

atopic dermatitis
2026
summit

ADVANCE BRIEFING

SATURDAY MAY 9, 2026 | 10 A.M. TO 1 P.M. ET | VIRTUAL SUMMIT

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LEARNING OBJECTIVES

1. Understand practical strategies for explaining and managing atopic dermatitis in clinical practice.
2. Gain confidence in managing pediatric atopic dermatitis, including early intervention and long-term outcomes.
3. Recognize and optimally manage atopic dermatitis in pregnancy.
4. Improve diagnostic accuracy of atopic dermatitis across diverse skin types.
5. Understand current and emerging therapeutic options for atopic dermatitis.

AN OVERVIEW OF ATOPIC DERMATITIS

Atopic dermatitis (AD) continues to have a significant impact with global data suggesting 10 to 20% of the population lives with AD in some form.

Findings from a [2025 online survey](#) of 1,055 Canadian adults with AD, commissioned by the Canadian Skin Patient Alliance, show that nearly one-half of respondents reported a severe quality-of-life impact from their AD.

The same report found that 52% felt other people did not understand the condition's impact, including constant itching, the emotional toll, and the chronic nature of the condition, which can lead to feelings of isolation.

Reported impacts include:

- 35% said they had diminished confidence due to the visible and persistent nature of their condition
- 31% experienced mental health challenges, including stress and frustration from managing symptoms
- 30% report poor sleep quality due to constant discomfort
- 24% said they face social isolation caused by fear of judgment or embarrassment in social settings





Managing Sensitive Skin: A ‘Cycle of Care’ Approach



Developed in association with: **Dr. Malika Ladha, MD, FRCPC (Dermatology), DABD**

Sensitive skin is a common patient challenge

Sensitive skin is increasingly recognized as a distinct dermatologic condition,^{1,2} defined by the presence of symptoms such as stinging, burning, itching, or tightness in response to otherwise normal stimuli.^{1,3} Up to 70% of individuals globally report some degree of skin sensitivity,^{4,5} and many seek clinical guidance to manage symptoms and improve their quality of life.

When assessing sensitive skin triggers, don’t overlook laundry care

Healthcare professionals often focus on topical products, soaps, or environmental allergens when assessing patients with sensitive skin. However, laundry products can be an overlooked source of irritation. Detergents, fabric softeners, and dryer sheets that contain dyes, fragrances, or harsh surfactants may provoke or exacerbate skin discomfort. Taking the time to discuss a patient’s laundry routine can help uncover hidden irritants and provide an opportunity to support skin comfort through simple and practical adjustments. This should also be reviewed for atopic dermatitis patients who continue to flare, despite appropriate therapies and other lifestyle measures such as moisturization.

Integrate the “Cycle of Care” into your clinical practice

To help integrate laundry care into your patient’s sensitive skin management, consider this 4-step approach, inspired by the stages of a laundry cycle:



1 Identify Hidden Triggers

Evaluate potential irritants that may contribute to skin sensitivity beyond soap, skincare and environmental allergens.

2 Choose the Right Products

Alongside barrier-repair strategies, recommend hypoallergenic, dermatologically tested, fragrance- or dye-free laundry products, such as Tide, Downy, and Bounce Free & Gentle.

These are designed to deliver effective cleaning, while helping minimize irritation and support skin barrier recovery.

- Tide Free & Gentle Laundry Detergent: Its Lift and Block Technology cleans down to the fibre level and prevents soils from redepositing, demonstrating superior cleaning performance.⁶
- Downy Free & Gentle Fabric Softener: Clinical research shows that softened fabrics reduce friction against the skin, which may help minimize irritation.
- Bounce Free & Gentle Dryer Sheet: Fights static and wrinkles to help clothes feel smoother against the skin, while also repelling pet hair.

The entire Free & Gentle laundry regimen is the only one approved by the Dermatology Review Panel. Tide and Downy Free & Gentle contain no dyes and perfumes and are recognized by the Eczema Society of Canada[†] and the National Psoriasis Foundation[‡].

3 Reinforce Laundering Habits

Encourage patients to adopt small but impactful laundering practices, such as:

- Turn clothes inside out before washing
- Add an extra rinse cycle
- Use the correct amount of detergent
- Wash new garments before wear

4 Recommend with Confidence

Advise patients to maintain a fully “free” laundry routine—detergent, fabric conditioner, and dryer sheets—to minimize the risk of reintroducing potential irritants into their clothing and linens.

Routinely integrating a laundry-focused Cycle of Care into patient sensitive skin assessments can help identify hidden irritants and promote optimal skin health and comfort.

A Gentle Routine that Supports Skin Health

Personalize your patients’ treatments with a structured approach and recommend the Free & Gentle laundry regimen to support their skin health without compromising cleaning effectiveness. Scan the QR codes below to learn more.



Sensitive Skin: A Dermatologist’s Perspective



The Science Behind Free & Gentle

* vs. the next leading “free” detergent.

[†] Tide Free & Gentle Liquid Laundry Detergent, Tide PODS Free & Gentle Laundry Detergent, and Downy Free & Gentle Liquid Fabric Conditioner have all earned the Eczema Society of Canada Seal of Acceptance. [™] Trademark of Eczema Society of Canada/Société canadienne de l’eczéma, used under license.

[‡] Earned National Psoriasis Foundation Seal of Recognition, excluding Bounce Free & Gentle dryer sheets.

References: 1. Misery L, et al. *Acta Derm Venereol.* 2017;97:4-6. 2. Escalas-Taberner J, et al. *Actas Dermosifiliogr.* 2011;102(8):563-571. 3. Berardesca E, et al. *Int J Cosmet Sci.* 2013;35(1):2-8. doi: 10.1111/j.1468-2494.2012.00754.x. 4. Farage MA. *Front Med.* 2019;6:98. 5. Chen W, et al. *J Eur Acad Dermatol Venereol.* 2020;34:1779-1788. 6. Johnson MB, et al. *The National Society for Cutaneous Medicine.* 2020; 4(3):238-247.

In the context of these life impacts, the survey also found 79% felt their current treatments were ineffective.



- 45% said they rely on common management methods such as moisturizers and topical medications, but these offer limited relief
- 55% said they would like to try advanced treatments that can provide long-term relief, such as biologics. However, only 19% of people with severe AD and 4% of people with moderate AD are currently being treated with biologics
- 80% agreed with a statement that it is critical there are several reimbursed biologic treatment options to fulfill current unmet needs, given the diverse presentation and progression of AD symptoms



A second survey of 389 Canadians with AD, conducted by the Eczema Society of Canada, highlighted several demographic details and treatment data.

Of the survey respondents, 22% had mild disease, 50% had moderate disease, and 28% had severe disease. Additionally, 77% self-identified as White, 18% as a person with skin of colour/BIPOC, 3% said they preferred not to say, and 2% identified as "other."

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Regarding source of care, 55% reported their AD is managed by a dermatologist, 53% by a primary care provider, 9% by a pharmacist, 8% by an allergist, and 13% said there was no health care provider helping with their AD. Encouragingly, only a minority of patients said the condition was not well managed on their current treatment: 4% with mild disease, 15% with moderate disease, and 24% with severe disease.

Currently used treatments reported by the 389 respondents included: bathing and moisturizers (67%), topical corticosteroids (58%), biologics (23%), topical calcineurin inhibitors (21%), oral JAK inhibitors (19%), special diets (15%), alternative medicine (7%), prednisone (3%), methotrexate (3%), topical PDE4 inhibitors (1%), mycophenolate (1%), and cyclosporine (1%). Only 2% of respondents said they were using no treatment for their AD.

CANADIAN TREATMENT GUIDANCE

Regarding AD management and prescription of medications, two Canadian consensus guidelines were published in 2025. The first, on topical therapy, was published in [Dermatology and Therapy](#) (2025 June;15(6):1467-1485). The new guidelines clarify the role and treatment algorithm for topical corticosteroids, calcineurin inhibitors, phosphodiesterase-4 inhibitors, and JAK inhibitors. The recommendations also emphasize the importance of both physician-rated measures and patient-reported outcomes in severity assessment, as well as shared decision-making regarding treatment goals.



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“Having nonsteroidal [topical] therapies that are highly efficacious, which we can use anywhere on the body, is super helpful for us,” said Dr. Gurbir Dhadwal, Clinical Associate Professor of Dermatology at the University of British Columbia, in an interview with [The Chronicle of Skin & Allergy](#).

The second set of guidelines, published in *JAAD International* (2025 Sep 26:24:31-49), builds on recommendations from international guidelines for the use of systemic therapies for moderate-to-severe AD, offering tailored recommendations for the Canadian context. Recommendations cover patients six months and older, 12 years and older, and those with inadequate response to a prior systemic agent, with specific guidance on prescribing dupilumab, anti-IL-13 biologics, JAK-1 inhibitors, corticosteroids, cyclosporine, and methotrexate.

NEW THERAPEUTICS AND INNOVATION

Research has been making strides in developing new therapies for AD, including agents that act on the pruritus that can be a significant burden to patients.

In late 2025 and early 2026, several high-profile phase 3 and phase 2 datasets were published, expanding the field of anti-inflammatory and pruritus-targeted therapies for AD. Findings published in [The Lancet](#) (2026 Jan 3;407(10523):53-66) show that rocatinlimab, an OX40-targeting therapy, showed statistically significant and clinically meaningful benefit in the ROCKET-IGNITE and ROCKET-HORIZON phase 3 trials. The trial reported improvements in both skin clearance and itch, reinforcing T-cell co-stimulation blockade as a credible next-wave strategy.



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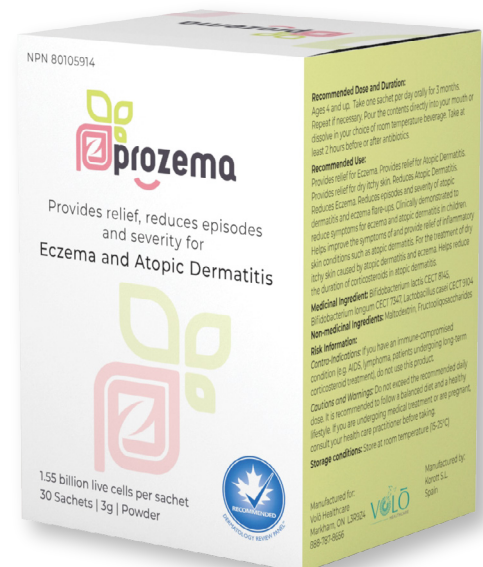
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For more information visit prozema.ca

Data on the IL-31 inhibitor nemolizumab, released at the [2026 American Academy of Dermatology](#) annual meeting, showed sustained reductions in itch and skin lesions in children aged two to 11 years with moderate-to-severe AD, extending the drug's established adult and adolescent profile. Pediatric AD in Canada remains a major unmet need, and options for young patients are still limited.

"Itching from AD often prevents patients from getting adequate sleep, which can have lasting effects on one's physical and mental health. Nemolizumab would be a game changer for many patients," said Dr. Geeta Yadav, a dermatologist in Toronto, in an interview with [The Chronicle of Skin & Allergy](#).

CANADIAN CARE GAPS

Despite therapeutic progress, Canadian access issues remain substantial. Canadian consensus and patient-advocacy sources point to delayed specialty access, variable public reimbursement, and geographic inequity as major barriers. These problems are particularly important in rural, remote, and underserved settings, where dermatology access is limited, and travel burden can be significant.

Additionally, research into AD is not necessarily capturing all patients. "Despite advances in identifying things such as genotypic phenotypic profiles and biomarkers, [gene and biomarker research] are lacking or absent in our Indigenous peoples," said dermatologist Dr. Rachel Asiniwasis (Regina) during a presentation at the 2025 Indigenous Skin Spectrum Global Summit in Montreal.

"Despite advances in identifying things such as genotypic phenotypic profiles and biomarkers, [gene and biomarker research] are lacking or absent in our Indigenous peoples."

–Dr. Rachel Asiniwasis



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RESEARCH DIRECTION

The overall direction of AD research in 2026 is toward precision, convenience, and durability. Topical innovation aims for steroid-sparing control with better long-term usability, while systemic innovation targets immune pathways such as IL-13, JAK signalling, and OX40-mediated T-cell activation. Canadian consensus documents show that clinicians are actively translating these advances into practical care recommendations.

That is a meaningful shift for Canada, where the challenge is no longer simply proving that better treatments exist, but ensuring they are accessible, reimbursed, and matched to patient need.



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JAKi: Janus kinase inhibitor. * Comparative clinical significance has not been established.

References: 1. OPZELURA Product Monograph. Incyte Corporation.
2. Data on File. Incyte Corporation.

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2026 ATOPIC DERMATITIS SUMMIT CHAIR



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 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.



2026 ATOPIC DERMATITIS SUMMIT FACULTY



Dr. Toni Burbidge is a dual board-certified dermatologist of the Royal College of Physicians and Surgeons of Canada, and a Diplomate of the American Board of Dermatology. Dr. Burbidge completed her medical degree at the University of Toronto, prior to completing residency at the University of Calgary. She practices medical, surgical, and cosmetic dermatology at the Skin Health and Wellness Centre in Calgary.

She has a special interest in cutaneous oncology and is involved in melanoma research at the Arthur Child Cancer Centre in Calgary. In addition, she is actively involved in clinical research as a primary investigator and sub-investigator on multiple clinical trials in acne, alopecia areata, psoriasis, eczema, and hidradenitis suppurativa. She is a co-author on multiple publications in peer-reviewed journals and is involved in medical education with the University of Calgary as a Clinical Lecturer.

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Dr. Tetyana Khlabatyn is a certified dermatologist at Storwick Dermatology in Calgary, where she specializes in medical, surgical, and aesthetic dermatology. Originally from Ukraine, Dr. Khlabatyn is fluent in three different languages, enhancing her ability to serve a diverse patient base.

She began her academic journey at the University of British Columbia (UBC) in Vancouver, where she earned a dual degree in human resources and marketing. After eight years of consulting for community organizations, Dr. Khlabatyn returned to UBC to pursue her medical degree. She completed her dermatology residency at the University of Calgary and continues to contribute to the field as a teacher for medical students and residents.

Dr. Khlabatyn has been an active member of the Canadian Dermatology Association (CDA) since 2017, previously serving on the Membership and Award Committee. Her goal is to combine her prior experience in human resources and not-for-profit leadership to support the needs of the growing dermatology community while also advancing patient advocacy and education.



Dr. Joseph Lam is a Clinical Professor of Pediatrics and an Associate Member of the Department of Dermatology and Sciences at the University of British Columbia. He practices at the BC Children's Hospital and in his private clinic on East 10th Avenue in Vancouver.



Dr. Michele Ramien is a dermatologist and pediatric dermatologist at the University of Calgary who thrives on the challenge of leveraging evidence to provide the best patient care and to overcome barriers. Passionate about pediatric dermatology, her primary research interests are severe blistering skin reactions in children, including RIME, and eczema education. She strives to become a better speaker, leader, advocate and ally with each project she undertakes. She savors moments spent in the mountains or in sports facilities with her three boys, three dogs, and her husband.





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 an active practice and popular practice in the heart of Edmonton, where he serves as a Clinical Professor of Medicine and is the Dermatology Residency Program Director at the University of Alberta. He delivers dozens of lectures every year at local, national, and international meetings, while serving on speakers' bureaus, research committees, and advisory boards.



Dr. Luis Fernando Sanchez-Espino is a Staff Pediatric Dermatologist at the Stollery Children's Hospital in Edmonton and an Assistant Professor in the Department of Pediatrics at the University of Alberta. His clinical practice focuses on the diagnosis and management of varied and complex pediatric dermatologic conditions, with a special interest in inflammatory and immune mediated disorders, medical and procedural care of vascular anomalies, and rare genodermatoses.

MEETING AGENDA

SATURDAY MAY 9, 2026 | 10 A.M. TO 1 P.M. ET | VIRTUAL SUMMIT



START TIME (ET)	TOPIC	FACULTY
10:00 AM	WELCOME & LEARNING OBJECTIVES	DR. MARISSA JOSEPH
10:05	WHAT IS AD? A BRIEF OVERVIEW	DR. MARISSA JOSEPH
10:20	PRACTICAL TIPS ON EXPLAINING AND TREATING ATOPIC DERMATITIS	DR. JOSEPH LAM
10:30	ECZEMA SKIN CARE	DR. TETYANA KHLABATYN
10:40	FROM CLEARANCE TO COMFORT: DEBULKING THE BURDEN OF ATOPIC DERMATITIS.	DR. LUIS FERNANDO SANCHEZ-ESPINO
10:50	LIVE PANEL DISCUSSION	DRS. JOSEPH, KHLABATYN, AND SANCHEZ-ESPINO
11:15	BIO BREAK	
11:30	PEDIATRIC ATOPIC DERMATITIS: EARLY INTERVENTION, DISEASE MODIFICATION AND LONG TERM OUTCOMES	DR. MICHELE RAMIEN
11:40	ECZEMA IN PREGANCY	DR. TONI BURBIDGE
11:50	ATOPIC DERMATITIS IN SKIN OF COLOUR	DR. JAGGI RAO
12:00	LIVE PANEL DISCUSSION	DRS. JOSEPH, RAMIEN, BURBIDGE, AND RAO
12:40	CONCLUSION	DR. MARISSA JOSEPH

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Black Patient
IN DERMATOLOGY



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DR. ANDREW ALEXIS
CONFERENCE CHAIR

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31
OCT

12th Annual
SKIN SPECTRUM
SUMMIT



IN-PERSON &
VIRTUAL

The 12th Annual Skin Spectrum Summit will be a one-day in-person meeting in Toronto, which will also be live-streamed. A related event will be held on Friday, October 2, 2026.

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RIVERS
SUMMIT CO-CHAIR

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MARCoux
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28
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THIRD ANNUAL
Acne Summit
2026



VIRTUAL
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The 3rd Annual Acne Summit will be a one-day virtual summit held via Zoom webinar.

DR. GEETA YADAV
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