10th Anniversary

SKIN SPECTRUM SUMMIT

ADVANCE BRIEFING
SATURDAY OCTOBER 5, 2024, 7:30 A.M. - 5:00 P.M.
ART GALLERY OF ONTARIO

2024 SKIN SPECTRUM SUMMIT

Since its inception, the Skin Spectrum Summit has sought to provide the highest quality dermatologic education to eliminate health care disparities in Canada. We believe all patients deserve to thrive, and recognize that optimal treatment differs across skin types.

LEARNING OBJECTIVES

BY THE END OF THE CONFERENCE, DELEGATES WILL:

- Learn about skin disorders affecting Canada's racialized populations, including unique manifestations of common dermatologic problems in skin of colour
- Recognize how optimal treatment differs across skin types and be able to provide appropriate and culturally safe care for patients with skin of colour
- Improve diagnostic practices of different common and complex skin conditions and improve their ability to differentiate between similar symptoms as manifested in skin of colour
- Understand barriers to care that exist for patients in diverse populations or living in remote communities, and have an understanding of the resources available to help patients bypass these obstacles
- Adopt strategies and tools to include patient perspectives in discussions of skin health strategies to ensure the specialized needs of racial and ethnic populations are being met and patients and physicians share an understanding of dermatologic needs
- Learn about the impact of climate change on skin health, and how that may impact health equity in Canada and the world
- Understand necessary differences in approach and technique for aesthetic treatments for patients with skin of colour


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BACKGROUND

The Covid-19 pandemic was disastrous for all communities. However, populations of colour in Canada were disproportionately affected, demonstrating once again that racial disparities in healthcare are a major public health issue that must be addressed.

A study published earlier this year in the journal *Public Health* concluded that "racial discrimination experienced by Black individuals in health services is a major public health concern and threat to population health in Canada. Federal, provincial, and municipal public health agencies should adapt their programs, strategies, tools, and campaigns to address the mistrust created by racial discrimination."

READ MORE **HERE**

The study revealed Black patients encountered shocking levels of racism within the healthcare system, with "32.55% of participants... having experienced major racial discrimination (MRD) in healthcare services. Participants with MRD were less vaccinated against Covid-19, presented higher scores of vaccine mistrust, conspiracy beliefs, Covid-19 related stressors, depression, anxiety, and stress, and had lower scores of community resilience." (Cénat JM: Racial discrimination in healthcare services among Black individuals in Canada as a major threat for public health: its association with COVID-19 vaccine mistrust and uptake, conspiracy beliefs, depression, anxiety, stress, and community resilience. *Public Health* May 2024; 230:207-215. doi: 10.1016/j.puhe.2024.02.030. Epub April 3, 2024. PMID: 38574426.)

INTRODUCING

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Reference: CABTREO Product Monograph. Bausch Health.

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PrCABTREO™
(Clindamycin Phosphate, Adapalene and Benzoyl Peroxide) Gel
1.2%, 0.15%, 3.1% w/w

While Covid-19 offered an opportunity to study discrimination in healthcare on a widespread basis, the existence of racial disparities in health outcomes should not be a surprise to those working in dermatology.

According to statistics from the American Academy of Dermatology updated this year, skin cancer in patients with darker skin tones is often diagnosed in its later stages, when it is more difficult to treat. Research has shown that patients with darker skin tones are less likely than patients with lighter skin tones to survive melanoma.Approximately 22% of melanoma cases in African American patients are diagnosed when the cancer has spread to nearby lymph nodes, while 14% are diagnosed when the cancer has spread to distant lymph nodes and other organs.

MORE INFO **HERE**

These outcomes are true even though the incidence of melanoma is significantly less among Black patients than White patients, according to an article published earlier this year in the American Society of Clinical Oncology (ASCO) Educational Book.

"Considered the type of skin cancer with the highest mortality, melanoma in White patients has an age-adjusted incidence of 33.9 per 100,000 versus 1.0 per 100,000 Black patients," wrote the author. "However, Black patients are more likely to be diagnosed with advanced stages of melanoma at presentation and have a five-year survival rate of 70% versus 92% for non-Hispanic White patients." (Nicole A. Negbenebor: Championing diversity in Mohs and cutaneous oncology: Reducing disparities in skin cancer care for patients of color. *Am Soc Clin Oncol Educ* Book 44, e433376(2024). DOI:10.1200/EDBK_433376)

LEARN MORE **HERE**

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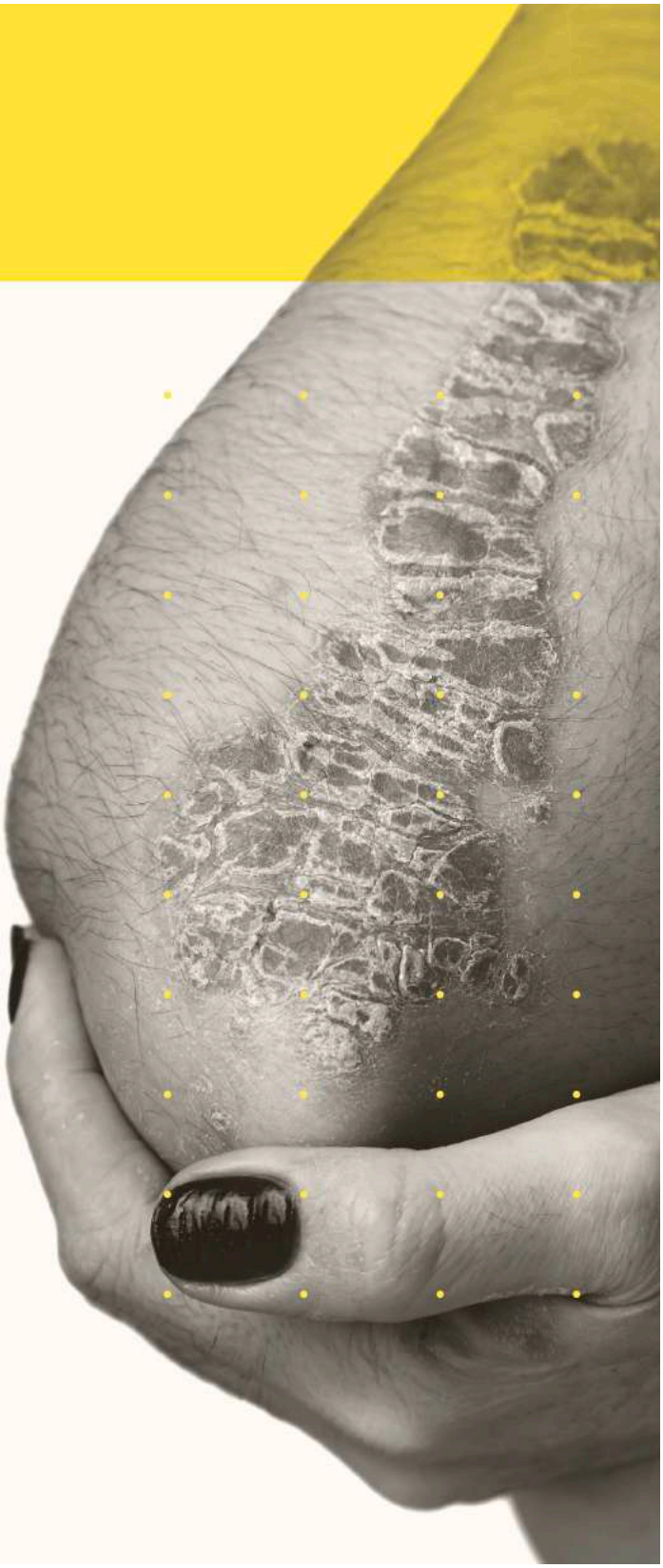
We champion meaningful innovation within medical dermatology.



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Scan for more innovation

There are numerous reasons for these disparities in health outcomes, including a lack of representation of patients of colour in clinical trials for skin disorders. This leads to a lack of data on how effective treatments might be for darker-skinned patients. A 2024 study on the demographics of vitiligo clinical trials concluded that even though darker-skinned patients face greater stigma from the disorder, “racial and ethnic minority groups remain underrepresented in U.S. vitiligo clinical trials. Given that the impact of vitiligo can vary by the affected individual's demographic group and skin colour, investigators must be intentional about including a more diverse and representative population in vitiligo clinical trials.” (Holla S, Hurtado ACM, Gonzalez S, Gupta R, Pandya AG, Elbuluk N: Racial and ethnic diversity in vitiligo clinical trials: A retrospective cross-sectional study assessing demographic reporting of participants. *J Drugs Dermatol* July 1, 2024; 23(7):e164-e166. doi: 10.36849/JDD.8117. PMID: 38954619.)

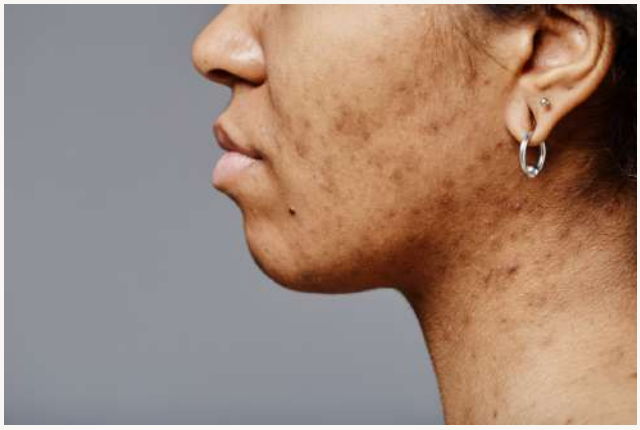
Dr. Nicole A. Negbenebor, the author of the ASCO article, also pointed to the lack of diversity within the dermatology workforce.

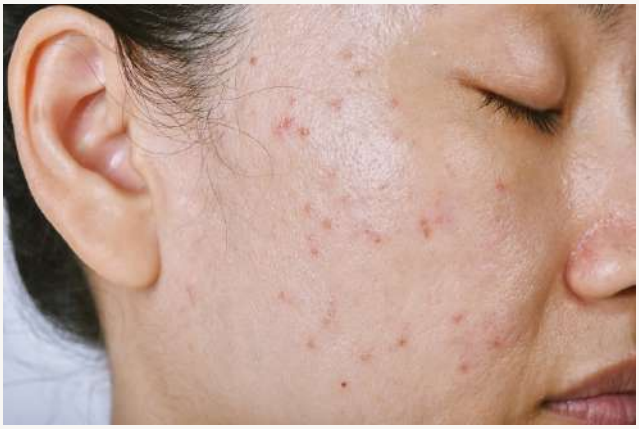
“Dermatology continues to be one of the least diverse specialties with an increasing gap between underrepresented minority representation in dermatology workforce and the population,” she wrote. “Although Black patients represent >13 per cent of the U.S. population, there are only three per cent of all dermatologists who are Black. Relatedly, although Hispanic or Latin patients are 18 per cent of the U.S. population, only about four per cent of dermatologists are Hispanic or Latin.”

That lack of diversity often leads to a lack of access to skin care for patients from marginalized populations.

“In many skin of colour communities, there is a shortage of health care providers, especially those from diverse ethnic and racial backgrounds. By diversifying the dermatology and oncology workforce, more providers can be placed in areas that have higher proportions of marginalized patients,” wrote Dr. Negbenebor. “This would assist in reducing barriers to the access of care, shorten time delays, and possibly decrease cultural mistrust. Language barriers also may become more common as the United States diversifies and having more providers who can communicate with patients of similar backgrounds can further improve access.”

READ MORE **HERE**





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And as the Canadian Covid-19 study proved, the long history of racism continues to wreak havoc on the healthcare system.

“Patients from racial and ethnic minority groups and medically underserved populations report experiences of overt discrimination and/or implicit bias during the delivery of care, including negative experiences with their health care providers,” stated the *American Association for Cancer Research Cancer Disparities Progress Report* 2024. “... Unfortunately, oncologists rarely perceive racial anxiety or unconscious bias as adversely influencing clinical care or survival outcomes for minoritized patients.”

For dermatologists, tackling these issues can be a part of redressing historic wrongs and inequities. “Dermatologists and oncologists of diverse backgrounds have the ability to serve as powerful advocates for not only health equity but also social justice within the health care system,” wrote Dr. Negbenebor.

READ THE REPORT **HERE**

10th Anniversary

SKIN SPECTRUM SUMMIT

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HEALTHCARE
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SKIN SPECTRUM SUMMIT 2024 FACULTY

DR. RENITA AHLUWALIA

TORONTO

Dr. Renita Ahluwalia is a 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 50 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 two young daughters, Gia and Taia.

Epuris®: Isotretinoin Capsules

Epuris® proprietary formulation[1-3]

- **For optimal absorption**, the daily dose of Epuris® should be taken with food. Taking Epuris® without food decreases the rate and extent of absorption by 21% and 33% (C_{max} and AUC_t).[1]
- Due to possible differences in pharmacokinetic properties, Epuris® capsules are not interchangeable with other isotretinoin-containing products.[1]

Absorption vs. Accutane™ (isotretinoin) capsules (Roche, USA)[1]*

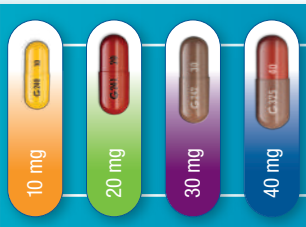
- Equivalent in rate and extent of absorption when both drugs are taken with a high-fat meal.[1]*
  - For optimal absorption, the daily dose of Epuris® should be taken with food.
- More bioavailable than Accutane™ when both drugs are taken fasted.[1]*
  - ~83% greater AUC_{0-t} vs. Accutane™.
  - Epuris® is therefore not interchangeable with other marketed isotretinoin products.

Dosing Comparison*†

	Epuris®[1]	Accutane™[4]
Initial therapy (Individualized according to the patient's weight and severity of disease)	• Generally, 0.5 mg/kg body weight daily for 2 to 4 weeks	• Generally, 0.5 mg/kg body weight daily for 2 to 4 weeks
Maintenance therapy	• Adjusted between 0.1 and 1 mg/kg body weight daily • In exceptional instances, up to 2 mg/kg body weight daily, depending upon individual patient response and tolerance to the drug	• Adjusted between 0.1 and 1 mg/kg body weight daily • In exceptional instances, up to 2 mg/kg body weight daily, depending upon individual patient response and tolerance to the drug
Take with food	• For optimal absorption, the daily dose of Epuris® should be taken with food • Taking Epuris® without food decreases the rate and extent of absorption by 21% and 33% (C_{max} and AUC_t)	• The daily dosage should be taken with food
Duration of therapy	12-16 weeks	12-16 weeks

* Comparative clinical significance has not been established.
† Data from separate product monographs.

Consider **Epuris®** for patients with severe nodular and/or inflammatory acne, acne conglobata and recalcitrant acne, who are unresponsive to conventional first-line therapies.[1]



Epuris® is available in four different strengths to facilitate individualized dosing according to each patient's weight and disease severity.[1]

Please see page 4 for complete dosing information.

Epuris® (isotretinoin) is indicated for the treatment of severe nodular and/or inflammatory acne, acne conglobata and recalcitrant acne. **Because of significant side effects associated with its use, Epuris® should be reserved for patients where the conditions listed above are unresponsive to conventional first-line therapies. Epuris® should not be substituted with other marketed formulations of isotretinoin.**

The use of Epuris® in pediatric patients less than 12 years of age is not recommended. Epuris® is contraindicated in pregnancy.

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DR. ANDREW ALEXIS

NEW YORK CITY

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 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®.

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DR. RACHEL NETAHE 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.

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.

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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.

DR. TIFFANY CHEN

TORONTO

Tiffany Chen, MD, FRCPC, DABD, is a board-certified dermatologist in Canada and the United States. She received her Honours B.Arts Sc. and MD from McMaster University. She completed her dermatology residency at the University of Toronto and served as chief resident in her final year. Dr. Chen is a lecturer at the University of Toronto and an associate dermatologist at Sunnybrook Health Sciences Centre.

DR. JOËL CLAVEAU

VILLE DE QUÉBEC, 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 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 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.

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DR. MONICA K. LI

VANCOUVER

Dr. Li is a double board-certified, fellowship-trained dermatologist, and Clinical Assistant Professor in the Department of Dermatology & Skin Science at the University of British Columbia. She practices in Vancouver and Surrey, B.C. She has published numerous peer-reviewed articles and book chapters, actively serves the Canadian Dermatology Association and American Society for Laser Medicine and Surgery, has been a spokesperson for the Canadian Dermatology Association, and has been an invited speaker to various national and international conferences. She is a regular voice in local and national media regarding medical and cosmetic dermatology.

DRE. DANIELLE MARCOUX

MONTREAL

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 in 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, celebrated its 15th year.

INTRODUCING

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

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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.

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 is 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. JASON RIVERS

VANCOUVER

Dr. Jason Rivers is a Clinical Professor of Dermatology at the University of British Columbia and the Medical Director at Pacific Derm in Vancouver. Dr. Rivers is past President of the Canadian Dermatology Association, the past President of the Acne and Rosacea Society of Canada, and the past President of the Canadian Society for Dermatologic Surgery. He is the previous Editor in Chief of the *Journal of Cutaneous Medicine and Surgery* and has published more than 170 papers including book chapters. He has been the principal investigator for over 70 clinical trials and is the founder and chief scientific officer of Riversol Skin Care Solutions Inc. With over 35 years of clinical and academic experience, he has developed an expertise in medical dermatology, aesthetic medicine, and clinical research.

DR. R. GARY SIBBALD

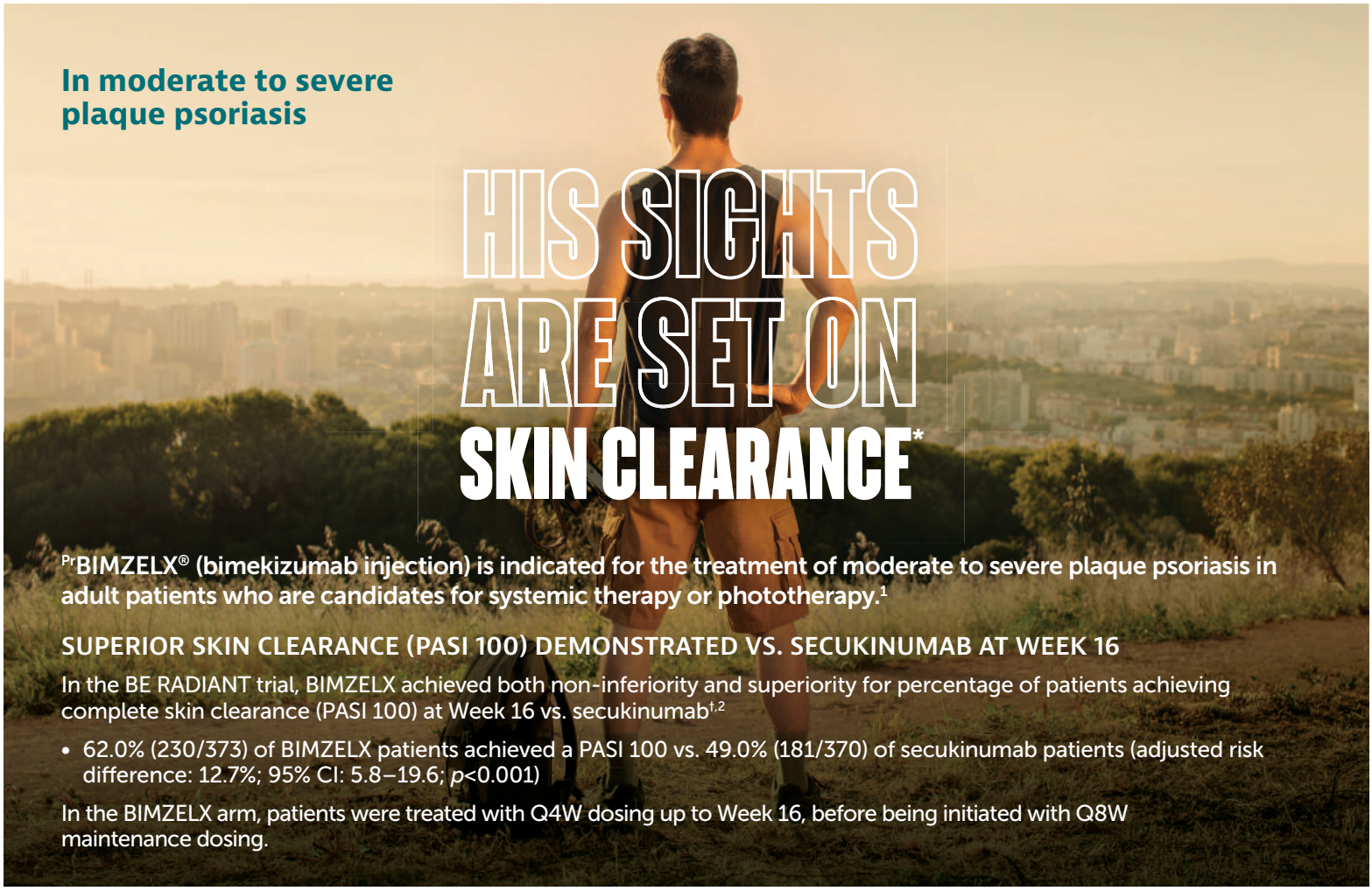
TORONTO

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 gap in patient care regarding chronic wounds.

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 to assess and treat the high rate of diabetes in the country, along with reducing diabetes-related lower limb amputations.



In moderate to severe plaque psoriasis

HIS SIGHTS ARE SET ON SKIN CLEARANCE*

PrBIMZELX® (bimekizumab injection) is indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy.[1]

SUPERIOR SKIN CLEARANCE (PASI 100) DEMONSTRATED VS. SECUKINUMAB AT WEEK 16

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†,[2]

- 62.0% (230/373) of BIMZELX patients achieved a PASI 100 vs. 49.0% (181/370) of secukinumab patients (adjusted risk difference: 12.7%; 95% CI: 5.8–19.6; $p<0.001$)

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

DISCOVER BIMZELX

NOW INDICATED IN PSORIATIC ARTHRITIS

PrBIMZELX® (bimekizumab injection) is indicated for the treatment of adult patients with active psoriatic arthritis. BIMZELX can be used alone or in combination with a conventional non-biologic disease-modifying antirheumatic drug (cDMARD) (e.g. methotrexate).

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. March 11, 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.

PrBimzelx® (bimekizumab)

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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.

DR. GEETA YADAV

TORONTO

Dr. Yadav is founder of FACET Dermatology in Toronto. She is a board-certified dermatologist who trained at University of Toronto, Johns Hopkins, and the Northern Ontario School of Medicine. Dr. Yadav is an expert in both medical and cosmetic dermatology. She is also a principal investigator in a number of clinical trials. She has a special interest in skin of colour and skincare and has been quoted in numerous mainstream publications including the *New York Times, Wall Street Journal, Allure, Vanity Fair,* and *Cosmopolitan*. She has a regular presence on Instagram, TikTok, and LinkedIn.

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