9th Annual

SKIN SPECTRUM SUMMIT

ADVANCE BRIEFING
SATURDAY OCTOBER 21, 2023
UNIVERSITY OF TORONTO CHESTNUT CONFERENCE CENTRE

INTRODUCING

Winlevi®
(clascoterone) cream 1%

The **FIRST** and **ONLY** **TOPICAL** anti-androgen indicated in the treatment of *acne vulgaris**






INDICATED FOR THE TOPICAL TREATMENT OF *ACNE VULGARIS* IN PATIENTS 12 YEARS AND OLDER.

*Comparative clinical significance unknown.

Please consult the Product Monograph at https://sunpharma.com/wp-content/uploads/2023/08/Winlevi_Pm.pdf for important information about:

• Warnings and precautions including, only using PrWINLEVI® (clascoterone) externally; avoiding accidental transfer of WINLEVI® into eyes, lips, mouth, corners of the nose, or other mucous membranes; hypothalamic-pituitary-adrenal axis suppression; local irritation; susceptibility to systemic toxicity in pediatric patients; no available data on the use of WINLEVI® in pregnant women and no studies were conducted to determine the presence of clascoterone or its metabolite in human or animal milk.

• Conditions of clinical use, adverse reactions, drug interactions and dosing instructions.

The Product Monograph is also available by calling our medical information department at: 1-844-924-0656.

REFERENCE: Current WINLEVI® Product Monograph, Sun Pharmaceutical Industries Limited.

Winlevi® (clascoterone) cream 1%

PAAB

SUN PHARMA

PM-CA-WIN-0019

BACKGROUND

As climate change wreaks disaster around the world, its effects will be disproportionately felt by people of colour. According to clinicians, this will widen the disparities in healthcare already endured by disadvantaged groups and increase the toll diseases, including skin diseases, take on those communities.

In an interview late last year with the publication *Dermatology Advisor*, Dr. Eva Parker, an assistant professor of dermatology at Vanderbilt University Medical Center in Tennessee and author of a study on the dermatologic manifestations of extreme weather events, explained the effects climate change will have on skin conditions.

“Importantly, the impacts of climate change disproportionately affect Blacks, Indigenous Peoples, people of color, those of lower socioeconomic status, and other marginalized communities as well as vulnerable populations including women, children, and people with disabilities,” said Dr. Parker.

Even without factoring in climate change, people of colour continue to have later diagnoses and poorer outcomes when it comes to skin diseases, including cancers.

When someone says “I told you so”

(GENERALLY NOT) TOLERATED

Treating Acne with ARAZLOTM

(GENERALLY WELL) TOLERATED

In 2 pooled Phase III clinical trials, common topical adverse events for ARAZLO (n=779) were: application site pain (5.3%), dryness (3.9%), exfoliation (2.1%), erythema (1.9%), and pruritus (1.3%).

Overall, 2.8% of subjects discontinued ARAZLO due to TEAEs.1

NOW AVAILABLE ON MANY PROVINCIAL FORMULARIES
(CRITERIA MAY APPLY)

Scan to see where ARAZLO is covered

ARAZLOTM (tazarotene lotion, 0.045%) is indicated for the topical treatment of acne vulgaris in patients 10 years of age and older.

Clinical use:

- Geriatrics (>65 years of age): The safety and efficacy of ARAZLO have not been established in this patient population.
- Patients 10 to <12 years of age should limit application of ARAZLO to the face.

Contraindications:

- Hypersensitivity to retinoic compounds
- Pregnant women or women who may become pregnant
- Should not be used in the presence of seborrheic dermatitis

Relevant warnings and precautions:

- For external topical use only
- Use of topical tazarotene may produce contact dermatitis
- Avoid concomitant use of medications and cosmetics that have a strong drying effect
- Avoid application to eczematous or sunburned skin
- Photosensitivity
- Caution with coadministration of drugs known to be photosensitizers
- Use adequate birth-control measures in women of childbearing potential
- Discontinue treatment if patient becomes pregnant
- Breastfeeding

For more information:

Please see the Product Monograph at https://bauschhealth.ca/wp-content/uploads/2021/07/Arazlo-PM-E-2021-07-08.pdf for important information on adverse reactions, drug interactions and dosing not discussed in this piece.
The Product Monograph is also available by calling 1-800-361-4261.

TEAE: treatment-emergent adverse event

Reference: 1. ARAZLO Product Monograph. Bausch Health, July 7, 2021.

BAUSCH Health bauschhealth.ca

MADE IN CANADA

REVIEWED BY PAAB

Formulated with PRISMATREX™ TECHNOLOGY

ARAZLO™ (Tazarotene) Lotion, 0.045%

BACKGROUND

According to the American Cancer Society's Cancer Facts and Figures 2023, "The estimated five-year melanoma survival rate for Black patients is only 70 per cent, versus 94 per cent for white patients."

"People of lower socioeconomic status have a higher likelihood of developing most cancers and are more often diagnosed at a late stage; they are also less likely to receive the standard of care and are more likely to have lower survival," the authors wrote.

A December study in *Archives of Dermatological Research* points to a lack of education on skin of colour and that there are few dermatologists from minority communities.

"One way to reduce disparities in dermatology is for every dermatologist, regardless of race or ethnicity, to receive adequate education in diseases, treatments, health equity, and tailored approaches to delivering dermatologic care with cultural humility," write the authors. "In addition, a diverse dermatologic workforce—especially at the level of residency program educators and organizational leaders—will contribute to improved cross-cultural understanding, more inclusive research efforts, and improved treatment approaches for conditions that are more prevalent or nuanced in certain racial/ethnic populations. Finally, the dermatology and broader healthcare community needs to acknowledge and educate ourselves on the health impacts of racism."

TAKE ON MODERATE-TO-SEVERE ATOPIC DERMATITIS WITH THE POWER OF CIBINQO®

INCLUDING RELIEF OF PRURITUS[1]

CIBINQO is indicated for the treatment of patients 12 years and older with refractory moderate-to-severe atopic dermatitis, including the relief of pruritus, who have had an inadequate response to other systemic drugs (e.g., steroid or biologic), or for whom these treatments are not advisable.

A new, highly selective oral JAK1 inhibitor for moderate-to-severe AD*

1x

Once-daily dosing

Flexibility to start patients 12–64 years of age with a 100 or 200 mg dose based on individual goal of therapy and potential risk for adverse reactions. Exceeding 200 mg per day is not recommended.

Consult the Product Monograph for complete dosing and administration information.

Contact the PfizerFlex™ Support Program for dermatology **for enrolment forms** and information about **program services**.

1-855-935-FLEX (3539)
Monday to Friday, 8 am–8 pm EST

CIBINQO@pfizerflex.com

Refer to the page in the bottom-right for additional safety information and for a web link to the Product Monograph discussing:

- The most serious warnings and precautions regarding: serious infections; malignancies; thrombosis; major adverse cardiovascular events
- Other relevant warnings and precautions regarding: driving and operating machinery; dose-dependent increase in blood lipid parameters, lipid monitoring and management; hematological abnormalities; use with other potent immunosuppressants; vaccination; monitoring and laboratory tests; fertility; special populations, including women of childbearing potential, pregnancy, breastfeeding, and geriatrics
- Conditions of clinical use, adverse reactions, drug interactions and dosing instructions

In addition, the page contains the reference list relating to this advertisement.

AD=atopic dermatitis; JAK1=Janus kinase 1.
* Clinical significance unknown.

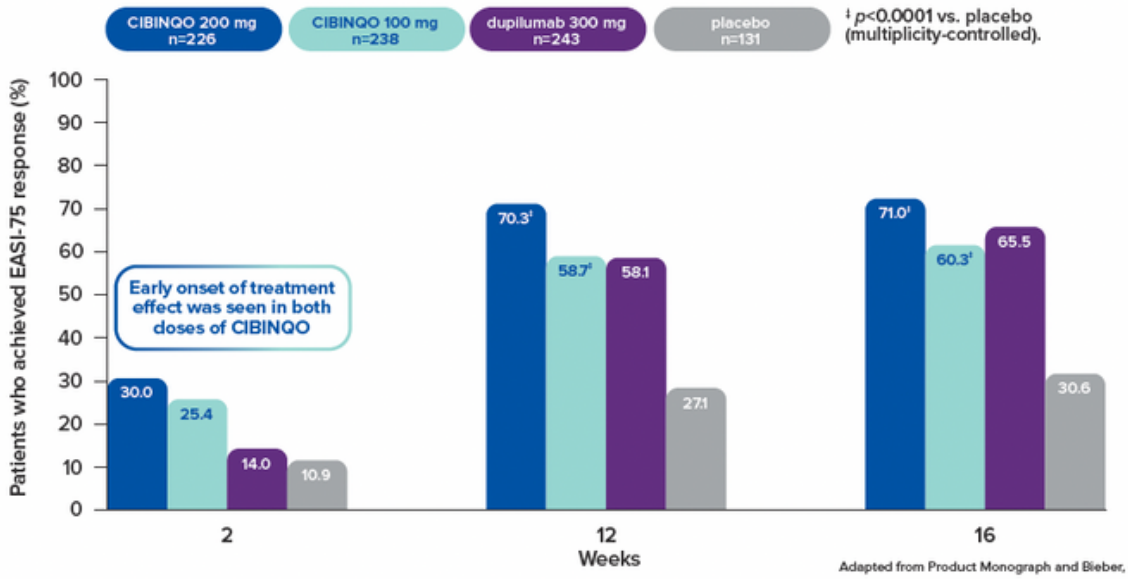
Pfizer

MEMBER OF INNOVATIVE MEDICINES CANADA

REVIEWED BY PAAB

Patient Support Program
PfizerFlex
Experienced, Dedicated Team

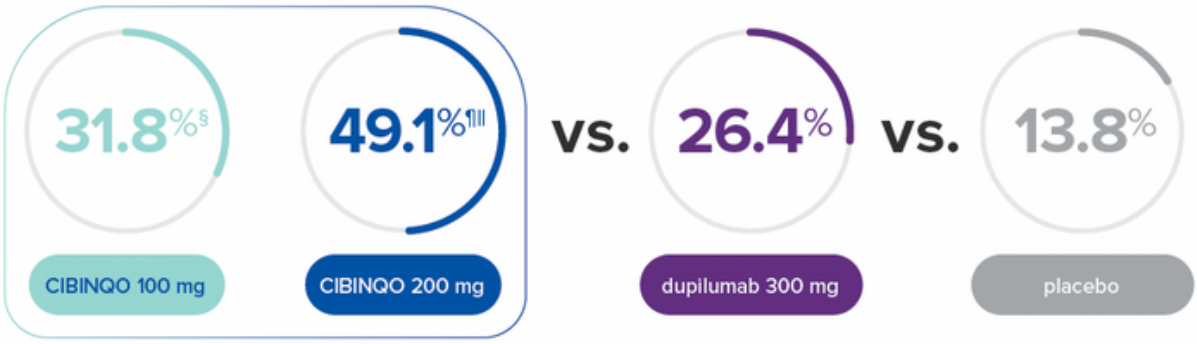
Significantly more CIBINQO patients achieved ≥75% improvement in the EASI score from baseline (defined as EASI-75) at Week 12 vs. placebo[1,2†]



Adapted from Product Monograph and Bieber, et al.

Rapid and significant itch relief was seen as early as Week 2 vs. placebo as measured by PP-NRS4 (2° endpoint)[1,2†]

Patients achieving a PP-NRS response with ≥4-point improvement from baseline



Significantly more CIBINQO 200 mg patients achieved PP-NRS4 vs. dupilumab as early as Day 4 and remained higher through Week 2

Proportion of PP-NRS4 responders with CIBINQO 100 mg was similar to dupilumab at Week 2 and over time.

§ $p<0.001$ vs. placebo (multiplicity-controlled).
¶ $p<0.0001$ vs. placebo (multiplicity-controlled).
‖ $p<0.0001$ vs. dupilumab (multiplicity-controlled); statistical comparison between either CIBINQO dose and dupilumab was only performed on the proportion of patients achieving PP-NRS4 at Week 2.

Adapted from Product Monograph.

EASI-75=Eczema Area and Severity Index; PP-NRS=Peak Pruritis Numerical Rating Scale.

CIBINQO is only indicated in patients who have had an inadequate response to other systemic drugs or for whom these treatments are not advisable. Over 50% of patients in these studies did not have prior exposure to systemic therapy.

NEW CIBINQO® abrocitinib tablets

Contact your Pfizer representative to learn more about CIBINQO

See additional safety information and study parameters on page 5

BACKGROUND

Earlier this year at Stanford University, an artificial intelligence project called Skin Tone Analysis for Representation in EDucational materials (STAR-ED) used machine learning to assess bias in frequently used medical training materials.
“People of lower socioeconomic status have a higher likelihood of developing most cancers and are more often diagnosed at a late stage; they are also less likely to receive the standard of care and are more likely to have lower survival,” the authors wrote.

“The team trained STAR-ED on thousands of images in medical textbooks, lecture notes, presentation slides, and journal articles to determine just how underrepresented Black and Brown skin is in the materials. They found that just one in 10 images throughout these materials is in the Black-Brown range on the Fitzgerald Scale used to evaluate skin tone....

“Our suggestion is physicians are not being trained adequately and that this shortfall may contribute to why people of colour with psoriasis, eczema, melanoma and other skin diseases don’t get diagnosed and treated sooner and better,” Dr. Roxana Daneshjou added. ‘The bottom line is that we need to get more images of black and brown skin diseases into the training literature.’”

This is emphasized further by an article in the August, 2023 issue of T*he Chronicle of Skin & Allergy*, which looks at treatment for patients with hidradenitis suppurativa (HS). Patients of colour may face more obstacles to treatment, say doctors in the article.

The literature has suggested that patients with HS typically face a delay in diagnosis that is counted in years, not months. Clinicians have expressed concern that this delay in diagnosis may be further lengthened for patients with darker skin tones.

“I think the diagnosis is often even more delayed for dark skin tones because the lesions can be more subtle in appearance,” said Dr. Hélène Veillette, in the article. “It may also be an issue of access to healthcare providers.”

NEW

Pr ZORYVE™

roflumilast cream 0.3%

The first and only PDE4i indicated in the topical treatment of plaque psoriasis*

FOR AGES 12+

BOLDLY TAKING ON PLAQUE PSORIASIS

ZORYVE is indicated for topical treatment of plaque psoriasis, including treatment of psoriasis in the intertriginous areas, in patients 12 years of age and older.

STEROID-FREE* PDE4 INHIBITOR

Designed for simple administration
- Can be used on all affected areas, including intertriginous areas
- Once-daily topical application

Please consult the Product Monograph at http://arcutis.ca/zoryve-pm-hcp for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions, of clinical use. The Product Monograph is also available by calling us at 1-844-692-6729.

ZORYVE assist™
Patient Assistance Program

The ZORYVE AssistTM Patient Assistance Program is designed to provide financial support to eligible patients receiving a ZORYVE prescription.†

PDE4i: phosphodiesterase-4 inhibitor
*Comparative clinical significance has not been established.
†Subject to restrictions. For program terms and conditions go to www.zoryveassist.ca and click Terms and Conditions.

EXPLORE THE ZORYVEHCP.CA WEBSITE

Reference:
1. ZORYVE Product Monograph. Arcutis Biotherapeutics, Inc. April 27, 2023.

ARCUTIS BIOTHERAPEUTICS

REVIEWED BY PAAB

BACKGROUND

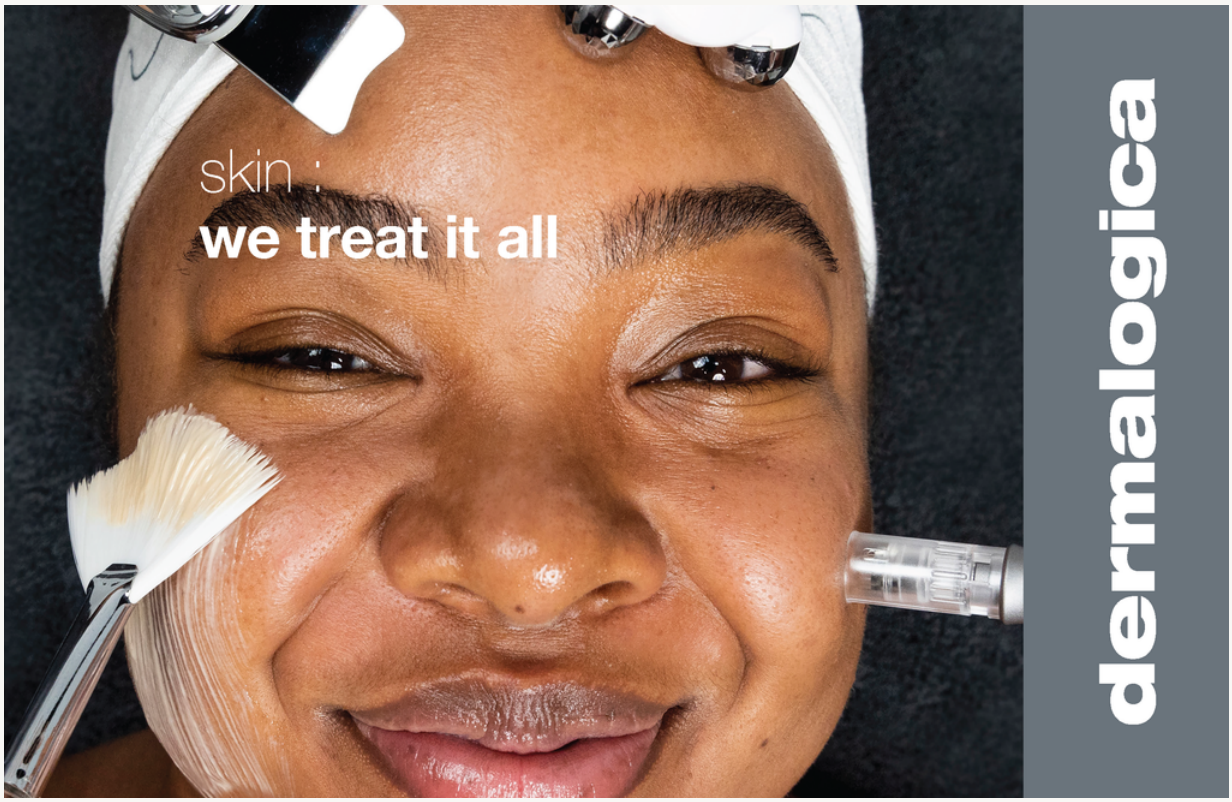
These issues may be particularly pronounced in Indigenous communities in North America, where problems are worsened by their remoteness and lack of easy access to medical care.

A study published in August 2022 in the Journal of the *American Academy of Dermatology* also suggests that American Indians/Alaskan Natives (AIAN) are less likely to take precautions against sun exposure and more likely to use tanning beds.

“Our results suggest that AIANs may be a population that engages in few skin cancer prevention behaviours in the United States,” the authors concluded. “Notably, AIANs reported a higher propensity to burn, engaged in more frequent indoor tanning behaviours, and had higher rates of melanoma diagnosis compared with other minority groups, highlighting the need for better access to dermatologic care and education that encourages better photoprotective behaviors. When AIAN patients develop melanoma, they experience lower-five-year survival rates compared with non-Hispanic Whites.”

The study points to a pressing need for greater education on skin diseases among both communities of colour and the clinicians treating them.

“There remains a significant amount of change that is needed across dermatology and a need for increased awareness of the current issues facing skin of colour populations,” the authors wrote in the article previously mentioned that was published in Archives of Dermatological Research



IN MODERATE-TO-SEVERE PLAQUE PSORIASIS,
HELP YOUR PATIENTS ACHIEVE THEIR GOAL OF:

Complete Clearance

WITH TALTZ

Pr taltz® (ixekizumab)

PASI 100 response (complete clearance) achieved at
Week 12:* Taltz, **41%** vs. guselkumab, **25%**; *P*<0.001 (*primary endpoint*)2
Week 24: Taltz, 50% vs. guselkumab, 52%; *P*=0.41 (*secondary endpoint*)3

Demonstrated improvements in DLQI at Week 12 vs. placebo, observed and maintained to Week 601† (*secondary endpoint*)

• PASI 75 response at Week 12:
Taltz, 82.6% vs. placebo, 3.9%; *P*<0.001

Indication:

Taltz is indicated for the treatment of adult patients with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

Relevant warnings and precautions:

- Infections including tuberculosis • Pregnant and nursing women
- Serious hypersensitivity reactions (including anaphylaxis) • Fertility
- Patients with inflammatory bowel disease • Geriatrics
- Immunizations

For more information:

Please consult the product monograph at www.lilly.ca/taltzpm/en for important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this piece. The product monograph is also available by calling us at 1-888-545-5972.

* **IXORA-R:** 24-week, multicentre, randomized, double-blind, parallel group study. Patients were randomized to Taltz (n=520), 160 mg at Week 0, 80 mg Q2W to Week 12, then 80 mg Q4W, or guselkumab (n=507), 100 mg at Weeks 0 and 4, then 100 mg Q8W. The primary endpoint was the proportion of participants achieving PASI 100 at Week 12.
† **UNCOVER-1:** 12-week, multicentre, randomized, double-blind, placebo-controlled study with 48-week follow-up for patients who achieved sPGA (0,1) (responders). Patients were randomized to Taltz 80 mg Q2W S.C. (n=433; initial dose 160 mg), Taltz 80 mg Q4W S.C. (n=432; initial dose 160 mg), or placebo S.C. (n=431). Weeks 12-60, responders were randomized to Taltz 80 mg Q4W (n=229); Taltz 80 mg Q12W (n=227), or placebo (n=226). Co-primary endpoints were the proportion of patients who achieved at least PASI 75 from baseline to Week 12 and the proportion of patients with an sPGA (0,1) (clear or minimal) with ≥2-point improvement from baseline.
DLQI=Dermatology Life Quality Index; PASI=Psoriasis Area Severity Index; Q2W=every 2 weeks; Q4W=every 4 weeks; Q8W=every 8 weeks; Q12W=every 12 weeks; S.C.=subcutaneous; sPGA=static Physician Global Assessment.

CITRATE-FREE*

References: 1. Current Taltz Product Monograph. Eli Lilly Canada Inc. **2.** Blauvelt A, Papp K, Gottlieb A, *et al*. A head-to-head comparison of ixekizumab vs. guselkumab in patients with moderate-to-severe plaque psoriasis: 12-week efficacy, safety and speed of response from a randomized, double-blinded trial. *Br J Dermatol*. 2019. doi:10.1111/bjd.18851. **3.** Blauvelt A, Leonardi C, Elewski B, *et al*. A head-to-head comparison of ixekizumab vs. guselkumab in patients with moderate-to-severe plaque psoriasis: 24-week efficacy and safety results from a randomized, double-blinded trial. *Br J Dermatol*. 2021;184:1047-1058.

SKIN SPECTRUM SUMMIT 2023 FACULTY

DR. MOHANNAD ABU-HILAL

HAMILTON, ONT.

Dr. Mohannad Abu-Hilal is Associate Professor, and the head of the Dermatology Division at McMaster University. He is also the head of dermatology at Hamilton Health Sciences Centre, and the program director of the Advanced Clinical Dermatology fellowship program.

He graduated from the University of Jordan School of Medicine in 2006. Later he completed his dermatology residency training between Jordan and the U.K. and then completed a fellowship in pediatric dermatology at the Hospital for Sick Children and a fellowship in advanced medical dermatology at the University of Toronto. His clinical and research interests include severe atopic dermatitis, immunobullous diseases, cutaneous lymphomas, and skin manifestations of systemic diseases particularly rheumatic diseases.

DR. RENITA AHLUWALIA

TORONTO

Dr. Renita Ahluwalia is the founder of the Canadian Dermatology Centre, a full service dermatology, plastic surgery and medical spa. She is passionate about cosmetic and medical dermatology with interests in inflammatory disease, women's health, and skin of colour. She enjoys educating the media on a variety of skin issues and has been recently featured on television with Entertainment Tonight and CP24 and in the press with *The Kit* and *Chatelaine*. She is honoured to be back at the Skin Spectrum Summit.

DR. ANDREW ALEXIS

NEW YORK

Andrew F. Alexis, MD, MPH is the Vice-Chair for Diversity and Inclusion for the Department of Dermatology and dermatologist at the Center for Diverse Skin Complexions 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.

SPEVIGO®: Now available in Canada

The power to treat GPP flares

Spevigo® spesolimab

SPEVIGO® (spesolimab for injection) is indicated for the treatment of flares in adult patients with generalized pustular psoriasis (GPP).1

SCAN TO LEARN MORE

At Week 1, SPEVIGO® demonstrated efficacy in the primary and secondary endpoints:1*

- GPPGA pustulation subscore of 0 (no visible pustules): **54.3%** (n=19) vs. 5.6% (n=1) (*p*=0.0004†) (primary endpoint)
- GPPGA total score of 0 or 1 (clear or almost clear skin): **42.9%** (n=15) vs. 11.1% (n=2) (*p*=0.0118†) (secondary endpoint)

SPEVIGO® IS THE FIRST AND ONLY MEDICATION IN CANADA INDICATED IN THE TREATMENT OF GPP FLARES1,2‡

Clinical use

The safety and efficacy of SPEVIGO® in children below the age of 18 years have not been established. No data are available in this population. In people 65 years of age and older, no dose adjustment is required. There is limited information in this population.

Relevant warnings and precautions

- Limited safety data are available for re-treatment with SPEVIGO® for a subsequent new flare
- To improve traceability, clearly record the trade name and batch number of the administered product in the patient file
- May increase risk of infections, such as urinary tract infections and upper respiratory tract infections. Treatment should not be initiated during clinically important active infection
- Evaluate for tuberculosis (TB) prior to initiating treatment. SPEVIGO® should not be administered to patients with active TB infection. Consider anti-TB therapy in patients with latent TB or a history of TB. Monitor patients for signs and symptoms of active TB after SPEVIGO® treatment
- Hypersensitivity and infusion-related reactions may occur
- Live vaccines should not be given concurrently with SPEVIGO®. Leave at least 4 weeks between live vaccinations and initiation of SPEVIGO®; do not administer live vaccines for at least 16 weeks after treatment with SPEVIGO®
- Peripheral neuropathy potential is unknown and cases have been reported in clinical trials with spesolimab
- SPEVIGO® has no, or negligible, influence on the ability to drive and use machines
- There are no data available on the effect of SPEVIGO® on human fertility
- There are limited data from the use of SPEVIGO® in pregnant women. As a precautionary measure, it is recommended to avoid the use of SPEVIGO® in pregnancy
- There are no data on the effects on the breastfed infant, or the effects on milk production. A risk to newborns/infants cannot be excluded

For more information

Please refer to the Product Monograph at www.boehringer-ingelheim.ca/sites/ca/files/spevigopmen.pdf for important information relating to adverse reactions, drug interactions and dosing information. The Product Monograph is also available by calling 1-800-263-5103 ext. 84633.

GPPGA=Generalized Pustular Psoriasis Physician Global Assessment.

* EFFISAYIL-1: A randomized, double-blind, placebo-controlled trial in adults with GPP. Patients were randomized if they had a flare of GPP of moderate-to-severe intensity, as defined by a GPPGA total score (which ranges from 0 [clear] to 4 [severe]) of at least 3 (moderate), presence of fresh pustules (new appearance or worsening of pustules), GPPGA pustulation subscore of at least 2 (mild) and at least 5% of body surface area (BSA) covered with erythema and the presence of pustules. Patients received a single intravenous dose of 900 mg SPEVIGO® (n=35) or placebo (n=18), with optional second dose at Day 8 (follow up to 12 weeks). Patients in either treatment arm who still experienced flare symptoms at Week 1 were eligible to receive a single intravenous dose of open-label 900 mg SPEVIGO®. Primary endpoint was proportion of patients with a GPPGA pustulation subscore of 0 (indicating no visible pustules) at Week 1.

† One-sided p-value

‡ Clinical significance is unknown.PC-CA-104094

References: 1. SPEVIGO® Product Monograph, Boehringer Ingelheim (Canada) Ltd. March 22, 2023. **2.** Data on file. Boehringer Ingelheim. March 22, 2023.

PAAB

Boehringer Ingelheim

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 90 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 two 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 including Past President of the New York Dermatological Society, Past President of the New York Academy of Medicine Dermatology Section, Secretary/Treasurer of the Skin of Color Society and Chair of the Diversity Task Force Committee for the American Academy of Dermatology. He currently serves as Co-Chair of the Scientific Committee of the Skin of Color Society and is a member of the Board of Directors of the American Dermatological Association and the Cicatricial Alopecia Research Foundation.

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®.

DR. RAED ALHUSAYEN

TORONTO

Dr. Raed Alhusayen, MBBS, MSc (ClinEpi), FRCPC, is an Associate Professor at the University of Toronto, an Associate Scientist at Sunnybrook Research Institute, and Co-Chair of the Canadian Dermatology Association's EDI committee. He specializes in medical dermatology, particularly hidradenitis suppurativa (HS), and serves on the board of the Canadian HS Foundation, focusing on HS outcomes and comorbidities in his research.

DR. RACHEL ASINIWASIS

REGINA

Dr. Rachel Asiniwasis is a dermatologist and clinician researcher based in her hometown of Regina. She is the founder of Origins Dermatology Centre, a combined multidisciplinary model that services both the general population and provides outreach clinics (in-person and virtual care) for underserviced remote and rural Indigenous (First Nations and Metis) communities.

Janssen
PHARMACEUTICAL COMPANIES OF
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PROUD OF OUR STRONG PARTNERSHIPS IN SKIN

With over **17 years of dermatology experience**,[1] we're committed to being your partner of choice, with a clear focus on patient care.

Reference: 1. Data on file, Janssen Inc. August 10, 2021.

The image depicted contains models and is being used for illustrative purposes only.

Janssen Inc. 19 Green Belt Drive | Toronto, Ontario | M3C 1L9 | **www.janssen.com/canada**

MEMBER OF INNOVATIVE MEDICINES CANADA

REVIEWED BY PAAB

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Rachel is of Plains Cree, Saulteaux, and English background. She has a Masters of Science in Health Sciences in clinical and translational research, and has special interest in common inflammatory dermatoses (atopic dermatitis, psoriasis), virtual care, underserviced areas, holistic impact of skin disease, medical education, and translational interpretation and implementation of research with the ultimate goal of tangible health outcomes. She currently has active educational and research projects ongoing in the areas of inflammatory skin disease, virtual care, and Indigenous and rural health in western Canada.

DR. RENÉE A. BEACH

TORONTO

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 just over three years ago. 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. ANNA CHACON

MIAMI

Dr. Anna Chacon is a renowned board-certified dermatologist from Miami. Inspired by her father, a critical care pioneer, she chose a career in medicine. Dr. Chacon is the only dermatologist serving the secluded Alaskan Bush region, often travelling by bush plane for patient care. She also provides vital dermatology services to Indigenous tribes across Florida, Alaska, and California, and offers teledermatology services. Dr. Chacon holds medical licenses in all 50 states, the District of Columbia, Guam, and the U.S. Virgin Islands. She also founded Indigenous Dermatology, a nonprofit focusing on dermatologic health in rural and tribal areas.

NEW

L'ORÉAL
Dermatological Beauty PRO

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Discover **expert educational content** & **resources** in dermatology

- **CRASH COURSES PER INDICATION**
- **SCIENTIFIC ARTICLES AND EXPERT Q&As**
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- **EVENT REGISTRATION**

SCAN TO REGISTER

LA ROCHE-POSAY LABORATOIRE DERMATOLOGIQUE
VICHY LABORATOIRES
SKINCEUTICALS ADVANCED PROFESSIONAL SKINCARE
CeraVe DEVELOPED WITH DERMATOLOGISTS

DR. JOËL CLAVEAU

LAVAL, QUE.

Dr. Joël Claveau is a dermatologist with specialization in the diagnosis and treatment of melanoma and skin cancers. He is an Associate Professor with the Department of Medicine at Laval University where he completed his medical and internal medicine training. He did his residency in dermatology at McGill University and subsequently worked at the Melanoma Clinic at the Royal Victoria Hospital in Montreal. He is a diplomate of the American Board of Dermatology and is a member of a number of medical societies including the American Academy of Dermatology and the International Dermoscopy Society. He has received awards including Honorary Member of La Société Française de Dermatologie and the Young Dermatologist's Volunteer Award from the Canadian Dermatology Association for his work on the prevention of skin cancers.

Since 1996, he has been the Director of the Melanoma and Skin Cancer Clinic at Le Centre Hospitalier Universitaire, Hôtel-Dieu de Québec, and worked in Public Health for the province of Québec especially on the new tanning bed legislation. He has participated in the publication of papers in peer-review journals including work on melanoma, skin cancers, and sunscreens.

DR. MARISSA JOSEPH

TORONTO

Dr. Marissa Joseph completed medical school at Dalhousie University in Halifax and her postgraduate training at the University of Toronto. She is double board-certified in Pediatrics and Dermatology and is 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 in Toronto. She also works at SickKids hospital where she manages children with complex dermatologic disease as well as 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.

Laundry Products & Sensitive Skin: How to Support Patients for Better Quality of Life

60-70% of women and 50-60% of men report having some level of sensitive skin.1

Are you making laundry recommendations that protect your patients from potentially irritating ingredients like scents and perfumes?

Sensitive skin impacts patient quality of life

Painful and irritating — flare-ups of sensitive skin symptoms can have a profound impact on a patient's day-to-day activities. Posing as a barrier to participating in the things a person needs (or wants) to do, unmanaged sensitive skin symptoms can quickly result in adverse physical and mental health outcomes for your patients.

Broadly defined as a condition that can cause itching, burning, stinging, and dryness of the skin, sensitive skin presents differently for each patient.1 Caused by many different factors, recent research shows that regular use of household items such as scented laundry detergents impacts the severity of a patient's sensitive skin symptoms — something that, when left unaddressed, can decrease patient quality of life.2

Scented detergents can be irritating to patients with sensitive skin

When most patients think about clean clothing, they often associate it with a fresh and powerful scent.

With many laundry products offering freshly scented options, sensitive skin patients may not be aware of the irritation fragrance can cause.

In a recent 2021 multi-national study, it was found that 4.1% of participants reported having an allergy to fragrance ingredients added to everyday household products like laundry detergent.3

It's time to bring the laundry routine into patient discussions

As a healthcare professional looking out for patients' best interests, it is time to bring laundry into the conversation about their personal care routine. To better support your patients with sensitive skin, we recommend healthcare professionals:

- Create an open line of discussion with your sensitive skin patients to learn more about their current laundry practices.
- Discuss the potential risks of using laundry products containing scents and perfumes, even if labelled as "natural" or made as "Bio" products from locally produced vendors.
- Offer specific recommendations for a laundry regimen that is entirely fragrance and perfume-free for the best results.4

Help your patients build a fragrance-free laundry regimen

As one of the easiest ways to support patients with sensitive skin, recommending a fragrance-free laundry regimen like the Tide, Downy, and Bounce Free & Gentle collection is a great option.

Tide, Downy, and Bounce Free & Gentle Regimen.
#1 Dermatologist Recommended.

Dermatologist-recommended and created with sensitive skin in mind, the Free & Gentle regimen is a simple three-step process:

- **Step 1: Clean** – Tide Free & Gentle's Lift and Block cleaning action cleans to the fibre level and prevents soils from redepositing.
- **Step 2: Protect** – Downy Free & Gentle provides a conditioning benefit by reducing friction between clothes and skin.
- **Step 3: Enhance** – Bounce Free & Gentle provides an anti-static treatment that has been shown to repel pet hair.

When working with patients struggling with sensitive skin, it is essential to bring the laundry routine into the discussion. By highlighting the importance of a fragrance-free laundry regimen that is designed without potentially irritating perfumes and scents, healthcare professionals can help patients improve their quality of life, allowing them to get back to doing the things they love.

To Learn More,
visit pgsciencebehind.com

References: 1. Farage, M. A. The prevalence of sensitive skin. Frontiers in Medicine. 2019; 6(98). 2. Wollenberg, A. Gimenez-Arnau, A. Sensitive skin: a relevant syndrome, be aware. The Journal of the European Academy of Dermatology & Venereology. 2022; 36(5). 3. Pastor-Nieto, M. & Gatica-Ortega, M. Ubiquity, hazardous effects, and risk assessment of fragrances in consumer products. Springer Nature. 2021; 8(1):21-41. 4. Coope-Epstein, J., Zirwas, M. J., Calderson, A. Evaluation of the relative mildness of commercial sensitive skin and baby laundry detergents. SkinMed. 2020; 1(18): 14-16.

DR. MONICA LI

VANCOUVER

Dr. Monica Li, FRCPC, FAAD is a double board-certified, fellowship-trained dermatologist in Canada and the United States, and a Clinical Assistant Professor in the Department of Dermatology & Skin Science at the University of British Columbia. She practices in Vancouver and Surrey, B.C. Dr. Li is actively involved with the American Society for Dermatologic Surgery, the Canadian Dermatology Association, and the American Society for Laser Medicine & Surgery, has been a spokesperson for the Canadian Dermatology Association, and is author of numerous book chapters and peer-reviewed publications. She has been an invited speaker at national and international conferences. Dr. Li is a regular voice to local and national media on topics in both medical and cosmetic dermatology.

DRE. DANIELLE MARCOUX

MONTREAL
SKIN SPECTRUM SUMMIT CO-CHAIR

Dr. Danielle Marcoux, FRCPC, FAAD, is clinical professor at University of Montreal and Sainte-Justine University Medical Center, Department of Pediatrics, Dermatology division. She runs an academic practice. Her medical studies were completed at Université de Montreal, followed by an internship at Santa Monica Medical Center, California and residency at Stanford Medical Center. Her dermatology residency was completed in Montreal. Interests in pediatric dermatology include atopic dermatitis, psoriasis, vitiligo, infections, acne, genodermatoses, developmental embryonic anomalies, mucosal disorders, and skin care and appearance. She was a Royal College of Physicians examiner in dermatology. A guest speaker nationally and internationally in French, English, and Spanish, she has authored over 100 scientific publications in her fields of interest. She has been a director of the Quebec Dermatology Association, the Canadian Dermatology Association, and the Canadian Dermatology Foundation, and president of the Montreal Dermatology Society and the Canadian Dermatology Association. She is founder-president of the Camp Liberté Society, a summer camp for Canadian children with skin diseases, which, in 2023, is in its 15th year.

Pr 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.

Please consult the Product Monograph at https://ucb-canada.ca/sites/default/files/2022-03/bimekizumab-pm-en-non-nds_14%20Feb%202022.pdf for important information relating to contraindications, warnings and precautions, adverse reactions, drug interactions, dosing information, and conditions of clinical use which have not been discussed in this piece. The Product Monograph is also available by calling 1-866-709-8444.

Reference: 1. BIMZELX Product Monograph. UCB Canada Inc. February 14, 2022.

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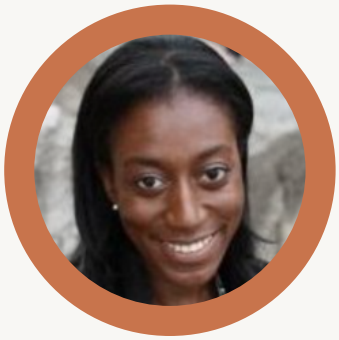
ERIC MCMULLEN

HAMILTON, ONT.

Eric McMullen is a final-year McMaster medical student and a member of the Métis Nation of Ontario. His clinical interests include Indigenous dermatology, teledermatology, and rural care.



DR. YVETTE MILLER-MONTHROPE

TORONTO

Dr. Yvette Miller-Monthrope is a board certified dermatologist and dermatopathologist. She completed medical school, dermatology residency, anatomical pathology residency and a dermatopathology fellowship at the University of Toronto. After completing her first residency in dermatology, she practiced medical dermatology at Women's College Hospital while completing a Masters degree in Education. Dr. Miller-Monthrope has special interests in diverse skin types, inflammatory dermatoses, curriculum development, resident education, and clinical-pathological correlation. She currently splits her time between clinical dermatology and dermatopathology.

DR. SHAFIQ QAADRI

TORONTO
SKIN SPECTRUM SUMMIT MODERATOR

Dr. Shafiq Qaadri is a family physician, CME lecturer, and writer. He has presented 1,000 radio and TV shows, 280 lectures, and 700 articles. In 2003, he was elected as a Member of Provincial Parliament (MPP) for four terms. Educated at Upper Canada College, he holds an Honours Bachelor of Arts Literature degree, and a medical degree from the University of Toronto.

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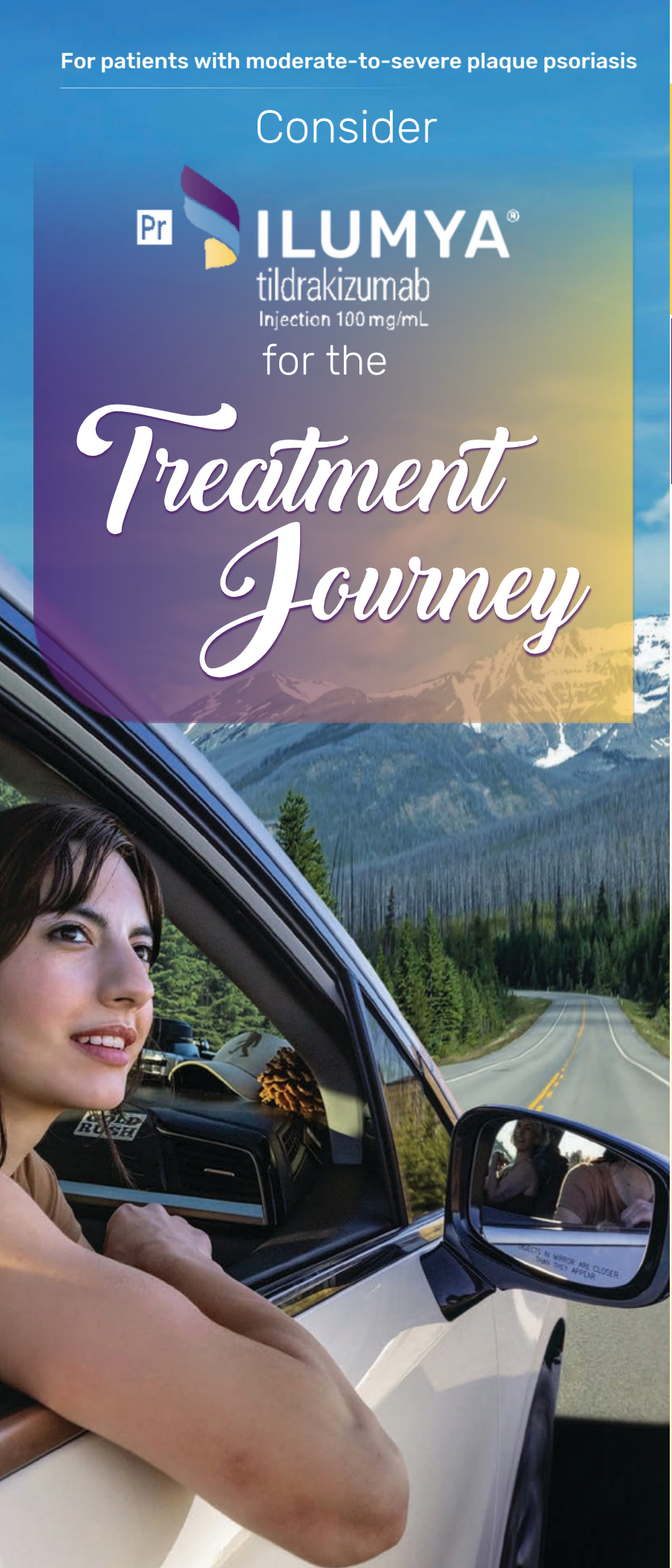

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The Product Monograph is also available by calling our medical information department at: 1-844-924-0656.

REFERENCE:
Current ILUMYA® Product Monograph, Sun Pharmaceutical Industries Limited.

PM-CA-ILY-0072

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SUN PHARMA

DR. JAGGI RAO

EDMONTON

Dr. Jaggi Rao is an award-winning dermatologist, author, innovator and researcher, licensed in both Canada and the United States. He is also a certified cosmetic and laser surgeon, having completed an accredited fellowship in southern California. Dr. Rao has a very busy and popular practice in the heart of Edmonton, where he serves as a Clinical Professor of Medicine and the Dermatology Residency Program Director at the University of Alberta. He is also a resource for industry, delivering dozens of lectures every year at local, national and international meetings, while serving on speakers' bureaus, research committees and advisory boards.

DR. JONATHAN SHAPERO

TORONTO

Dr. Jonathan Shapero, FRCPC, is the medical director of Shapero Dermatology and has a special interest in skin of colour dermatology. He is the vice president of the Canadian Laser and Aesthetics Specialists Society (CLASS) and also is the moderator of the Laser Safety Course for CLASS.

DR. R. GARY SIBBALD

TORONTO

SKIN SPECTRUM SUMMIT CO-CHAIR

Professor Gary Sibbald has been a wound care leader for over 35 years in Canada and internationally. As a dermatologist and internist early in his career, he recognized the chronic wound patient care gap.

His clinical patient-centric care has successfully treated complex wounds reducing excessive pain, improving management of infection, the increased healing of chronic wounds or improved everyday living for patients with maintenance or non-healable wounds.

As an educator, Dr. Sibbald was co-founder of a key opinion leader course (International Interprofessional Wound Care Course-IIWCC) accredited by the University of Toronto. Since 1999, there have been 23 classes in Canada and 20 courses internationally.

Professor Sibbald has mentored and educated not only IIWCC graduates, but also fostered interprofessional leadership of nurses and allied health professionals. Professor Sibbald has been involved in many projects on an international level to improve the health qualities in various countries. One example is the Guyana Diabetes Foot Project, where Dr. Sibbald, along with an interprofessional team of nurses and chiropodists, travelled to Guyana, South America to assess and treat the high rate of diabetes in the country, along with reducing diabetes-related lower limb amputations.

He is the founder of WoundPedia, a not-for-profit educational initiative. He is also Project Lead on ECHO (Extension for Community Healthcare Outcomes) Ontario Skin & Wound that virtually reached 450+ healthcare professionals in the first cycle (2018-2021) including Northern and Indigenous centres to create interprofessional skin and wound teams provincially.

He is an accomplished author and co-editor-in-chief with over 270 peer-reviewed publications. He was also an investigator on numerous clinical trials leading to the launch of new products and innovations.

His continuing healthcare innovations in patient care, education and research have contributed to Canada’s leadership in wound management.

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  - **DUPIXENT® is not indicated for relief of acute bronchospasm or status asthmaticus**

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- as an add-on maintenance treatment with intranasal corticosteroids in adult patients with severe chronic rhinosinusitis with nasal polyposis (CRSwNP) inadequately controlled by systemic corticosteroids and/or surgery

Please consult the Product Monograph at http://products.sanofi.ca/en/dupixent-en.pdf for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use.

The Product Monograph is also available by calling 1-800-589-6215.

* Comparative clinical significance unknown.

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Reference: 1. DUPIXENT® Product Monograph, sanofi-aventis Canada Inc., April 14, 2023. **2.** Data on file, sanofi-aventis Canada Inc., August 1, 2022. **3.** IQVIA. Geographic Prescription Monitor Total Prescription Share. May 2022. **4.** Data on file, sanofi-aventis Canada Inc., July 13, 2022.

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AGENDA – SATURDAY OCTOBER 21, 2023

7:30AM ET - 5:30PM

7:30 AM	REGISTRATION PERIOD	
8:30	WELCOME & LEARNING OBJECTIVES	DR. SHAFIQ QAADRI
8:45	LASER TREATMENTS IN PATIENTS WITH RICHLY PIGMENTED SKIN	DR. JONATHAN SHAPERO
9:00	INJECTABLES IN ASIAN PATIENTS	DR. MONICA LI
9:15	NEW TREATMENT ADVANCES IN PEDIATRIC DERMATOLOGY	DR. DANIELLE MARCOUX
9:30	PERSPECTIVES: DIAGNOSIS AND MANAGEMENT OF PSORIASIS IN DIVERSE POPULATIONS OLA *SPONSORED BY ELI LILLY*	DR. RACHEL ASINIWASIS
10:00	PANEL DISCUSSION	
10:15	BIO BREAK & EXHIBIT TIME	
10:30	SOLUTIONS TOWARDS OPTIMAL SKIN HEALTH FOR RURAL AND REMOTE CANADIAN INDIGENOUS COMMUNITIES	DR. RACHEL ASINIWASIS
10:45	BARRIERS TO DERMATOLOGY CARE IN RURAL, REMOTE, AND INDIGENOUS COMMUNITIES	ERIC MCMULLEN
11:00	THE EFFECT OF CLIMATE ON SKIN	DR. ANNA CHACON
11:15	IT'S AS PIMPLE AS THAT! TACKLING ACNE IN PATIENTS OF ALL COLOURS *SPONSORED BY CERAVE*	DR. MONICA LI
11:45	PANEL DISCUSSION	

9th Annual

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AGENDA – SATURDAY OCTOBER 21, 2023

7:30AM ET - 5:30PM

12:00 PM	CANADIAN SKIN OF COLOUR & DIVERSITY SCHOLARSHIP	DR. MARISSA JOSEPH DR. M. FREDERIC LAVOIE
12:15	LUNCH & EXHIBIT TIME	
12:45	LUNCH AND LEARN	DR. R. GARY SIBBALD DR. ANDREW ALEXIS DR. JOËL CLAVEAU
1:15	HIDRADENITIS SUPPURATIVA IN PATIENTS WITH PIGMENTED SKIN	DR. RAED ALHUSAYEN
1:30	SUN PROTECTION FOR PATIENTS WITH RICHLY PIGMENTED SKIN	DR. MARISSA JOSEPH
1:45	TOPICAL MANAGEMENT OF ACNE IN PATIENTS WITH RICHLY PIGMENTED SKIN *SPONSORED BY BAUSCH HEALTH CANADA*	DR. RENITA AHLUWALIA
2:15	PANEL DISCUSSION	
2:30	PATIENT ACCESS TO CARE *SPONSORED BY BAUSCH HEALTH*	SAMANTHA FEENER
2:45	ALOPECIA AREATA & CCCA: LONG-AWAITED NEW TREATMENTS	DR. RENÉE BEACH
3:00	SKIN DIVERSITY – PSORIASIS DATA FROM DIVERSE POPULATIONS *SPONSORED BY JANSSEN*	DR. JAGGI RAO
3:30	BIO BREAK & EXHIBIT TIME	

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SKIN SPECTRUM SUMMIT

AGENDA – SATURDAY OCTOBER 21, 2023

7:30AM ET - 5:30PM

3:45	THE ROLE OF ANDROGEN-RECEPTOR INHIBITORS IN MANAGING ACNE VULGARIS *SPONSORED BY SUN PHARMA*	DR. YVETTE MILLER-MONTHROPE
4:15	UNLOCKING THE POWER OF JAK INHIBITORS: TAILORING ATOPIC DERMATITIS TREATMENT FOR DIVERSE SKIN TONES *SPONSORED BY PFIZER*	DR. MOHANNAD ABU-HILAL
4:45	PSORIASIS IN RICHLY PIGMENTED SKIN	DR. JAGGI RAO
5:00	PANEL DISCUSSION	
5:15	INCLUDING THE PATIENT VOICE	CANADIAN SKIN PATIENT ALLIANCE
5:30	CLOSING REMARKS	DR. SHAFIQ QAADRI

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BMSAC Association Canadienne des Étudiants Noirs en Médecine | Black Medical Students' Association of Canada

CFMS FEMC Canadian Federation of Medical Students Fédération des étudiants en médecine du Canada

ACSPA Canadian Skin Patient Alliance Alliance canadienne des patients en dermatologie

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