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# SKIN SPECTRUM SUMMIT

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EXECUTIVE SUMMARY

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**SKIN SPECTRUM SUMMIT**

The Canadian Conference on Ethnodermatology

# EXECUTIVE SUMMARY

As recent research reveals more about the differences in the appearance, differential diagnoses, treatments, and socio-cultural perceptions of various skin diseases across the spectrum of skin tones, the dermatological community in Canada will need to adapt to these new findings and update their methods of care, as evidenced by the virtual presentations given during Skin Spectrum Summit 2020.

Over the course of one week in October, 2020, an international group of 18 dermatologists convened for a series of three webinars during which they provided guidance on a wide array of skin conditions typically faced by Canada's ethnic populations. This guidance included diagnostic practices, learned strategies and tools for better managing patients with skin of colour, and insights into unique treatment challenges of patients with skin of colour. In this document we summarize key points gleaned over the course of the Summit, points that include general medical concerns of skin of colour patients; specific treatments for skin of colour patients; aesthetic and medical dermatology needs of skin of colour patients; new and emerging treatments and agents; dermatology in indigenous populations; nail and hair disorders in patients with skin of colour; the varying presentations of common skin conditions in patients with skin of colour; and comments that address dedicated skin of colour treatment centres.



# REVIEW

**DAY 1: THURSDAY OCT. 1, 2020 8 P.M. TO 9:30 P.M.**

**Dr. Jerry Tan** of Windsor, Ont., emphasized that rosacea may present differently in dark phototypes, noting that erythema is not as apparent in these patients. In very dark phototypes, rosacea may appear not red, but brown or burgundy.

- As a physician who has practiced in both the U.S. and Canada, Dr. Tan responded to an audience question comparing the experiences, saying that for patients in the U.S. he more often had to choose a therapy based on insurance coverage.

In a presentation on new and emerging treatments that are relevant for patients with skin of colour, **Dr. Andrew F. Alexis** of New York City said the most exciting developments are in the key areas of acne, atopic dermatitis, and hyperpigmentation. He talked about a number of agents that have been recently approved or are in development. For acne, he described sarecycline, topical minocycline foam, trifarotene, and clascoterone; for atopic dermatitis he presented information on JAK inhibitors, IL-31 antagonists, and IL-13 antagonists; and for hyperpigmentation he discussed new agents such as non-hydroquinone topical cosmeceutical agents including tranexamic acid, phenylethyl resorcinol, plankton extracts, and other agents.

**Dr. Renée A. Beach** of Toronto discussed nail and hair disorders in all skin tones and skin types. Her key points included checking nails seasonally and assessing new pigmentation. For females with seborrheic dermatitis and Afro-textured hair, she recommended weekly shampooing and keeping oils off of the scalp.

In a rapid-fire presentation on the lack of images of skin of colour in Covid-19 skin manifestation studies, **Dr. Jenna Lester** of the University of California San Francisco noted that patients with skin of colour were disproportionately affected by the virus. She emphasized how important it is for clinicians to have access to photographs of people who are most affected by the disease.

- In response to a question about the role of industry in ethnodermatology, Dr. Lester noted that industry is generally intimately involved in clinical research and despite efforts to engage in education and training, she wondered about the role industry played in perpetuating the disparities she found in her clinical research.

**Dr. Rachel Asiniwasis**, a dermatologist in Regina, Sask., stressed that for Indigenous Canadians, health determinants such as poverty, intergenerational trauma, racism, and lack of access to healthcare can lead to poor health outcomes compared to the general population. She noted that among the most prevalent chronic health conditions among First Nations children, dermatitis and eczema appear near the top of the list.

# REVIEW

## DAY 2: SATURDAY OCT. 3, 2020 11 A.M. TO 1 P.M.

Though there is no cure for melasma, **Dr. Jason Rivers** of Vancouver, president of the Canadian Dermatology Association, highlighted some steps that patients with skin of colour can take to reduce its effects, including wearing sunscreen daily. Oral tranexamic acid offers a new modality in treatment, he said, and he recommends it for patients who do not respond to topical treatment.

**Dr. Joël Claveau** provided insights into inflammatory diseases—such as psoriasis, atopic dermatitis, and rarer diseases such as sarcoidosis, and ochronosis—and their manifestations in patients with skin of colour.

*"The rapid fire "dermatology in the Indigenous population" presentation was extremely insightful. It shed some light on dermatological disparities in Canada that many of us didn't know existed. Dr Asiniwasis was very effective in transmitting the most high-yield information with us." – 2020 Delegate*

Stressing that hyper- and hypopigmentation are the two most common conditions treated in patients with skin of colour, **Dr. Andrew Alexis** provided an overview on the adverse effects on the quality of life caused by the conditions, and provided his recommended treatments. Treatment of post-inflammatory hyperpigmentation is a priority for patients, he said. Among treatment options, he discussed the use of hydroquinone and other tyrosinase inhibitors; treatments such as tretinoin that block the transfer of pigment from melanosomes; the removal of excess pigment in the epidermis through the use of superficial peeling agents such as glycolic acid; and blocking melanocyte secretory function using topical corticosteroids. On the topic of hypopigmentation, he honed in on a diagnosis not to miss: progressive macular hypomelanosis. For treatment, he recommended treatments that focus on C acnes reduction such as benzoyl peroxide 5% and clindamycin 1%, as well as phototherapy.

- In the live panel discussion, Dr. Alexis was asked: “Does post-inflammatory hyperpigmentation (PIH) clear in 18 months to two years without any treatment?” His answer: PIH does often spontaneously remit, especially if the underlying cause is controlled.

Atopic dermatitis varies in body location by age, according to **Dr. Jaggi Rao** of Edmonton. Infantile types typically manifest on the face, scalp, trunk, extensor surfaces, and the surfaces of the extremities; childhood types are usually found on flexural folds of extensor areas, including the neck and ankles; and adult types can be found on the upper arms, back, wrists, hands, fingers, feet, and toes.

**Dr. Danielle Marcoux** of Montreal elaborated on skin conditions in pediatric patients with skin of colour, describing skin care practices that can cause medical problems. She also reviewed medical interventions and therapeutics that can treat the issues. Issues can be caused by over-hydration of the skin and prolonged contact with urine or feces, which can lead to irritant diaper dermatitis. She recommended changing diapers at least six times per day and cleansing using a mild cleansing oil before rinsing with water and carefully drying.

Over the last decade, there has been an alarming increase in the rate of STIs in Canada, according to Buffalo, N.Y.-based dermatologist **Dr. Animesh Sinha**. These rates are further increased in populations with health disparities such as lack of access to healthcare and other socio-economic factors.

- In the live panel discussion, Dr. Sinha emphasized that increased focus on skin of colour-related research could take place at dedicated skin of colour centers, which could receive funding from government and industry as necessary.

Psoriasis may present differently in skin of colour compared to White skin, **Dr. Gary Sibbald** of Toronto noted in his session. It has been shown to present with more extensive disease with thicker plaques and more scale, he said. This may be partly due to issues relating to access to healthcare.

**Dr. Cathryn Sibbald**, of Philadelphia, made an important distinction about the tendency of erythema related to “Covid toes” in people with skin of colour to be much more subtle than their White counterparts. She also noted that dermatologists should consider Covid-19 in any patient presenting with a new rash without a clear cause, noting that skin findings for Covid-19 patients are likely higher than reported.



*From L-R: Dr. Jaggi Rao, Dr. Shafiq Qaadri (moderator), Dr. Joël Claveau, Dr. Gary Sibbald, Dr. Afsaneh Alavi, Dr. Monica K. Li, Dr. Heather Woolery-Lloyd and Dr. Renée A. Beach*



# REVIEW

**DAY 3: TUESDAY OCT. 6, 2020 8 P.M. TO 9:30 P.M.**

**Dr. Renée A. Beach** of Toronto outlined some of the common cosmeceuticals used for treating dyschromia. These include kojic acid, arbutin, licorice extract, and resorcinol.

**Dr. Monica Li** of Vancouver shaped her discussion on aesthetic injectables for the Asian patient around the philosophy that treatment strategies are not meant to “westernize” the Asian face, but to optimize unique ethnic features. In addition, she noted some differences in expectations between younger patients and older patients. Younger patients want to achieve more proportion and more definition of their structural features, while older patients tend to want to maintain facial structure and add volume, she said.

- In response to an audience question about the risks of neuromodulator injections to the calf area, Dr. Li said that there is risk of bruising and that the injection site could serve as a portal of entry for microbes that could cause infection. Other side effects could include weakness of calf muscles, which may affect the patient’s walking gait. She advises clinicians to discuss these possibilities with patients prior to the procedure.

Intense Pulsed Light systems can be used to treat diffuse erythema, epidermal melasma, and lentigines, according to **Dr. Jaggi Rao** of Edmonton. In acne, Dr. Rao noted that compared to lighter skinned individuals, darker skinned individuals tend to have labile stability and activity of melanocytes, reactive fibroblasts, and increased sebaceous gland activity. These factors can affect laser therapy, he said. Hyperpigmentation strategies for ethnic skin include distinguishing the depth of the hyperpigmented lesions by evaluating whether they are located in the epidermis or the dermis. Treatment considerations are often safer for patients with skin of colour, with less bleeding, less pain, and quicker recovery, he said.

In an update on wound healing, **Dr. Gary Sibbald** described the process for evaluating whether a patient needs topical treatment or systemic treatment of the wound using two acronyms: NERDS and STONEES. Wounds that meet any three of the following five NERDS signs need topical healing: **N**on-healing, meaning the size of the wound has not changed over a period of two to four weeks; **E**xudate; **R**ed and bleeding tissue refers to vascular endothelial growth factor; **D**ebris, which is dead cells; and **S**mill, which is the presence of gram-negative anaerobes. Wounds that meet any three of the following seven STONEES signs need systemic therapy: **S**ize is bigger; **T**emperature is increased; **O**s, which is Latin for "bone," refers to exposed bone; **N**ew areas of breakdown; **E**rythema and edema; **E**xudate; and **S**mill.

In discussing difficult cases of hidradenitis suppurativa, **Dr. Afsaneh Alavi** of the Mayo Clinic in Rochester, Minn. noted the importance of early diagnosis and proper management. Dr. Alavi also reviewed the autoimmune effects of the disease, including synovitis, acne, pustulosis, hyperostosis, osteitis (SAPHO) syndrome, a rare inflammatory disorder with both skin and bone involvement.

- In response to this question from the audience: “How do you distinguish HS from ordinary but very severe infections?,” Dr. Alavi said it is clear that HS is separate from infection and is less likely to be associated with fever. She said studies utilizing ultrasound have shown that in HS there is typically no swelling of the lymph nodes.

Basal cell carcinoma is the most common skin cancer in darker skin types, explained Dr. Joël Claveau of Quebec City in a session on skin cancer in persons with skin of colour. He noted that melanoma is often diagnosed in later stages in persons with skin of colour. Acral lentiginous melanoma is also frequently seen in patients with skin of colour. Immediate biopsy of suspicious lesions is critical, he said.

In her presentation on hair and scalp disorders in skin of colour patients, one key point from **Dr. Heather Woolery-Lloyd** of Miami, Fla., was not to tell patients with traction alopecia to “just avoid tight hairstyles;” it is better to give them specific suggestions such as not to leave braided hair styles in for longer than two to three months, and when applying weaves, to avoid using bonding glues. She said patients should instead opt for loosely sewn-in weaves.

In a rapid-fire presentation on acne, **Dr. Renita Ahluwalia** of Toronto presented some notes on adult women with acne, pointing out that acne is often worse before menstruation, hormonal acne flares happen at a higher rate for women over 30 years of age, and that there is a high frequency of seborrhea in this population.

