy to administer, and it easily targets and treats lesions while delivering gentle, indirect radiation that does not penetrate and impact underlying healthy tissue, Dr. Goldberg said.

The cure rate for 1,715 primary nonaggressive NMSCs treated with the SRT-100 machine approved by the Food and Drug Administration was 98 percent in a 2012 study. A benefit of SRT is that it eradicates the tumor while maintaining or improving the quality of life, he said.

The indications for patients best suited to treatment with SRT are that they are medically unfit for surgery or have a limiting disease, they have contraindications for anesthesia, and they have the potential to have significant cosmetic, neural, or functional limitations postoperatively, Dr. Goldberg said.

The World Meeting News (SUNDAY • MARCH 5, 2017)

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**Detailed Location Diagram:**

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**Additional Details:**

- **Seating Area:** Available in various locations.
- **Tiled Floor Area:** Found in multiple locations.
- **Map:** Available for navigation.

**Notable Locations:**

- **L2-04A/L2-04B:** Central Location for Exhibitions.
- **L2-10A/L2-10B:** Conference Room for Meetings.
- **L2-20A/L2-20B:** Networking Center for Connects.
- **L2-21/L2-22:** Tourist Information Desk.
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Saturday, March 4, 2017
10:45 AM – 11:00 AM Registration
11:00 AM – 11:45 AM Program
Industry Expert Theater inside Exhibit Hall
Orange County Convention Center - West • Orlando, FL
Please arrive at 10:45 AM to register.
Lunch will be provided.

Presented by:
Expert Dermatologist
Paul Yamauchi, MD, PhD
Expert Rheumatologist
Sergio Schwartzman, MD

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Hear Cyndi Lauper’s Story

DINNER SYMPOSIUM
Sunday, March 5, 2017
6:30 PM – 7:00 PM Registration
7:00 PM – 10:00 PM Program
Orange Ballroom E-G • Hilton Orlando • Orlando, FL
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Dinner will be provided.

Presented by:
Jeffrey Weinberg, MD

Featured Patient:
Cyndi Lauper

This program is independent and is not part of the official AAD Annual Meeting, as planned by its Scientific Assembly Committee. This program does not qualify for continuing medical education (CME) credit.

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**Breaking News**

Cosmetic use of microneedling becoming more common

The latest information regarding microneedling, a treatment that has been resurrected and applied for a multitude of cosmetic and dermatologic applications, will be presented by Tina S. Alster, MD, during “Dermatologic Surgery: Cosmetic Tips and Pearls.”

Dr. Alster is the founding director of the Washington Institute of Dermatologic Laser Surgery and is a clinical professor of dermatology at Georgetown University Medical Center, Washington, D.C. A recipient of a 2017 AAD Presidential Citation, she has vast experience in dermatologic laser surgery and cosmetic dermatology.

In her presentation, Dr. Alster will outline several practice pearls, including pre-treatment and post-treatment considerations, conditions most amenable to microneedling, and successful therapeutic combinations involving microneedling with other cosmetic treatments. The procedure uses tiny needles to create micro channels in the skin, which stimulates the skin’s ability to heal itself and produce collagen and elastin.

The session, directed by Rhonda S. Narins, MD, will feature 10 other presentations about cosmetic surgery, addressing new techniques, procedures, and studies to expand the understanding of the field.

**New Hands-on session Monday**

The Academy has expanded its popular procedural workshops to include “Hands-on: Fire and Ice! Electrosurgery and Cryosurgery” (W014) and “Hands-on: Practical Anatomy for Dermal Fillers” (W010/W018).

“Hands-on: Fire and Ice! Electrosurgery and Cryosurgery” will be presented from 9 a.m. to noon Monday in Room W202C. It will bring together expert faculty who will share tips and tricks on cryosurgery and electrosurgery procedures.

“Hands-on: Practical Anatomy for Dermal Fillers” will be presented from 1 to 4 p.m. Monday in Room W204B. Attendees will break into groups of five beginner/intermediate or five intermediate/advanced injectors and circulate through each of five tables focused on a specific anatomical region of the face.

**Lamps for gel manicures linked to DNA damage**

New research shows that there is reason for concern regarding the safety of lamps required for gel manicures. A Sunday afternoon presentation, “UV Nail Lamp Safety: What is the Data?” will look at the limitations of the lamps and suggestions for how to mitigate the risk from exposure to the lamps.

Gel manicures are the most popular service provided at nail salons nationwide, and are responsible for the explosive growth of the nail service industry over the past 10 years, said Chris G. Adigun, MD, Dermatology & Laser Center of Chapel Hill, North Carolina. Studies show that 80 percent of nail salon customers seek gel manicures.

“However, the nail lamps required to perform a gel manicure emit UVA energy far more powerful than natural sunlight. Even though the exposure is brief, studies show that DNA damage in the skin occurs with cumulative exposure. Teaching patients and the public to protect their skin during a gel manicure or pedicure is important,” Dr. Adigun said.

Other presentations during the session:

- “Diagnosis and Management of Common Nail Tumors,” John Yost, MD
- “Evaluation and Treatment of Digital Mucous Cysts,” Nathaniel J. Jellinek, MD
- “How to Properly Submit a Nail Specimen,” Curtis T. Thompson, MD
- “Current Management of Brittle Nails,” Dana W.K. Stern, MD
- “How to Utilize Dermoscopy to Evaluate Nail Conditions,” Michela Starace, MD, PhD

**Case presentations to offer dermoscopy tips**

Monday education session will use a series of case presentations from dermoscopy experts to share tips that could improve outcomes. One presenter, Orit Markowitz, MD, will focus on her color wheel approach.

“I have a book that discusses the benefits of adding color to our existing algorithm because it helps us catch things early,” Dr. Markowitz said. “So, I will be presenting early cases of lentigo maligna and melanoma in situ, and how colors help us differentiate those lesions. I will also present cases of early basal cells as examples of how to catch diseases early using colors as a guide.”

Dr. Markowitz is an assistant professor of dermatology and director of pigmented lesions and skin cancer at Icahn School of Medicine at Mount Sinai Medical Center, New York. She discussed the color wheel approach, which is explained in her new book, *A Practical Guide to Dermoscopy*.

Q: How will you explain this use of color?
A: This is a visual presentation where I use photos because you can’t describe it, you have to show it. Dermoscopy gives you more information than what you see clinically. It has that first cross-sectional piece of information after the clinical exam. That is why by adding the information of dermoscopy, and not just using the pattern, we can even further hone in on very early lesions, like amelanotic melanoma. Sometimes, that just becomes a factor of colors.

Q: What will attendees take away from this session?
A: The best way to understand and learn dermoscopy is through cases. When you attend a course like this, where you see a variety of cases, that is helpful in understanding dermoscopy. There are now so many programs and attachments for iPhones and iPads, etc., that becomes easier to develop your own cases. The best way to learn is by practicing and going back to look at things you’ve biopsied.
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Research studies effects of skin diseases in children

Saturday’s four Late-breaking Research: Basic Science/Cutaneous Oncology/Pathology (F067).

Basic science studies examine nails, IL-17 inhibitor

Topical compound reduces IL-17 levels in study

A topical compound shows promise in improving skin histopathology and in reducing IL-17 levels, which could be used in the treatment of psoriasis.

“Aurigene’s RORγ inverse agonist lead compound has shown a good safety profile as well as efficacy comparable to the IL-17 antibody in IMQ-induced psoriasis model,” said Kavitha Nellore, PhD, associate research director at Aurigene Discovery Technologies. She presented “Efficacy of RORγ Inverse Agonists in Imiquimod-Induced Psoriasis Model With Both Oral and Topical Administration,” Abstract 5306.

RORγ is a nuclear hormone receptor that controls the differentiation of Th17 cells that play a key pro-inflammatory role in a variety of autoimmune diseases, including psoriasis, according to the abstract.

The study has identified potent inhibitors of RORγ with greater than 100-fold selectivity against RORγ/RORγ as well as other nuclear receptors. Lead compounds inhibit differentiation of primary mouse/human CD4+ T cells to Th17 cells without affecting Th1, Th2, or Treg cell differentiation.

Research studies show potential racial/ethnic disparities in health care utilization and school attendance among children with atopic dermatitis. Compared to white children, African-American and Hispanic children were more likely to have visited the emergency room and less likely to have seen a dermatologist for their skin disease. In addition, African-American, Hispanic, and Asian children were more likely to have missed school due to their skin disease, independent of disease severity, according to the abstract.

Skin microbiota of infants evolves after birth

Skin microbiota evolved to an infant-like skin microbial profile within the first week of life through the use of a skin regimen, according to Abstract 5324, “Longitudinal Development of the Skin Microbiome During the Neonatal Period.”

“Previously, we demonstrated that after one month, the skin microbiota has evolved from birth, where it’s dominated by vaginal and/or environmentally acquired microbes, to an infant skin microbial profile. Changes in the skin microbiota throughout the neonatal period (first month) have not been well described and may provide insights into the links between establishment of skin microbiota in early life and disease,” according to the abstract.

The microbialota is dominated by 75 percent Staphylococcus and Streptococcus species, in contrast to infants older than one month, where 50 percent of the skin microbiota consists of those species. The skin microbiota changes over the neonatal period, largely through increased evenness, and represents an early view of the evolution of the skin microbiome, according to the abstract.

The lead author of the abstract is Kimberly Capone, PhD, head of the Microbiome Platform, Emerging Science and Innovation at Johnson & Johnson Consumer Inc.

Dermatologists not examining nails for signs of SM

Dermatologists do not check nails during physical examinations, according to “A Survey-Based Study of Management of Longitudinal Melanoma Among Attending and Resident Dermatologists,” Abstract 5349.

“Our data reinforce the need for increased efforts in educating dermatologists, particularly residents, about nail examinations, longitudinal melanoma (LM), and warning signs for SM,” said Shari Lipner, MD, PhD, assistant professor at New York-Presbyterian Hospital/Weill Cornell Medical Center.

Subungual melanoma represents 0.2-3.5 percent of melanoma cases, but it often carries a worse prognosis than similarly staged cutaneous melanomas. LM is the most common presenting sign of SM, according to the abstract.

A nationwide survey was used to assess nail examinations, management of LM, and knowledge of the ABC mnemonic for SM among dermatologists. The survey found that most dermatologists did not ask patients to remove nail polish during all physical examinations or examine the nails at each visit, according to the abstract.

The study also showed that many physicians, particularly residents, were not confident in managing patients with LM.

PKCβ plays a role in modulating dermal microenvironment

Obesity aggravates many skin diseases, including psoriasis, cellulitis, and fungal infection. Despite knowledge that dermal adipocytes are associated with the skin microenvironment, diet- or obesity-induced signaling changes in adipocytes and their impact on cutaneous pathophysiology are not well understood.

“Diet-Sensitive PKCβ Signaling and Development Inflammation in Skin Microenvironment,” Abstract 5353, reported that the results of its study suggest that PKCβ is a physiological transducer of dietary lipids and plays a critical role in modulating dermal inflammatory microenvironment.

The abstract also reported that PKCβ deficiency is also associated with an improvement in the dermal adipocyte inflammation as well as texture and density of the skin hair.

Saturday’s four Late-breaking Research sessions included time for attendees to ask presenters questions about their research.

Basic science studies show promise in improving skin histopathology and in reducing IL-17 levels, which could be used in the treatment of psoriasis.

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The study has identified potent inhibitors of RORγ with greater than 100-fold selectivity against RORγ/RORγ as well as other nuclear receptors. Lead compounds inhibit differentiation of primary mouse/human CD4+ T cells to Th17 cells without affecting Th1, Th2, or Treg cell differentiation.
JAK inhibitors a promising therapy for three conditions

Brian A. King, MD, PhD, an assistant professor of dermatology at Yale University School of Medicine, will present a Monday session on the use of Janus kinase (JAK) inhibitors for the treatment of skin disease.

“We’ve saved the life of a woman with a severe drug rash by giving her tofacitinib, and the reason it worked in her to quiet her disease is based on work that we’ve recently published showing that this class of medications, JAK inhibitors, quiets aberrant eosinophils in the blood and skin,” he said.

Dr. King answered other questions about the use of JAK inhibitors.

Q: What is new, significant, or unique about the use of JAK inhibitors.
A: None of the three diseases for which treatment is discussed in my presentation have FDA-approved therapies. The three diseases together affect tens of millions of Americans and hundreds of millions of people worldwide. In my talk, I present data showing efficacy of a new drug class for these three conditions, which represents a new treatment paradigm in dermatology.

Q: How would patients benefit from learning this information?
A: The three diseases that I will discuss, alopecia areata, atopic dermatitis, and vitiligo, cause tremendous physical and psychological distress for patients. The effective treatment of these diseases is revolutionary for patients.

Q: How would you summarize your presentation?
A: Advances in the understanding of what causes eczema, vitiligo, and alopecia areata have yielded a new class of drugs, JAK inhibitors, as promising therapy for all three conditions. This means that JAK inhibitors specifically block the steps that cause these conditions. In my presentation, I review results of multiple studies showing that people suffering from these diseases get better taking tofacitinib and ruxolitinib, the two available JAK inhibitors that are currently approved for use by the FDA.

New gel effective in treating molluscum contagiosum

The use of povidone-iodine in dimethylsulfoxide gel was effective in treating molluscum contagiosum in a study of 12 patients over eight weeks. The results were presented Saturday during “Late-Breaking Research: Procedural Dermatology” (F075).

Abstract 5227, “Molluscum Contagiosum Treated With Dilute Povidone-Iodine,” reported on the study of patients who were treated with a proprietary low-dose PVP-I/DMSO gel formulation. The study was presented during the session by Kara Capriotti, MD, a dermatologist at Bryn Mawr Skin and Cancer Institute.

“We have found remarkable success with this novel combination that has not been previously reported in the literature, warranting further investigation to elucidate clinical utility,” Dr. Capriotti said. “Our results may have far-reaching impact in dermatology, offering well-tolerated at-home treatment, along with eliminating morbidity from current treatments and frequent office visits.”

Patients in the study were treated with the gel formulation twice a day and evaluated after four weeks. All 12 had complete or partial resolution of the condition. Of 115 lesions treated, 103, or 90 percent, had resolved at eight weeks. Mild skin irritation and dryness were the only adverse effects reported, she said. Povidone-iodine is a resistance-free, broad-spectrum biocidal agent that eradicates micro-organisms, including bacteria, viruses, yeasts, molds, fungi, and protozoa. Dimethylsulfoxide is an effective vehicle, greatly enhancing percutaneous penetration.

Changing demographics to shift patient populations

Demographics in the United States are changing, with the Caucasian population projected to fall from today’s 62 percent to 49 percent by 2040. Hispanics are the fastest-growing minority population in that population shift, which means that dermatologists need to become more familiar with skin conditions in that patient population.

A Sunday session will feature six speakers discussing the treatment of skin diseases in the Hispanic population. Marta Rendon, MD, session director, will discuss new methods for treating hyperpigmentation using microneedling and radio frequency, and melasma. She is the founder of Rendon Center for Dermatology and Aesthetic Medicine in Boca Raton, Florida.

Other presentations at the session:
- Defining Skin Color in Latin Americans
- Acne Pearls in Latinos 2017 Update
- Lasers and How Latinos Are Different
- Skin Cancer in Latinos 2017 – What’s New
- Latin Lifestyle Effect on Skin
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Aesthetic advances slow the effects of aging

The growing number of aging baby boomers has led to an increase in patients seeking cosmetic treatments from dermatologists to delay the effects of growing older. This has led to the development of new procedures, including the insertion of absorbable lifting sutures and injectable radio frequency treatments. Both treatments as well as a review of facial rejuvenation goals and techniques were presented Saturday during the “New Emerging Therapies” session. Mark Nestor, MD, PhD, director of the Center for Cosmetic Enhancement, Center for Clinical and Cosmetic Research, Aventura, Florida, presented “Aesthetic Update.”

The foundation of treating patients who want to delay the effects of aging on their faces begins in the anatomy under the skin, which has led to the development of many new injectables and devices. The key concepts in these treatments, he said, are the four Rs: relax, refill, resurface, and redrape.

Important areas of focus are the triangle around the mouth and chin, and the midface, which are increasingly the target for injected soft-tissue fillers. The future of fillers is tunable absorbable microspheres. The composition of microspheres allows an immediate filling effect followed by stimulation of the body’s own collagen, Dr. Nestor said.

Another advance is the use of absorbable lifting sutures, which use minimally invasive technology to achieve immediate lift and repositioning with long-term volumizing secondary to collagen stimulation, he said. The sutures are absorbable, have no barbs, are bidirectional, and provide lift to sagging tissue. They can be inserted in the brow, midface, and neck in about 45 minutes using a local anesthesia.

A similar procedure is injectable radio frequency for skin tightening and smoothing. It can also be used for facial nerve ablation, sub-dermal skin sculpting, ablation of axillary sweat glands, and vaginal rejuvenation, Dr. Nestor said.

Mark Nestor, MD, PhD, explains advances in the use of fillers to delay the effects of aging.
51.2 percent PASI75 compared to 37.9 percent for calcipotriol and 14.5 percent for placebo.

The two active agents showed clear superiority to placebo from week two, said Jian Zhong Zhang, MD, professor and chair of dermatology, People’s University Hospital in Beijing. Benvitimod began to show growing superiority to calcipotriol at week six. Nearly half of patients, 49.2 percent, remained in remission at the end of the follow-up period.

Benvitimod also had the highest rate of adverse events. The most common adverse events were mild, moderate, and transient erythema, as well as stinging and warmth at application sites.

Serlopitant successful against prurigo nodularis

In one of the largest randomized controlled trials to date of serlopitant, the small molecule agent showed good safety and efficacy against prurigo nodularis (PN). The agent blocks the tachykinin neurokinin 1 receptor (NK1-R), an important pathway for the perception of pruritus.

PN is often refractory to first line treatments, such as topical steroids, but second line therapy includes systemic agents with significant safety issues, such as thalidomide and gabapentin, said Sonia Stander, MD, PhD, professor of clinical neurodermatology at the University of Munster in Munster, Germany.

The study compared serlopitant 5 mg daily to placebo over an eight-week treatment period and two weeks of follow-up in 127 patients with refractory NP. Serlopitant was superior for reducing pruritus at two weeks with increasing superiority over the course of the trial.

“The efficacy and safety findings in the TCP-102 study support further investigation of serlopitant for the treatment of pruritus in patients with PN,” Dr. Stander said.

Yet another study targeted the IL-43/Th17 axis in AD with ustekinumab. It did not hit its endpoints, but did show promise, leading Dr. Guttman-Yassky to again add, “I think we have something there.”

Other trials looked at apremilast and both oral and topical tofacitinib, which all showed promise, as did topical JAK inhibitors.

“The therapeutic landscape for AD is changing rapidly with testing and development of many therapeutics to provide safer and better long-term disease control,” Dr. Guttman-Yassky said.
Get social with the AAD on Facebook and Twitter

Are you following @AADmember on Twitter? If not, we encourage you to join the 7,500+ other followers who get exclusive updates about the Annual Meeting and share their photos with the AAD for all members to enjoy. See the best selfies from the Selfie Station in the AAD Resource Center by following the @AADmember feed today!

Be sure to also like the new Facebook page designed specifically for AAD Members (@AADmember), which will be updating followers with news and information about the Annual Meeting, including posts about new and popular sessions, special events, tourist information, and, of course, shared photos of members and attendees enjoying the meeting.

To share your photos with the AAD, use the official meeting hashtag #AAD17 in all your posts and tweets to engage in conversations and activities throughout the meeting.

• Facebook: www.facebook.com/AADmember
• Twitter: www.twitter.com/AADmember

Product Spotlight

Aubio

Goodbye, cold sore. Hello, beautiful.

Naturally, you want a cold sore to go away fast. Naturally, it can. Aubio® Removable Ink™ is a plant-based formula that’s been proven to work wonders. Aubio® exclusive formula works fast to get you back to your beautiful, wrinkle-free self. How fast? In a recent study, 100% of Aubio cold sore gel users said their cold sores disappeared fast. That fast.

Download the new AAD Meeting Mobile App

It’s back… and better than ever! The AAD Meeting Mobile App has been redesigned for optimum functionality and easier navigation at the 2017 AAD Annual Meeting. Please note that the old AAD Meetings Mobile App (with the blue AAD logo) is now officially inactive, so you must download the new app with the white AAD logo in the iPhone App store or Google Play.

Overall, the new app will offer the same features as the previous app, which includes the following:

• Session Schedule: Listing of sessions by day, type, category, and speaker; bookmark sessions you like, take notes, or access select session handouts
• Exhibitors: Search by name or category, or view the exhibit hall floor plan
• Speakers: Search by name or category, or view the exhibit hall floor plan
• Maps: Explore floor plans for session rooms
• Ask Me: Discover answers to frequently asked questions
• Event listing: Council, Committee, Task Force meetings, Affiliate and Reunion Groups, Industry Expert Sessions, and Industry Non-CME (INC) Programs (previously known as PIPs)
• E-Posters: Access e-Posters; search by author, title, category, keyword, or poster number
• Audience Response: Access Audience Response Sessions and participate via your mobile device

For instructions, visit www.aad.org/mobile for links on how to download the app for iPhone and Android smartphones. You also may search “AAD Meetings” in the iPhone App store or Google Play and download the app with the white AAD logo icon.

If you have questions or concerns while at the meeting, visit one of our two Mobile App assistance desks at the Orange County Convention Center in West Lobby B, Level 1, or at The Connection, Hall B4. Both desks will be open today and Monday from 7 a.m. to 5:30 p.m. (VIP)

Attend an Industry Non-CME (INC) Program

Don’t miss out on attending Industry Non-CME (INC) Programs being held in the evening from March 2 – March 5, 2017, in Orlando, FL. At the sponsoring company’s discretion, these programs may be promotional or educational in nature.

Programs are held conveniently at the Hyatt Regency Orlando and/or Hilton Orlando, and cover a range of topics.

For the latest information on program titles, times, locations, and registration go to aad.org/incprograms.

These informational programs do not qualify for CME credit, and all content is under the control of the sponsoring company. These events are independent and are not part of the official AAD Annual Meeting as planned by the Scientific Assembly Committee. Pre-registration may be recommended by the sponsoring companies.
You’re invited to join the discussion!

Moving Beyond Topicals: Perspectives on Systemic Treatment for Psoriasis

PROGRAM FACULTY

Shane Chapman, MD
Dartmouth Hitchcock Dermatology
Lebanon, New Hampshire

INDUSTRY EXPERT SESSION

Sponsored by Celgene

Friday, March 3, 2017 / 11:00 AM – 11:45 AM / Exhibit Floor
Orange County Convention Center / Orlando, Florida

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Pursuant to the PhRMA Code on Interactions with Healthcare Professionals, attendance at this promotional program is restricted to healthcare professionals. Accordingly, spouses and other guests who are not healthcare professionals may not attend this event. Celgene will report transfers of value made to US healthcare professionals to the extent required by federal and state laws, as applicable. To learn about how Celgene Corporation complies with the Physician Payments Sunshine Act visit http://www.celgene.com/about/compliance/sunshine-act/.

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61% Reduction in Itch Scores in 3 Hours

Mean Scores (10cm VAS Scale)

6.48* 4.56* 2.51* 2.26*

BASELINE IMMED POST APPL HOUR 3 DAY 7

* Significant improvement (p<0.001) n = 39 patients with mild to moderate AD

Triple Oat Formula

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