SKIN SPECTRUM SUMMIT

Conference Program

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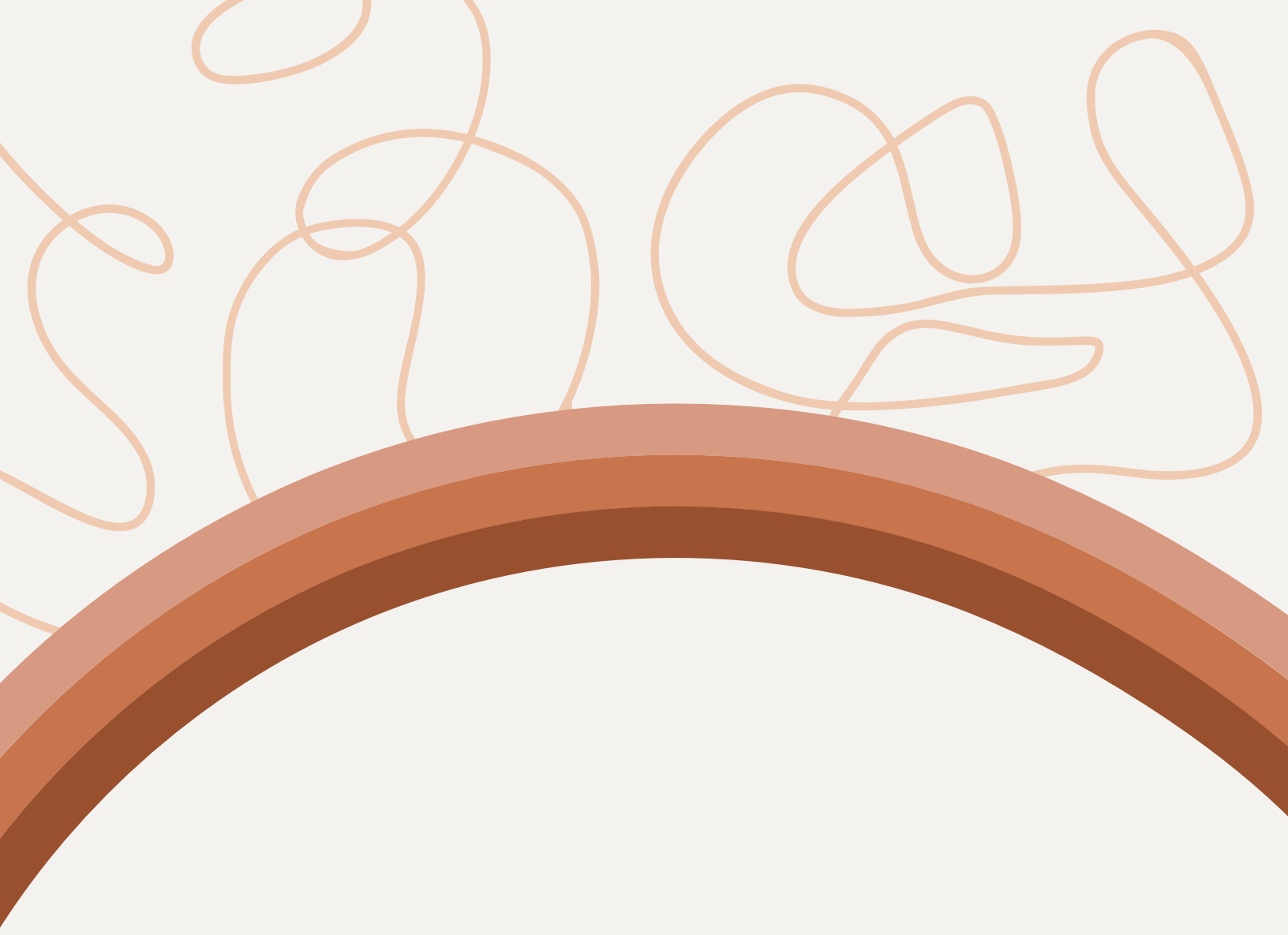
Skin Spectrum Summit
September 17, 2022
Chestnut Conference Centre
89 Chestnut Street, Toronto ON



This report is prepared for the exclusive use of delegates to the 2022 Skin Spectrum Summit.

It summarizes recent findings on the general dermatologic concerns of patients with skin of colour, new and emerging treatments, and the development of strategies and tools to better manage patients with skin of colour.

Conference Agenda

September 17, 2022 * all times listed are in EDT

Time*	Lecture Topic	Faculty
8:00 AM	Registration Period Opens	
9:00 AM	Welcome & Learning Objectives	Dr. Shafiq Qaadri
9:05 AM	Atopic Dermatitis in Skin of Colour	Dr. Geeta Yadav
9:20 AM	Skin Cancer in Skin of Colour	Dr. Joël Claveau
9:35 AM	Sponsored Presentation – Pfizer	Dr. Renée A. Beach
9:55 AM	Pigmentation Issues in Dark Skin	Dr. Andrew F. Alexis
10:10 AM	Question & Answer Period	Dr. Geeta Yadav, Dr. Renée A. Beach, Dr. Andrew F. Alexis, Dr. Joël Claveau
10:25 AM	BIO BREAK / Exhibit Time	
10:40 AM	Sponsored Presentation – Sanofi	Dr. Geeta Yadav
11:00 AM	Pediatric Dermatology for Skin of Colour	Dr. Danielle Marcoux
11:15 AM	Hidradenitis Suppurativa in Skin of Colour	Dr. Raed Alhusayen
11:30 AM	Skin Conditions in Indigenous Communities	Dr. Rachel N. Asiniwasis
11:45 AM	Question & Answer Period	Dr. Danielle Marcoux, Dr. Geeta Yadav, Dr. Raed Alhusayen, Dr. Rachel N. Asiniwasis
12:00 PM	LUNCH BREAK	
1:00 PM	Psoriasis in Skin of Colour *Sponsored by Sun Pharma*	Dr. Yvette Miller-Monthrope
1:15 PM	Wound Care for Skin of Colour	Dr. R. Gary Sibbald
1:35 PM	Using Telemedicine to Improve Patient Outcomes for Advanced Skin Diseases *Sponsored by AbbVie*	Dr. Jaggi Rao
2:00 PM	BIO BREAK / Exhibit Time	
2:15 PM	Injectables for the Asian Patient	Dr. Monica K. Li
2:30 PM	Laser for Dark Skin Tones	Dr. Jaggi Rao
2:45 PM	Sponsored Presentation – L'Oréal	Dr. Monica K. Li
3:05 PM	Question & Answer Period	Dr. R. Gary Sibbald, Dr. Monica K. Li, Dr. Jaggi Rao
3:20 PM	Conclusion & Review	Dr. Shafiq Qaadri
3:30 PM	Dismissal	

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Learning Objectives

By the end of the conference, delegates will:

- Learn about skin disorders affecting Canada's ethnic 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 their diagnostic practices of different common and complex skin conditions and improve ability to differentiate between similar symptoms as manifested in skin of colour
- Adopt strategies and tools to more effectively manage patients with skin of colour, and develop cultural competence to recognize potential unique challenges that they may face in their treatment
- Learn about the underrepresentation of skin of colour in dermatologic education and about the progress of skin of colour education in Canada
- Understand necessary differences in approach and technique for aesthetic treatments for patients with skin of colour

Faculty

Dr. Andrew F. Alexis
New York, N.Y.

Dr. Raed Alhusayen
Toronto

Dr. Rachel Netahe Asiniwasis
Regina

Dr. Renée A. Beach
Toronto

Dr. Joël Claveau
Laval, Que.

Dr. Monica K. Li
Vancouver

Dr. Danielle Marcoux
Montreal

Dr. Yvette Miller-Monthrope
Toronto

Dr. Shafiq Qaadri
Toronto

Dr. Jaggi Rao
Edmonton

Dr. R. Gary Sibbald
Toronto

Dr. Geeta Yadav
Toronto

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Background

Statistics Canada predicts that by 2036, visible minorities will make up more than 40% of Canada's population. According to the U.S. Census Bureau, by 2044 more than half of all Americans will belong to a minority group.

Those numbers portend serious issues for the future of skin care. People of colour see dermatologists at much lower rates than the rest of the population, according to a 2018 article in the *Journal of the American Medical Association*.[1]

“There is growing recognition that disparities in health care utilization affect patient outcomes,” write the authors “Notably, Black and Hispanic patients are more than 45% less likely compared to White patients to utilize dermatology care for a skin condition.”

Instead, according to two 2022 studies on skin care and social media—one looking at TikTok[2] and one at Instagram[3]—patients with skin of colour (SoC) are more likely to turn to those sites for skin care advice. While people of colour may

1. Tripathi R, Knusel KD, Ezaldein HH et al: Association of demographic and socioeconomic characteristics with differences in use of outpatient dermatology services in the United States, in JAMA Dermatology 2018;154(11):1286-1291. doi:10.1001/jamadermatol.2018.3114
2. *Pulsipher KJ, Concilla A, Presley CL et al: An analysis of skin of colour content on TikTok, in JMIR Dermatology 2022;5(1):e33340 doi:10.2196/33340*
3. Ahmed F, Ogidi P, Shareef O, Lipoff J: Lack of skin of colour representation in dermatology-related Instagram posts: Content analysis, in JMIR Dermatology 2022;5(2):e37415 doi:10.2196/37415

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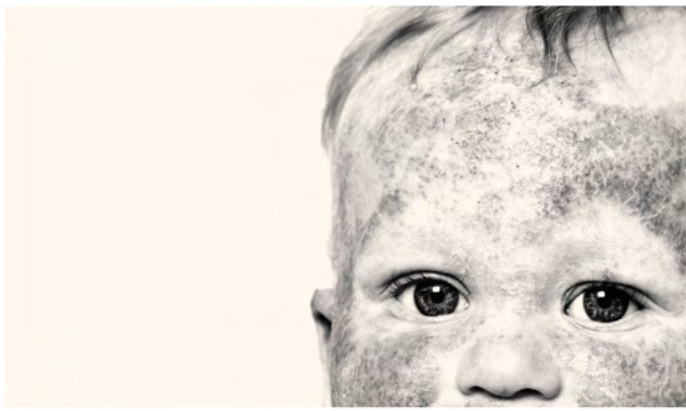

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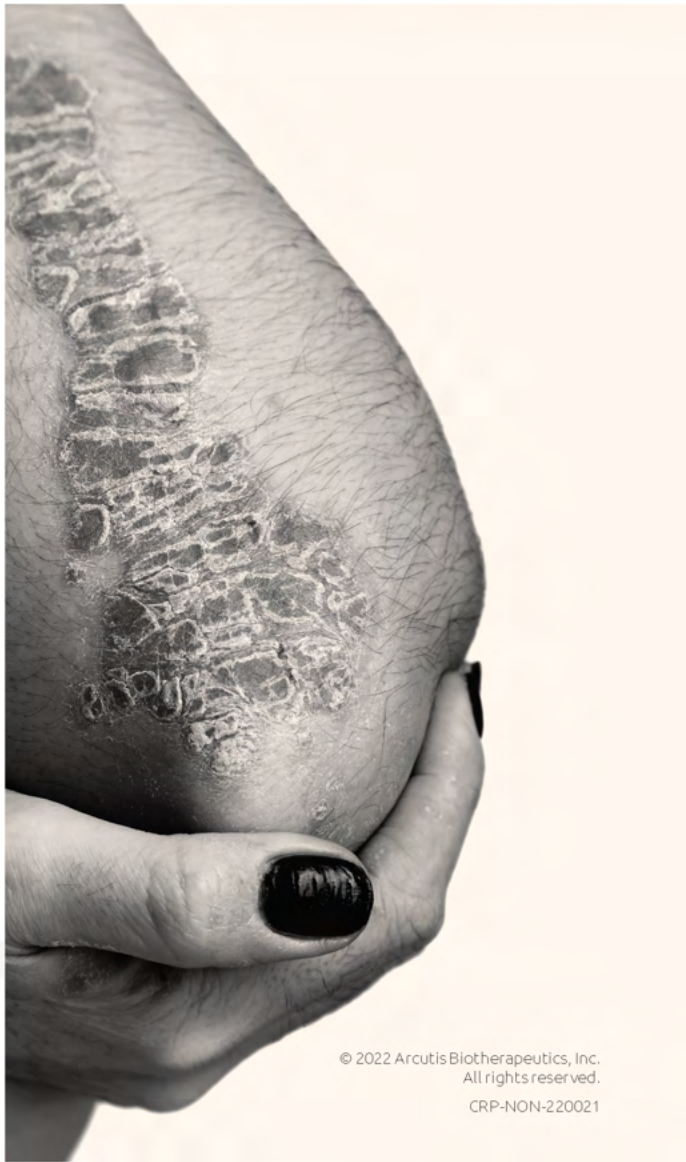

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be less likely to post, they are more likely to interact and so be exposed to inaccurate or misleading information.

"Our findings suggest that SoC individuals may be underrepresented on dermatology-related Instagram posts and have a smaller reach as demonstrated by lower follower counts. However, SoC posts had a higher [engagement rate], suggesting that users were more likely to interact and engage with SoC content," write the authors of the Instagram study.

Even when patients of colour wish to see a dermatologist, they often have difficulty finding a doctor with first-hand knowledge of their skin. According to a study published in October 2017 in the *Journal of Investigative Dermatology Symposium Proceedings*, only 3% of dermatologists in the U.S. identify as Black, and 4% as Hispanic.[4]

An article from the U.S.-based Skin of Color Society uses the term "leaky pipeline" to explain why doctors of colour are "underrepresented in the medical profession (URM) relative to their numbers in the general population."[5]

"The first leak in the pipeline is that URMs are not applying to medical school," write the authors. "From 2002 and 2017, rates of both application and matriculation to medical school were lower by 30% to 70% in URM groups compared to White students, including Hispanic, Black and American Indian/Alaska Native students."

4. Van Voorhees AS, Enos CW: Diversity in dermatology residency programs, in Journal of Investigative Dermatology Symposium Proceedings 18(2):PS46-S49 doi.org/10.1016/j.jisp.2017.07.001

5. *Williams K, Shinkai K: The leaky pipeline: A narrative review of diversity in dermatology, in Cutis 109(1):27-31. doi: 10.12788/cutis.0427*

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* Comparative clinical significance unknown.

Reference: 1. DUPIXENT® Product Monograph, sanofi-aventis Canada Inc., March 25, 2022. 2. IQVIA. Geographic Prescription Monitor Total Prescription Share. May 2022. 3. Data on file, sanofi-aventis Canada Inc., July 13, 2022.

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Dermatologists also often lack training in diagnosing and treating conditions in patients of colour. A review of dermatology textbooks, published in the *Journal of the American Academy of Dermatology* (JAAD) in April, 2020, found that the percentage of images of skin of colour ranged from only 4% to no more than 18%.[6] And a study published in JAAD in July 2020 showed that in an international registry set up to help doctors diagnose "Covid toe," fewer than 2% of the images were of Black patients and fewer than 5% of Hispanic patients.[7]

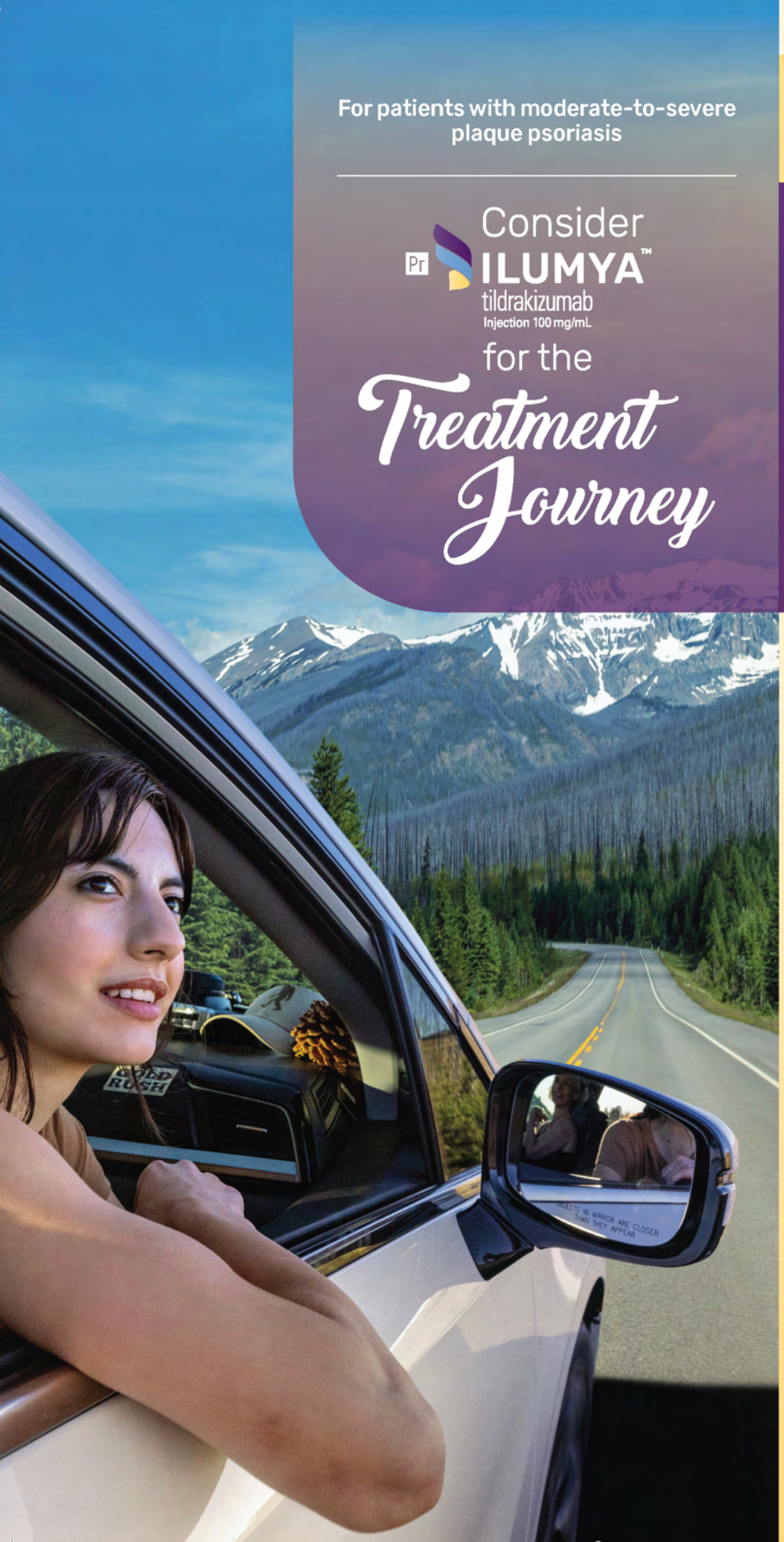
This lack of training can have fatal consequences for patients of colour. According to the American Academy of Dermatology, "Skin cancer in patients with skin of colour is often diagnosed in its later stages, when it's more difficult to treat. Research has shown that patients with skin of colour are less likely than white patients to survive melanoma."

The American Cancer Society states that white adults in the U.S. with melanoma have a five-year survival rate of 92%, while this rate is just 67% for African American people.

But while better training is essential, it does not address the systemic and socioeconomic

6. *Adelekun A, Onyekaba G, Lipoff JB: Skin color in dermatology textbooks: An updated evaluation and analysis, in Journal of the American Academy of Dermatology 84(1):P194-196 doi.org/10.1016/j.jaad.2020.04.084*

7. Freeman, EE, McMahon DE, Lipoff JB, Thiers BH et al: The spectrum of COVID-19–associated dermatologic manifestations: An international registry of 716 patients from 31 countries, in Journal of the American Academy of Dermatology 83(4):P1118-1129 doi.org/10.1016/j.jaad.2020.06.1016



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REFERENCE: Current ILUMYA™ Product Monograph, Sun Pharma.

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barriers and the lack of access to medical care faced by many communities. These issues are perhaps most pronounced in isolated Indigenous communities, according to a 2019 report from the National Collaborating Centre for Indigenous Health.

As Dr. Rachel Netahe Asiniwasis—who will be presenting at the 8th Annual Skin Spectrum Summit on September 17—told doctors at the inaugural Indigenous Skin Spectrum Summit in March, 2021, skin diseases are an epidemic in the remote northern communities in Saskatchewan that she serves.

“When you consider barriers unique to these remote populations—such as poor access to and inflated costs for basic skin care products needed for the fundamentals of bathing and moisturizing—and add environmental issues such as water restrictions and crowded housing, you end up with a potential disaster, and that's what we're seeing on these reserves,” the Regina dermatologist said.

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RINVOQ 15 mg demonstrated significant improvement in skin clearance (as measured by proportion of patients with EASI 75; co-primary endpoint & EASI 90; secondary endpoint) **vs.** placebo at Week 16[1,2]

- **EASI 75**: **69.6%** (n/N=196/281) **vs. 16.3%** (n/N=46/281) of patients achieved EASI 75 with **RINVOQ 15 mg vs. placebo** (p<0.0001, multiplicity-controlled).
- **EASI 90**: **53.1%** (n/N=149/281) **vs. 8.1%** (n/N=23/281) of patients achieved EASI 90 with **RINVOQ 15 mg vs. placebo** (p<0.0001, multiplicity-controlled).

A rapid improvement in skin clearance was achieved for RINVOQ 15 mg compared to placebo (defined as EASI 75 by Week 2; secondary endpoint)[1,2]

- **EASI 75**: **38.1%** (n/N=107/281) **vs. 3.6%** (n/N=10/281) of patients achieved EASI 75 at Week 2 with **RINVOQ 15 mg vs. placebo** (p<0.0001, multiplicity-controlled).

A greater proportion of patients treated with RINVOQ 15 mg achieved clinically meaningful itch reduction (≥4-point reduction in Worst Pruritus NRS; secondary endpoint) compared to placebo treatment group at Week 16

- **≥4-point reduction in Worst Pruritus NRS**: **52.2%** (n/N=143/274) **vs. 11.8%** (n/N=32/272) of patients achieved a ≥4-point reduction in Worst Pruritus NRS with **RINVOQ 15 mg vs. placebo** (p<0.0001, multiplicity-controlled).

At Week 16, a greater proportion of patients treated with RINVOQ 15 mg achieved clinically meaningful improvement in emotional state (ADerm-IS emotional state domain score improvement from baseline; secondary endpoint) compared to placebo group (RINVOQ 15 mg [n/N=142/227]: 62.6%; placebo [n/N=42/212]: 19.8%; p<0.0001, RINVOQ vs. placebo, multiplicity-controlled).

* Comparative clinical significance has not been established.
† Please see Product Monograph for additional dosing and administration information.
‡ Measure Up 1 was a 16-week, randomized, double-blind, multicentre, placebo-controlled study that included adolescent and adult patients with refractory moderate to severe atopic dermatitis not adequately controlled by topical medication(s). At baseline, patients had an vIGA-AD score ≥3 in the overall assessment of AD (erythema, induration/papulation, and oozing/crusting) on an increasing severity scale of 0 to 4, an EASI score ≥16 (composite score assessing extent and severity of erythema, edema/papulation, scratches and lichenification across 4 different body sites), a minimum BSA involvement of ≥10%, weekly average Worst Pruritus NRS ≥4, and a DLQI score of ≥4 (in patients aged ≥16). Patients received RINVOQ 15 mg or RINVOQ 30 mg once daily, or placebo.

ADerm-IS: Atopic Dermatitis Impact Scale; BSA: body surface area; DLQI: Dermatology Life Quality Index; EASI: Eczema Area and Severity Index; JAK: Janus kinase; NRS: Numerical Rating Scale; vIGA-AD: validated Investigator's Global Assessment for Atopic Dermatitis.

References: 1. RINVOQ Product Monograph. AbbVie Corporation. **2.** Guttman-Yassky E, Teixeira HD, Simpson EL, *et al.* Once-daily upadacitinib versus placebo in adolescents and adults with moderate-to-severe atopic dermatitis (Measure Up 1 and Measure Up 2): results from two replicate double-blind, randomised controlled phase 3 trials. *Lancet* 2021;397(10290):2151-68.

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across Canada in 2021—also continues to scar Indigenous healthcare, Dr. Blair Stonechild told those attending the second annual Indigenous Skin Spectrum Summit in June 2022.

“The entire situation is undergirded by the adverse socioeconomic conditions, including high unemployment, substandard housing, poor nutrition, substance abuse, and lack of access to services including healthcare,” he said. “As a result, there are high incidences of illnesses, including diabetes, hepatitis C, eczema and other potentially preventable conditions, such as lung disease, hypertension and heart attacks.”

A report released in May 2022 by the Wabano Centre for Aboriginal Health and the Ottawa Aboriginal Coalition found that “non-Indigenous health care providers working in hospital emergency departments and maternity wards especially, in paramedic services, and in community settings like clinics view Indigenous people as racially inferior; diseased, addicted, and mentally unwell; a burden; angry and aggressive; and bad parents.”

“Collectively, the findings clearly show that discrimination and racism are real and a part of everyday interactions with health professionals working in clinics, hospitals, social service referral agencies and paramedic services within the region,” said Mikki Adams, a member of the Ottawa Aboriginal Coalition in a response to the report. “This is absolutely unacceptable."

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Reference: TREMFYA®/TREMFYA ONE-PRESS® (guselkumab injection) Product Monograph. Janssen Inc. April 13, 2022.

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Presentation Highlights

Dr. Andrew F. Alexis is the vice-chair for diversity and inclusion for the Department of Dermatology and a dermatologist at the Center for Diverse Skin Complexions at Weill Cornell Medicine in New York City. He will be presenting on pigmentation issues in dark skin.

Related reading: "Top dermatologic conditions in patients of colour: an analysis of nationally representative data," in *Journal of Drugs in Dermatology* (April 2012; 11(4):466-73).

The authors of this paper note that dyschromia is one of the five most common concerns Black patients are diagnosed with at dermatology clinics in the U.S.

Dr. Rachel Netahe Asiniwasis is a dermatologist in Regina, and she and her team serve remote northern First Nations communities through fly-in visits and teledermatology clinics. She will be presenting on skin conditions in Indigenous communities.

Related reading: "Canadian literature suggests that one-year prevalence of AD in children living on a First Nations reserve may be as high as 6.5%, with most being deemed 'moderate to severe,'" wrote Dr. Asiniwasis in a 2021 study. "Atopic dermatitis and skin infections are a poorly documented crisis in Canada's Indigenous pediatric population: It's time to start the conversation", in *Pediatric Dermatology* 2021; https://doi.org/10.1111/pde.14759

“Atopic dermatitis followed by impetigo and skin infections was the most commonly encountered dermatologic conditions cited in a healthcare practitioner survey of those working in western Canadian Indigenous communities. Scabies, diabetic skin complications and ulcers, pediculosis capitis, psoriasis, and infestations were also strikingly high.”

Dr. Joël Claveau is an associate professor in the department of medicine at Laval University in Québec City and director of the melanoma and skin cancer clinic at Le Centre Hospitalier Universitaire, Hôtel-Dieu de Québec. He will be presenting on skin cancer in skin of colour.

Related reading: According to the American Cancer Society, while skin cancer represents 1 to 2% of all cancers in Black patients, the estimated five-year melanoma survival rate for Black patients is only 71%, versus 93% for white patients (https://tinyurl.com/muj8nyb7).

Dr. Geeta Yadav is a dermatologist and the founder and medical director of Facet Dermatology in Toronto. She is also a lecturer in the Division of Dermatology at the Temerty Faculty of Medicine at the University of Toronto. She will be presenting on atopic dermatitis in skin of colour.

Related reading: Variations in skin colour can cause eczema to have a different appearance for different people. “While eczema may appear red on fairer complexions, it can present as brown, purple, or grey/ashy in deeper skin tones,” Dr. Yadav told Yahoo News on Sept. 1, 2022 (https://tinyurl.com/yeyuvy3v).

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