

2025

**COLLOQUIUM ON THE**

*Black Patient*

IN DERMATOLOGY

**ADVANCE BRIEFING**

**AUGUST 9, 2025 | 10 A.M. TO 12:30 P.M. | VIRTUAL SUMMIT**

# OVERVIEW

Dermatology, like many medical specialties, has historically centred its research, clinical trials, diagnostic criteria, and treatment protocols around lighter skin tones predominant in White populations. This bias has created significant gaps in the understanding and care of patients with Black skin, including those in Canada. The consequences have been profound, with Black patients often underserved, misdiagnosed, or receiving delayed treatment.

The 4<sup>th</sup> Colloquium on the Black Patient in Dermatology aims to provide attendees with foundational knowledge on the challenges faced by Black dermatology patients in Canada, how skin diseases manifest differently in this population, examples of historical and ongoing disparities, and recent improvements in research, treatment, and clinical practice relating to Black patients in dermatology.



## In moderate to severe plaque psoriasis

# HIS SIGHTS ARE SET ON SKIN CLEARANCE\*

<sup>P</sup>BIMZELX® (bimekizumab injection) is indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy.<sup>1</sup>

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In the BE RADIANT trial, BIMZELX achieved both non-inferiority and superiority for percentage of patients achieving complete skin clearance (PASI 100) at Week 16 vs. secukinumab.<sup>1,2</sup>

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In the BIMZELX arm, patients were treated with Q4W dosing up to Week 16, before being initiated with Q8W maintenance dosing.



CI: confidence interval; PASI 100: 100% improvement from baseline in Psoriasis Area and Severity Index; Q1W: every week; Q4W: every four weeks; Q8W: every eight weeks

\*Fictional patient. May not be representative of the general population.

†BE RADIANT: A phase IIIb multicentre, randomized, double-blind, active comparator-controlled study comparing the efficacy and safety of BIMZELX vs. secukinumab in adult patients with moderate to severe plaque psoriasis (N=743). Patients were randomized 1:1 to BIMZELX 320 mg Q4W through Week 16 (n=373), or secukinumab 300 mg Q1W through Week 4 followed by secukinumab 300 mg Q4W through Week 48. Patients who completed the 48-week double-blind period could enrol in an ongoing 96-week open-label extension period. At Week 16, patients receiving BIMZELX 320 mg Q4W were re-randomized 1:2 to receive either BIMZELX 320 mg Q4W (off-label maintenance arm) or 320 mg Q8W through Week 48. The primary endpoint was 100% reduction from baseline in the PASI score at Week 16.

#### Conditions of clinical use:

- Not authorized for use in pediatrics (< 18 years of age)

#### Relevant warnings and precautions:

- Inflammatory bowel disease
- Serious hypersensitivity reactions
- Vaccinations
- Infections, including tuberculosis
- Pregnant or nursing women
- Women of childbearing potential

#### For more information:

Please consult the Product Monograph at <https://www.ucb-canada.ca/en/bimzelx> for important information relating to adverse reactions, drug interactions, and dosing information that has not been discussed in this piece. The Product Monograph is also available by calling 1-866-709-8444.

**References:** 1. BIMZELX Product Monograph. UCB Canada Inc. November 27, 2024. 2. Reich K, Warren RB, Lebwohl M, et al. Bimekizumab versus secukinumab in plaque psoriasis. *N Engl J Med.* 2021;385(2):142–152.



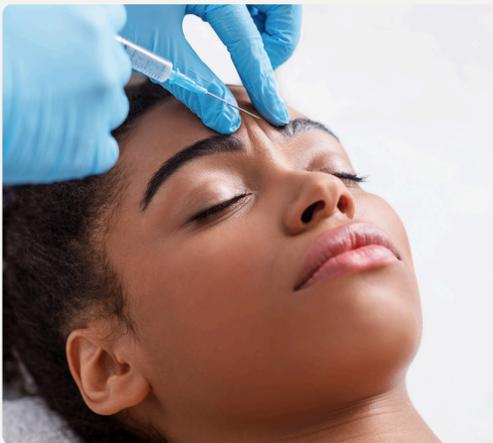
# HISTORICAL AND ONGOING UNDERREPRESENTATION OF BLACK PATIENTS IN DERMATOLOGY RESEARCH

**Clinical trial representation gap:** Clinical trials in dermatology frequently underrepresent Black patients, both in Canada and globally. A recent Canadian analysis showed that 70% of dermatology clinical trials had less than 1.2% Black participant representation, despite the population diversity.<sup>1</sup>

This underrepresentation limits the generalizability of findings and therapeutic efficacy data to Black patients.

**Impact on research and guidelines:** Many dermatologic conditions, therapies, and diagnostic standards derive predominantly from White-skinned populations. This systemic bias contributes to diagnostic uncertainty and reduced treatment efficacy when applied to Black patients. For example, clinical trials for psoriasis treatments involving Black patients have sometimes shown lower efficacy rates compared to White patients, suggesting differences in disease biology or drug metabolism.<sup>2</sup>

The lack of representative data contributes to a cycle where skin conditions are less well understood in Black populations, leading to delayed diagnosis, misdiagnosis, and undertreatment.



1. Akuffo-Addo E, Joseph M: Racial representation in dermatology clinical trials, a Canadian perspective. *Journal of the European Academy of Dermatology & Venereology* 2023; 36(11):1351.

2. Yadav G, Yeung J, Miller-Monthrope Y, Lakhani O, Drudge C, Craigie S, Mendell A, Park-Wyllie L: Unmet need in people with psoriasis and skin of color in Canada and the United States. *Dermatol Ther (Heidelb)* 2022 12(11):2401-2413. doi: 10.1007/s13555-022-00811-0. Epub 2022 Sep 21. PMID: 36131193; PMCID: PMC9588130.

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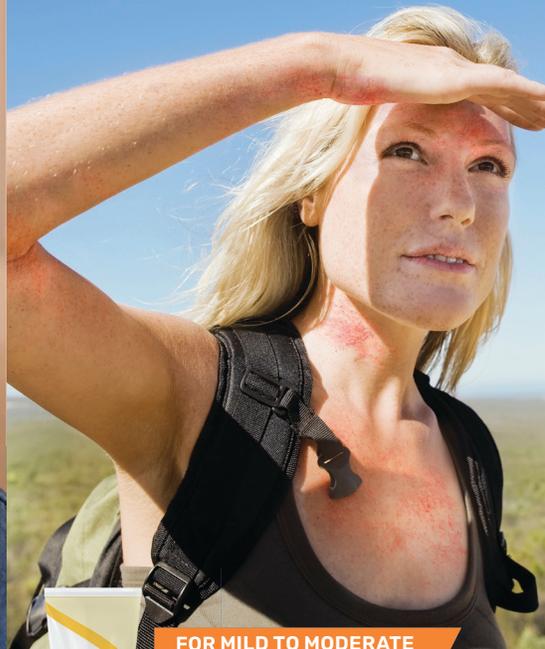
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Reference: 1. ZORYVE® Product Monograph. Arcutis Canada, Inc. March 2025.



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CA-COM-PTF-00021-E 04/25



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## DIFFERENCES IN SKIN DISEASE PRESENTATION IN BLACK PATIENTS

Several skin diseases present differently in Black skin compared to lighter skin, both in physical appearance and clinical course. It is essential for clinicians to recognize these differences to provide equitable care.

- **Pigmentation and inflammation:** Due to increased melanin, inflammatory skin conditions may appear differently. For example, erythema is less visible and may appear as violaceous, grey, or brownish discolouration rather than bright red, complicating early recognition.<sup>3</sup>
- **Common dermatoses in Black skin:**
  - **Atopic dermatitis (AD):** Black individuals are more likely to seek care for AD and present with greater pruritus and extensor involvement. Lesions may appear as papular or follicular eruptions with visible lichenification and hyperpigmentation.<sup>3</sup>
  - **Psoriasis:** Characterized by thicker plaques, more intense desquamation, and less distinct erythema. Resolution often leads to pigmentary changes such as hyper- or hypopigmentation, which can be distressing.<sup>3</sup>
  - **Lupus erythematosus:** Discoid lupus is more common and severe in Black patients, often affecting the scalp and ears with depigmentation and scarring alopecia.<sup>3</sup>
- **Skin disorders specific or more prevalent in Black skin:**
  - **Pseudofolliculitis barbae** (razor bumps)
  - **Keloids and hypertrophic scars**, occurring at a higher frequency due to differences in skin healing.<sup>4</sup>
  - **Dermatosis papulosa nigra**, common pigmented lesions.
  - **Hair and scalp disorders** such as traction alopecia and central centrifugal cicatricial alopecia are more prevalent.<sup>4</sup>

3. Alchorne MMA, Conceição KDC, Barraza LL, Milanez Morgado de Abreu MA: Dermatology in black skin. *An Bras Dermatol* 2024; 99(3):327-341. doi: 10.1016/j.abd.2023.10.001. Epub 2024 Feb 2. PMID: 38310012; PMCID: PMC11074564.

4. Jacobs J, Lebhar J, Diamond C, Rundle C, Stamey C: Skin of color representation in clinical trials: An analysis of clinicaltrials.gov from 2008-2022. *J Drugs Dermatol* 2023 Mar 1; 22(3):310-311. doi: 10.36849/JDD.7087. PMID: 36877873.



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- **Diagnostic challenges:** Reliance on classic signs such as red plaques or visible erythema often leads to underdiagnosis or misdiagnosis. For instance, Black patients with psoriasis are more likely to receive skin biopsies due to uncertainty in clinical diagnosis, which can delay treatment.<sup>5</sup>

## BLACK PATIENTS AS AN UNDERSERVED POPULATION IN DERMATOLOGY

**Access barriers:** Black patients in Canada often face significant barriers to dermatology care, including socioeconomic factors, geographical access, and cultural competency gaps among providers. Studies show Black patients with skin conditions are significantly less likely to be seen by dermatologists compared to White patients, leading to poorer outcomes.

**Quality of care disparities:** Visits with Black patients have been associated with fewer services rendered and lower relative work value units, indicating possible disparities in care intensity and quality.<sup>6</sup>

**Systemic issues:** The medical education system and dermatology training historically emphasize White skin, limiting provider competence in managing skin of colour. This perpetuates healthcare inequities with misdiagnosis and mistreatment as common issues.



5. Ahmed F, Fitzsimmons R, Chu EY, Shin DB, Takeshita J: Frequency of skin biopsies for psoriasis by race and ethnicity. *JAMA Dermatol* 2024; doi:10.1001/jamadermatol.2024.2554

6. Narla S, Heath CR, Alexis A, Silverberg JI: Racial disparities in dermatology. *Arch Dermatol Res* 2023 Jul; 315(5):1215-1223. doi: 10.1007/s00403-022-02507-z. Epub 2022 Dec 12. PMID: 36508020; PMCID: PMC9743121.

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With continued support of dermatologists, family physicians, and pharmacists across Canada, Dermtek has found a niche in an industry dominated by multinational companies. Robert Lavoie dedicated over 50 years of his life working in the industry.

Mr. Lavoie was inducted into the Canadian Healthcare Marketing Hall of Fame in 2006 and, in 2016, he was awarded the Canadian Dermatology Association Award of Honour in recognition of his outstanding contribution in the field of medicine.

For the past eight years, Marie-Claude and Michel Lavoie have continued their parents' legacy with the same values and traditions in research excellence.

Michel Lavoie was also inducted into the Hall of Fame last fall. "This is truly an honour to be recognized by my peers and to follow my father's path," says Michel. "It's all part of delivering effective therapies for all skin types at a fair price."

This year marks the 31st anniversary of their Reversa brand, an anti-aging line of dermocosmetics. Not only does it help turn back the hands of time by reducing fine lines and wrinkles, but it also reduces skin redness, brown spots, uneven skin tone, dry and rough skin, and loss of firmness. Reversa Acnex products are also available to treat mild to moderate acne.

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## RECENT IMPROVEMENTS AND PROGRESS

Despite longstanding disparities, there have been important advancements in addressing the dermatologic needs of Black patients, including within the past year:

- **Increased awareness and research focus:** Recent Canadian and international studies have highlighted the poor representation of Black and skin of colour (SOC) patients in dermatology trials and called for more inclusive recruitment and reporting.<sup>4</sup> This awareness is beginning to shift research practices.
- **Tailored clinical trials:** Some clinical trials now include higher proportions of Black participants for certain conditions common in this population, such as keloids and seborrheic dermatitis, improving data on treatment responses and safety.<sup>4</sup>
- **Recognition of presentation differences in clinical guidelines:** Dermatology associations increasingly acknowledge the unique presentations of skin diseases in Black patients, promoting education around diagnosis and management adapted for pigmented skin.
- **Promising therapeutics:** Novel therapies such as Janus kinase inhibitors (JAKi) have shown efficacy in treating alopecia areata among Black patients, demonstrating progress in equitable clinical research and treatment access.
- **Efforts to improve access and care quality:** Research identifying the extent of disparities in pediatric dermatology access for Black youth aims to inform interventions to increase access and culturally competent care. Advocacy for workforce diversification and educational reform continues.
- **Improved educational resources:** There is greater availability of dermatology educational materials and atlases featuring Black and pigmented skin, aiding providers in better recognition and treatment.

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## CONCLUSION

Understanding the dermatologic care of Black patients must include the recognition of historic and systemic research biases, differences in disease presentation, and ongoing healthcare disparities. Though progress is underway with increased research inclusion, evolving treatment options, and amplified awareness, substantial work remains to ensure equitable skin health outcomes for Black patients in Canada and beyond. This primer should support medical professionals in beginning to bridge these gaps, fostering culturally competent, informed, and patient-centred dermatology care.



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## COLLOQUIUM FACULTY

### DR. ANDREW F. ALEXIS, NEW YORK CITY COLLOQUIUM CHAIR



Andrew F. Alexis, MD, MPH is Professor of Clinical Dermatology and Vice-Chair for Diversity and Inclusion at Weill Cornell Medicine in New York City. He is the former Chair of the Department of Dermatology at Mount Sinai Morningside and Mount Sinai West. Having served as Director of the first-of-its-kind Skin of Color Center for over 15 years, his work has helped to advance patient care, research, and education pertaining to dermatologic disorders that are prevalent in populations with skin of color.

Dr. Alexis received his medical degree from Columbia University Vagelos College of Physicians & Surgeons and his Master of Public Health at Columbia University Mailman School of Public Health. He completed his dermatology residency at Weill Cornell Medicine, followed by a fellowship in dermatopharmacology at NYU Langone's Ronald O. Perelman Department of Dermatology.

Dr. Alexis has published more than 100 articles in peer-reviewed journals including the *British Journal of Dermatology*, *Journal of the American Academy of Dermatology*, and *JAMA Dermatology* among others. He has co-edited four textbooks and authored over 10 book chapters. Dr. Alexis is a frequent lecturer at national and international conferences and has been invited as a Visiting Professor or Grand Rounds speaker at many prestigious academic institutions.

Dr. Alexis has held numerous leadership positions in professional organizations; he is the Immediate Past President of the Skin of Color Society, Past President of the New York Dermatological Society, Past President of the New York Academy of Medicine Dermatology Section, and former Chair of the Diversity Task Force Committee of the American Academy of Dermatology. He currently serves as a member of the Board of Directors of the Scarring Alopecia Foundation and was recently elected to the Board of Directors of the American Academy of Dermatology.

Dr. Alexis has appeared on ABC, CBS, NBC, and FOX television news programs and has been quoted in numerous leading publications, including the *New York Times*, *Wall Street Journal*, *Forbes*, *Vogue*, *Allure*, and *Essence*. He is listed in Castle Connolly's Top Doctors™ and Super Doctors®.

## COLLOQUIUM FACULTY

### DR. RENITA AHLUWALIA, TORONTO PRESENTER



Dr. Ahluwalia is board-certified dermatologist with interests in cosmetic and medical dermatology. In 2019, she co-founded the Canadian Dermatology Centre, which now has a staff of over fifty professionals well versed in medical dermatology, cosmetic dermatology, plastic surgery, hair transplantation, aesthetic medicine and clinical trial research.

Dr. Ahluwalia's passion is to see her team and patients realize their full potential. She continues to practice in the academic center with an appointment at the University Health Network. She is also a lecturer at the University of Toronto.

She completed her undergraduate studies in her hometown of Winnipeg, earning both a BA and BSc from the University of Manitoba in four years. She then studied medicine at the University of Toronto, where she went on to complete residency training in dermatology in 2013, serving as Chief Resident during her final year. She has presented at national and international meetings and has been the recipient of numerous awards, including the prestigious Canadian Dermatology Associations Young Investigator Honour and the AMNI Insider Doctor's Choice Award. She is a member of several national steering committees and the Canadian Dermatology Associations Sun Awareness committee.

With over a decade of experience as a dermatologist and as a former national public speaking champion, she uses her skill set to be a healthcare advocate and a source of knowledge to the public on a variety of dermatologic issues. Her recent features include Global News, Entertainment Tonight Canada, CBC News- Street Sense, CTV News Tonight, *The Globe and Mail*, *The National Post*, *The Toronto Star*, *Hello! Canada*, *Elle Magazine*, *Chatelaine*, *The Kit*, *Refinery 29*, *Bustle* and the *Aesthetic Guide*. Outside of work, Dr. Ahluwalia loves to spend time with her husband, Dr. Quinton Chivers, co-founder of the Canadian Plastic Surgery Centre and her young children.

## COLLOQUIUM FACULTY

### DR. RENÉE A. BEACH, TORONTO PRESENTER



Dr. Renée A. Beach is a dermatologist practicing medical and cosmetic dermatology in Toronto. She opened DermAtelier on Avenue in the Avenue-Lawrence area of the city in 2020. She enjoys treating a range of skin conditions and the therapeutic challenge that comes with treating the same condition effectively in different skin types. In addition to her dermatology practice, Dr. Beach collaborates in select research projects, teaches dermatology residents during various academic days, and highlights the expertise of the profession as the on-air dermatologist on the daytime talk show "The Social", as well as during other media appearances.

### DR. REETESH BOSE, OTTAWA PRESENTER



Dr. Reetesh Bose is a Canadian board-certified dermatologist and an active faculty member with the Division of Dermatology, University of Ottawa and The Ottawa Hospital.

He practices medical, surgical, and cosmetic dermatology and has expertise in skin of colour dermatology and vitiligo. He is involved with medical education, research, and provides dermatologic care through outreach clinics in Iqaluit, run by the Ottawa Division of Dermatology. He is also the director and founder of the Skin of Colour dermatology clinic at the Ottawa Hospital.

## COLLOQUIUM FACULTY

### DR. MARISSA JOSEPH,

TORONTO  
PRESENTER



Dr. Marissa Joseph completed medical school at Dalhousie University and her postgraduate training at the University of Toronto. She is double board-certified in Pediatrics and Dermatology and full-time academic faculty at the University of Toronto. She has received and has been nominated for teaching awards in both undergraduate and postgraduate medical education. She also completed an MSc in Community Health at the Dalla Lana School of Public Health.

Dr. Joseph is the Medical Director of the Ricky Kanee Schachter Dermatology Centre at Women's College Hospital. She also works at the Sickkids hospital where she manages children with complex dermatologic disease as well as within a pediatric laser treatment program.

Dr. Joseph enjoys her diverse practice in general adult, pediatric, and surgical dermatology. Her clinical and research interests include inflammatory skin disorders such as psoriasis, atopic dermatitis, and hidradenitis suppurativa; genodermatoses; and equity, diversity and inclusivity.

### DR. JENNA LESTER,

SAN FRANCISCO  
PRESENTER



Dr. Jenna Lester is a graduate of Harvard University and The Warren Alpert Medical School of Brown University. She completed residency training in dermatology at the University of California San Francisco (UCSF) and is board certified in dermatology.

Dr. Lester is an Assistant Professor of Dermatology at UCSF, where she practices and teaches general dermatology, and is the Founding Director of the Skin of Color Program. She has a particular interest in health care disparities in dermatology and improving access to specialty care for all patients. She was recently named a TED Fellow, where she continues her work to promote equity in dermatology education.

## COLLOQUIUM FACULTY

**DR. AMY MCMICHAEL,**

**WINSTON-SALEM, N.C.**

**PRESENTER, DR. MERCY ALEXIS KEYNOTE**



Dr. Amy McMichael is a Philadelphia native who received her medical degree from the University of Pennsylvania School of Medicine. She completed her Dermatology residency training at the University of Michigan School of Medicine.

Dr. McMichael is a Professor in the Department of Dermatology at Wake Forest School of Medicine in Winston-Salem, N.C. She has held leadership positions in the Department for over 20 years, first as Residency Program Director for 12 years and Chair of the Department for 11 years. She stepped down from the Chair position in 2022 to pursue her other interests including clinical medicine, equity work, research, and mentorship.

She has been a leader in her field, including her roles as past President of the Skin of Color Society as well as past President of the National Medical Association Dermatology Section. She has also served as a Board member and Vice President of the Women's Dermatologic Society and Secretary/Treasurer of the North American Alopecia Research Society. She recently served as a Board member of the American Academy of Dermatology, 2021-2024. She has mentored countless students, residents, and junior faculty over the years.

Dr. McMichael's clinical and research interests include hair and scalp disorders, psoriasis, and skin of color. She is co-editor of several texts including *Hair Diseases: Medical, Surgical, and Cosmetic Treatments* and *Fitzpatrick's Dermatology 9<sup>th</sup> edition*. She serves on the editorial boards of *JAMA Derm*, *Cosmetic Dermatology*, *Skin Appendages*, *Cutis*, and *The Dermatologist*, and is the author of more than 180 journal articles and chapters.

## COLLOQUIUM FACULTY

### DR. PATRICIA OYETAKIN, ATLANTA PRESENTER



Dr. Patricia Oyetakin received her Bachelor of Medical Science with honors from The University of Western Ontario and medical degree from Wayne State University School of Medicine in Detroit. Dr. Oyetakin completed a two-year clinical and translational research fellowship and dermatology residency training at Case Western University/University Hospitals in Cleveland.

Dr. Oyetakin has co-authored numerous journal articles and book chapters. She practices medical, surgical, and cosmetic dermatology across all skin types with special interests in psoriasis, atopic dermatitis (eczema), acne, and pigmentary disorders affecting skin of color patients. She is board-certified by the American Board of Dermatology and also licensed to practice in Ontario, Canada.

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AGENDA | AUGUST 9 2025

START TIME (ET)	TOPIC	DURATION	FACULTY
10:00 AM	WELCOME & LEARNING OBJECTIVES	5 MIN	DR. ANDREW ALEXIS
10:05	DR. MERCY ALEXIS KEYNOTE LECTURE PIGMENTATION IN THE SKIN OF COLOR PATIENT SUPPORTED BY	20 MIN	DR. AMY MCMICHAEL
10:25	DERMATOLOGIC CONDITIONS IN SKIN OF COLOUR: WHERE ARE WE? WHERE ARE WE GOING?	15 MIN	DR. ANDREW ALEXIS
10:40	ACNE IN DARKER SKIN PATIENTS	15 MIN	DR. RENITA AHLUWALIA
10:55	DIAGNOSING AND TREATING MELANOMA IN BLACK PATIENTS	10 MIN	DR. REETESH BOSE
11:05	LIVE PANEL DISCUSSION	20 MIN	
11:25	INTEGRATING SKIN COLOR ASSESSMENTS INTO CLINICAL PRACTICE AND RESEARCH	10 MIN	DR. JENNA LESTER
11:35	IMPROVING DEI FOR BETTER HEALTH OUTCOMES	10 MIN	DR. PATRICIA OYETAKIN
11:45	BIO BREAK	10 MIN	
11:55	PRACTICAL PEARLS: ALOPECIA AREATA AND TRACTION ALOPECIA MANAGEMENT	10 MIN	DR. RENÉE BEACH
12:05 P.M.	HOW TO MANAGE POST-INFLAMMATORY HYPERPIGMENTATION	10 MIN	DR. MARISSA JOSEPH
12:15	LIVE PANEL DISCUSSION	20 MIN	
12:35	CONCLUSION	5 MIN	DR. ANDREW ALEXIS

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