3rd Annual

INDIGENOUS SKIN SPECTRUM SUMMIT

ADVANCE BRIEFING
SATURDAY NOVEMBER 25, 2023
WEBINAR

SUPPORTING INDIGENOUS CONTROL OF HEALTHCARE TO IMPROVE DERMATOLOGY AND OTHER MEDICAL OUTCOMES

Skin diseases continue to disproportionately affect Indigenous communities in Canada and around the world. While there have been moves to increase funding for Indigenous healthcare and increasing recognition that First Nations need more control over their own healthcare systems, lack of access and societal inequities continue to affect outcomes.

This disparity in health outcomes is seen not just among remote, northern Indigenous communities, but among First Nations individuals living in urban centres, even in high-income countries like Canada. An Australian study from earlier this year conducted a systematic review of existing literature. The study found that “Despite the rate of urbanization for Indigenous people increasing globally, research is lacking on the burden of atopic dermatitis and bacterial skin infections for urban-living Indigenous children and young people in high-income countries.”

The authors concluded that “Current and severe symptoms of AD were more common in urban-living Indigenous [children and young people] in [high-income countries] compared with their non-Indigenous peers, with children having a higher prevalence than adolescents. Urban-living Indigenous [children and young people] in [high-income countries] had a higher incidence of all measures of [bacterial skin infections] compared with their non-Indigenous peers, and were over-represented for all measures of [bacterial skin infections] compared with their proportion of the background population.”

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For Indigenous people living in remote parts of Canada or other countries, there is growing recognition that teledermatology may offer at least a partial solution to problems of access. However, the lack of infrastructure in many communities makes such initiatives difficult to implement.

According to a story from the CBC in April, 2023, “The Auditor General's report on connectivity in rural and remote areas found that in 2021, nearly 91 per cent of households across Canada had internet access that met minimum connection speed targets set by the federal government—50 megabits per second for downloading and 10 megabits per second for uploading (50/10 Mbps). That dropped to about 60 per cent of households in rural and remote areas, and about 43 per cent for households on reserves.”

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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%).

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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

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ARAZLO™ (Tazarotene) Lotion, 0.045%

Indigenous advocates are calling for more communications companies to be owned and operated by First Nations. That call for more control is also reflected in an increasing push for First Nations communities to have more power over healthcare institutions and decisions.

An editorial in *The Lancet* in August, 2023, marking the UN's International Day of the World's Indigenous Peoples, emphasized the point.

"In May, 2023, the World Health Assembly passed an unprecedented resolution aimed at strengthening the health of Indigenous people," according to the editorial. "As well as tasking WHO with developing a global plan of action by 2026, the resolution contains several ambitious obligations for member states to improve Indigenous health, including the development of national plans to improve access to health care for Indigenous peoples; the integration, where possible, of traditional and complementary medicine in health systems, particularly in primary care and mental health; and the training and recruiting of Indigenous people as health workers. It hopes to reduce some of the stark inequalities faced by many Indigenous peoples as a result of colonisation, displacement, and repression."

The Lancet editorial noted that the Covid pandemic demonstrated that when Indigenous communities have more control over healthcare, better outcomes are achieved.

"First Nations peoples in Australia were able to reverse initial disparities in the burden of Covid-19 when empowered by the government to lead their own response early in the pandemic," wrote the authors. "Indigenous sovereignty, coupled with a community-centred approach focused on cultural relevance and the use of Indigenous healthcare providers, appears to have played a crucial role in mitigating the effects of Covid-19 in the Arctic."

MORE INFO
HERE

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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.

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

ARCUTIS BIOTHERAPEUTICS

REVIEWED BY PAAB

In Canada, the federal government has announced some funding to help achieve those goals, including the launch, in March of this year, of a new Indigenous-directed health fund.

"The Prime Minister, Justin Trudeau, today highlighted the recently announced federal investment of an additional $2 billion over 10 years to help ensure access to quality and culturally safe health care services, in line with the priorities of Indigenous partners," according to a government press release. "This new Indigenous Health Equity Fund will be distributed to ensure support to First Nations, Inuit and Métis communities."

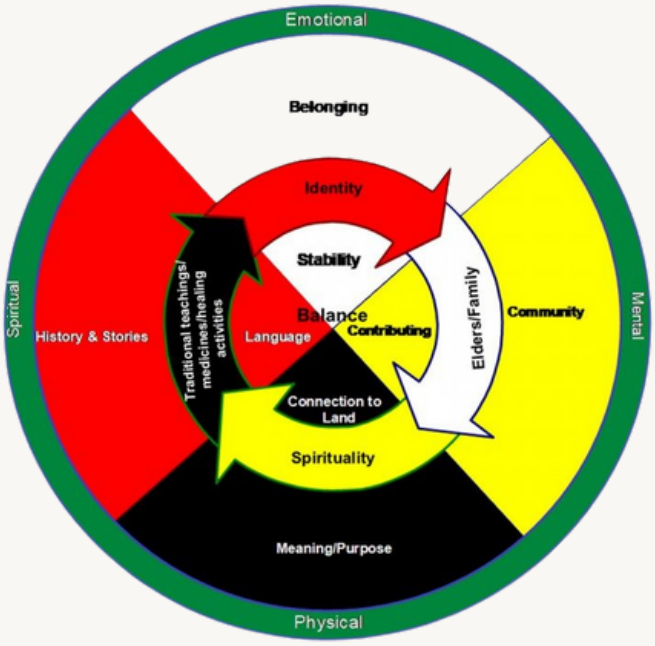
READ FURTHER **HERE**

In another sign of Indigenous voices perhaps being heard more clearly, Dr. Alika Lafontaine served as the first Indigenous president in the 155-year history of the Canadian Medical Association. Born and raised in Treaty 4 Territory (Southern Saskatchewan), Dr. Lafontaine—whose term ended in August—has Metis, Oji-Cree, and Pacific Islander ancestry

But while such appointments and funding are positive steps, healthcare for Indigenous peoples in Canada and elsewhere remains severely weakened by the legacies of colonialism and marginalization.

"Discussion of Indigenous health is often focused on disadvantage," the authors of The Lancet editorial wrote. "But it is more than simply some global health problem to be solved. As WHO's constitution recognises, health is not merely the absence of disease or infirmity; it is a state of complete physical, mental and social wellbeing. For Indigenous communities and their health to flourish, they must be in control of their own destinies."

LEARN MORE **HERE**



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INDIGENOUS SKIN SPECTRUM SUMMIT 2023 FACULTY

EDGAR AKUFFO-ADDO
TORONTO

Edgar Akuffo-Addo is a fourth-year medical student at the University of Toronto Temerty Faculty of Medicine. He is a graduate of Cornell University, where he obtained a BSc in Human Biology and a Master's in health administration. Edgar is interested in pursuing a career in dermatology. His areas of interest within dermatology include but are not limited to skin of colour, health disparities, and global health.

DR. RACHEL ASINIWASIS
REGINA
INDIGENOUS SKIN SPECTRUM SUMMIT CHAIR

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. CHERYL BARNABE
CALGARY

Dr. Cheryl Barnabe is a member of the Otipemisiwak Métis Government (formerly Métis Nation of Alberta), a rheumatologist, and a professor in the Departments of Medicine and Community Health Sciences, Cumming School of Medicine, University of Calgary.

She is the Deputy Director for the McCaig Institute for Bone and Joint Health. She is a Canada Research Chair in Rheumatoid Arthritis and Autoimmune Diseases, and her research program focuses on equity in health service delivery and arthritis outcomes, most specifically for Indigenous populations in Canada. Over the past decade she has provided rheumatology clinical care in the Treaty 7 territory in both urban and rural settings, and provided continuing medical education training in building relationships with Indigenous patients.

KRIS BLIND
PUNNICHY, SASK.

Kristian Blind is a registered nurse who has been working primarily as a Community Health Out-Reach nurse for home communities in Southern Saskatchewan in the Touchwood File Hills under the Touchwood Agency Tribal Council. In their role for the communities, they help with phlebotomy and pay special attention to chronic and communicable diseases. Over the years, Kris has been given opportunities to expand knowledge and practice to help community members with skin and wound care issues.

Kris will be speaking about their community at the 2023 Indigenous Skin Spectrum Summit, paying special attention to barriers for accessing care.

MICHELLE BUFFALO
WETASKIWIN, ALTA.

Michelle grew up in rural northern British Columbia on a large cattle farm and moved to Alberta in 2001. She is a Samson Cree Nation band member, which is one of the four First Nations Communities in Maskwacis, Alta., a treaty 6 First Nations territory. Her journey began as a nursing attendant then graduating with a BScN from the University of Alberta in 2010. Later, she graduated from the NSWOCC WOC-EP Program in May of 2021 and obtained her CNA Certification in WOCC(C) soon after. Michelle has had the opportunity to work in many different settings and connect with clients from various backgrounds, journeys, and cultures. This is something she is very grateful for as it has brought such valuable understanding to her nursing experience and growth as a person. She currently works alongside the Central Zone Wound & Ostomy Consult Team for Alberta Health Service's Ostomy and Wound Specialists Department with fellow NSWOCs. She is honored to be an active member of the NSWOCC Indigenous Wound, Ostomy, and Continence Health Core Program, a program that continues to make changes that impact and improve the health and lives of Indigenous peoples across Canada.

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. CAROLYN JACK
MONTREAL

Dr. Carolyn Jack (MDCM, PhD, FRCPC) is an Assistant Professor, Dermatology, at McGill University, and a Junior Scientist at the Infectious Diseases and Immunity in Global Health Program of the Research Institute of the McGill University Health Centre. In 2018, Dr. Jack founded the McGill University Hospital Network Center of Excellence for Atopic Dermatitis, the first tertiary care centre in Canada dedicated to adult atopic dermatitis. She is the co-founder of EczemaQ, an award-winning mobile health application, and the registered non-profit Patient Advisory Committee known as Eczéma Québec. As an FRQS Clinical Research Scholar, her research goal is to identify disease-modifying interventions in chronic atopic dermatitis.

DR. ARCHANA KAKADEKAR
HALIFAX

Dr. Archana (Archan) Kakadekar is a board-certified general pathologist currently pursuing a dermatopathology fellowship in Halifax. She received her MD from the University of Lublin, Poland and recently completed her residency training at the University of Saskatchewan, Saskatoon.

Archana's areas of interest include skin of colour in dermatopathology/dermatology, pathology, laboratory medicine in LGBTQIA2S+ populations, and the social determinants of health in underserved populations. She is currently working on collating the literature to date on the histologic findings from people of colour in hopes of bringing attention to an underrecognized area of medicine. Her long-term goal is to bridge clinical dermatology with dermatopathology in accurately diagnosing skin pathologies in people of colour.

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. CARSTEN SAUER MIKKELSEN
DENMARK

Dr. Carsten Sauer Mikkelsen is a board-certified dermatologist in Denmark and Norway since 1999. He has a passion for global dermatology with an interest in minority groups and a special interest in the Inuit culture and arctic dermatology. He has worked in multiple places in Greenland (Nuuk, Qaqortoq, Narsaq, Narsarsuaq, Maniitsoq, Qaanaaq and Ilulissat) and Norway (Kirkenes, Vadsjøen, Bodø, Vesterålen, Mosjøen, Ålesund, Stavanger, and Egernsund). He did his PhD research, epidemiological study in Guinea-Bissau (1999-2001) in West-Africa about Rotavirus in children under five years of age. The study was financially supported by WHO and the Danish State Serum Institute. He has worked in private practice in Brønderslev, Denmark since 2009. He is a Senior Research Fellow at the Research Center, Department of Dermato-venereology in Aalborg University Hospital, Denmark. He has published 135 articles registered on Research Gate. and work with digital solutions within dermatology in Norway and Denmark. He is a member of the International Society of Dermatology and makes presentations abroad. In his spare time, he travels a lot—to 86 different countries to date.

DR. JORDANNA ROESLER
VANCOUVER

Dr. Jordanna Roesler is a UBC dermatology resident and member of Dene First Nation. She completed her MD at UBC and served as the VP of Indigenous Health for the UBC Medical Undergraduate Society. Dr. Roesler's clinical interests include medical dermatology, Indigenous dermatologic health, and social determinants of health. She has multiple publications in these areas of interest. She is an active researcher who is committed to closing knowledge gaps and improving cultural safety.

BEV SMITH
EDMONTON

Bev Smith is originally from Nova Scotia, and she is very proud of her Mi'kmaq heritage and her ancestors who called Potlotek First Nations their home. Bev moved to Alberta in 1997 and worked for four years as a healthcare aide in long-term care. Bev graduated in 2005 from the University of Alberta with a Bachelor of Science in Nursing. She worked for several years in acute care and had the opportunity to work alongside the hospital's Nurses Specialized in Wound, Ostomy and Continence (NSWOC). Bev knew immediately this was her passion. She enrolled and graduated from the then CAET- ET program in 2008. Bev accepted an NSWOC position in Edmonton Continuing Care, where she has been practicing now the past 15 years. In the fall of 2018, Bev accepted the amazing opportunity to become the Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) Core Program Leader for Indigenous Wound, Ostomy and Continence Health and in May 2023 became the NSWOCC Regional Director for Prairies, Yukon, and NWT.

DR. BLAIR STONECHILD
REGINA

Alexander Blair Stonechild is Professor of Indigenous Studies at the First Nations University of Canada in Regina. He is a member of the Muscowpetung First Nation, attended Qu'Appelle Indian Residential School and Campion Collegiate, obtained his Bachelor's degree from McGill, and Master's and Doctorate degrees from the University of Regina. In 1976, Dr. Stonechild became the first faculty member at First Nations University; he has been Dean of Academics and Executive Director of Development. Major publications include *Loyal Till Death: Indians and the North-West Rebellion* (1997); *The New Buffalo: Aboriginal Post-secondary Policy in Canada* (2006); *Buffy Sainte-Marie: It's My Way* (2012); *The Knowledge Seeker: Embracing Indigenous Spirituality* (2016) and *Loss of Indigenous Eden and the Fall of Spirituality* (2020).

DR. LONE STORGAARD HOVE
SERMERSOOQ, GREENLAND

Lone is aiming to make research available for the local Inuit population of Greenland under the motto: 'If research is conducted in Greenland, Greenland must benefit from, and have access to that research.'

Lone is currently working on bringing preventive and prophylactic information about specific dermatological issues prevalent in Greenland.
She also facilitates research and treatment in all of Greenland, to alleviate pressure on health, and the healthcare sector, as well as address healthcare challenges for patients in the rural Indigenous populations in Greenland.

She initiated the School of Child Eczema (Eksemskolen Kalaallit Nunaat), which is a travelling eczema school with focus on parent education in the Inuit population and also education of the local healthcare personal in the rural regions of Greenland.

DR. BRITTANY WALLER
REGINA

Dr. Brittany Waller is a board-certified dermatologist in both Canada and the United States. She obtained both a Bachelor of Science degree in Microbiology and a Medical Degree at the University of Saskatchewan. Dr. Waller then completed her five-year dermatology residency and a subspecialty fellowship through the University of Toronto.

After 10 years away, Dr. Waller returned to her roots and hometown of Regina to practice alongside Dr. Rachel Asiniwasis. Her father, Thomas Waller, has done extensive work in Indigenous Business Law and land claim negotiations over the last 50 years in the province. Dr. Waller is excited to share her perspectives of practicing medicine in both large urban and critically underserviced settings, and learning from the other speakers and participants during the 3rd ISSS.

VINCENT WAN
VANCOUVER

Vincent Wan is a 4th year medical student at the University of British Columbia in Vancouver. His family immigrated to Canada from rural China and growing up with caregivers with limited educational backgrounds meant that he was always cognisant of the unique challenges and discriminatory pressures that migrant populations face. Vincent is particularly passionate in identifying health disparities amongst vulnerable populations in recent years after entering medical school. During his presentation at the 2023 ISSS, he hopes to share a bit about his experiences taking care of his mother during her worst eczema flares as a young child, with a highlight on determinants of health and health literacy.

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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.

3rd Annual

INDIGENOUS SKIN SPECTRUM SUMMIT

AGENDA – NOVEMBER 25, 2023

10:00AM ET - 3:00PM

10:00 A.M.	KEYNOTE ADDRESS *Supported by CeraVe*	DR. BLAIR STONECHILD
10:15	CANADIAN INDIGENOUS SKIN CONDITIONS: HIGHEST PRIORITIES FOR RESEARCHERS, POLICY AND DECISION MAKERS, AND STAKEHOLDERS	DR. RACHEL ASINIWASIS
10:35	FROM TORONTO TO SOUTHERN SASKATCHEWAN: A DERMATOLOGIST'S EXPERIENCE ON MOVING TO A CRITICALLY UNDERSERVICED, RURALIZED AREA	DR. BRITTANY WALLER
11:05	VIRTUAL CARE AND INDIGENOUS SKIN HEALTH: PRACTICAL PEARLS	DR. ANNA CHACON
11:15	ARCTIC DERMATOLOGY: THE GREENLAND EXPERIENCE	DR. CARSTEN SAUER MIKKELSEN
11:35	THE ECZEMA SCHOOL	DR. LONE STORGAARD HOVE
11:45	PANEL DISCUSSION	
12:00 P.M.	HOUSEHOLD MOLD AND ATOPIC DERMATITIS: WHAT IS KNOWN?	DR. JORDANNA ROESLER
12:10	WORKING TOWARD CLOSING GAPS IN ATOPIC DERMATITIS WITH CREE INDIGENOUS COMMUNITIES IN QUEBEC: INITIATIVES FROM MCGILL AND NEEDS IN NORTHERN QUEBEC	DR. CAROLYN JACK
12:25	ARTHRITIS LIASON: A FIRST NATIONS COMMUNITY-BASED PATIENT CARE FACILITATOR CONDUCTED OUT OF SIKSIKA	DR. CHERYL BARNABE
12:40	PANEL DISCUSSION	

3rd Annual

INDIGENOUS SKIN SPECTRUM SUMMIT

AGENDA – NOVEMBER 25, 2023

10:00AM ET - 2:30PM

12:55	BIO BREAK	
1:00	THE ROLE OF INDIGENOUS NURSES: BRINGING HEALTH SERVICES TO OUR COMMUNITY.	KRIS BLIND
1:15	NURSES SPECIALIZED IN WOUNDS, OSTOMY & CONTINENCE AND INDIGENOUS CORE PROGRAMMING	BEV SMITH & MICHELLE BUFFALO
1:30	INTRODUCTION TO DERMATOPATHOLOGY IN SKIN OF COLOR	DR. ARCHANA KAKADEKAR
1:40	PANEL DISCUSSION	
	INTRODUCING THE THE NEXT GENERATION: MEDICAL STUDENT AND RESIDENT PRESENTATIONS	
2:00	BLACK AND INDIGENOUS UNDERREPRESENTATION IN ATOPIC DERMATITIS CLINICAL TRIALS: A 10-YEAR CROSS-SECTIONAL ANALYSIS	EDGAR AKUFFO-ADDO
2:10	BROADBAND INTERNET ACCESS IN FIRST NATION RESERVE COMMUNITIES AND MALDISTRIBUTION OF CANADIAN DERMATOLOGISTS: AN ECOLOGIC STUDY	ERIC MCMULLEN
2:15	SOCIAL DETERMINANTS OF HEALTH IN ATOPIC DERMATITIS: ADDRESSING CHALLENGES IN HEALTH LITERACY.	VINCENT WAN
2:25	PANEL DISCUSSION	
2:40	**A FINAL CALL TO ACTION**	DR. RACHEL ASINIWASIS

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