SECOND ANNUAL

Acne Summit 2025

SATURDAY NOVEMBER 29, 2025 | 1 P.M. TO 4:30 P.M. ET | VIRTUAL SUMMIT

advance briefing

THE SCOPE AND IMPACT OF ACNE IN CANADA

Acne vulgaris is the most common skin disorder in Canada, affecting millions from adolescence into adulthood. The visible nature of acne and its chronic, relapsing course contribute to profound mental health burdens, spanning embarrassment, isolation, and depression, while intensifying pre-existing social disparities. With new advances in acne research and evolving clinical guidelines, Canadian practitioners are increasingly called upon to address acne as a multifaceted, biopsychosocial condition.

ETIOLOGY: MULTIFACTORIAL PATHOGENESIS

GENETIC INFLUENCES

Recent genome-wide investigations continue to affirm the central role that genetics play in acne susceptibility and severity. Variations in genes regulating androgen synthesis, sebaceous gland function, and follicular keratinization may predispose individuals to more persistent, severe acne. Family history remains a significant risk factor cited in population studies.

HORMONAL FACTORS

Hormones are pivotal in acne, particularly androgens, which stimulate sebaceous gland activity and enhance sebum production. Puberty, menstrual cycles, pregnancy, and menopause provoke either surges or declines in hormones that disrupt cutaneous homeostasis and trigger acne flares. In older females, hormonal changes marked by declining estrogen and persistent androgenic activity are strongly implicated.

PrCABTREO™

THE **FIRST + ONLY TRIPLE COMBINATION** TREATMENT INDICATED IN ACNE‡

NOW COVERED
BY THESE PUBLIC FORMULARIES
(CRITERIA MAY APPLY)†
ON • QC • NS • SK • NIHB

CABTREO (clindamycin phosphate, adapalene, and benzoyl peroxide) is indicated for the topical treatment of acne vulgaris in patients 12 years of age and older.

C CLINDAMYCIN

A ADAPALENE

B BENZOYL PEROXIDE

ONCE-DAILY TOPICAL GEL

Consult the Product Monograph for complete details on recommended dosing and administration.

Scan here to learn more about CABTREO ›

Consult the Product Monograph at https://bauschhealth.ca/wp-content/uploads/2024/08/CABTREO-PM-E-2024-08-01.pdf for contraindications, warnings, precautions, adverse reactions, interactions, dosing and conditions of clinical use. The Product Monograph is also available by calling 1-800-361-4261.

NIHB=Non-Insured Health Benefits.
† Consult the respective formularies for full coverage details and restrictions.
‡ Comparative clinical significance unknown.
Reference: CABTREO Product Monograph. Bausch Health.

BAUSCH Health
bauschhealth.ca

MADE IN CANADA
* Made in Canada with domestic and imported parts.

REVIEWED BY PAAB

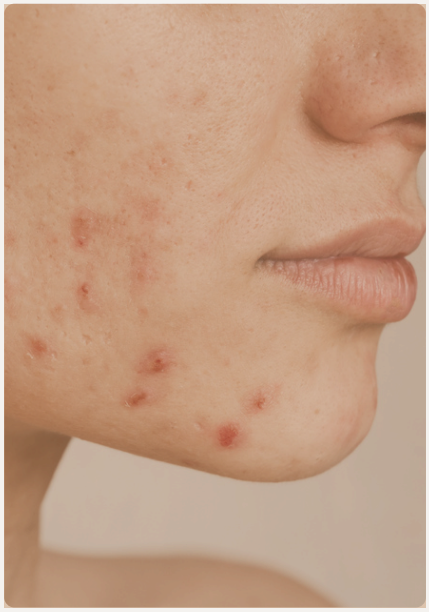
PrCABTREO™
(Clindamycin Phosphate, Adapalene and Benzoyl Peroxide) Gel
1.2%, 0.15%, 3.1% w/w

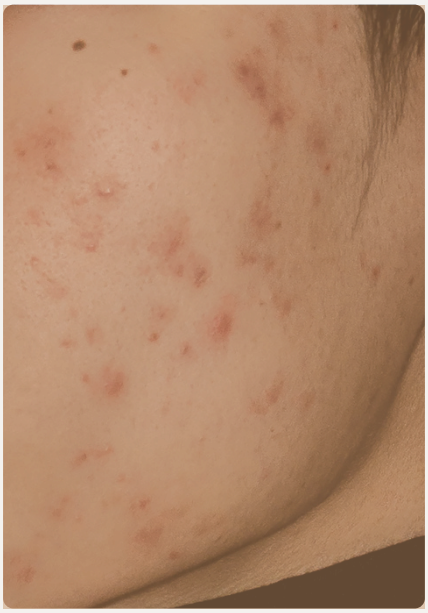
MICROBIOME AND IMMUNOLOGY

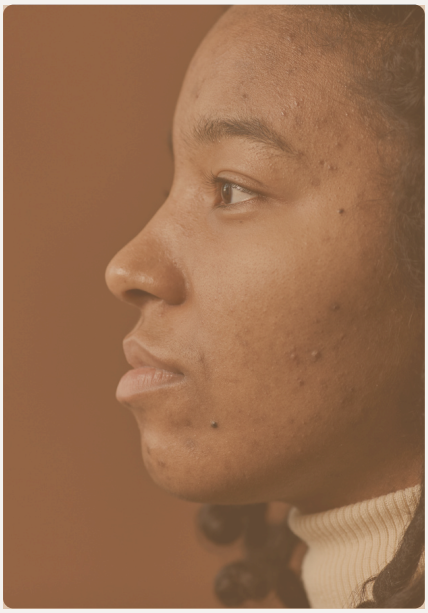
Studies published in the last year have elucidated how shifts in the skin and gut microbiome contribute to acne pathophysiology. *Cutibacterium* acnes and related strains interact with sebaceous lipids and the innate immune system, inciting cytokine-driven inflammation. Loss of beneficial gut bacteria, such as *Bifidobacterium*, appears to heighten susceptibility to acne and other inflammatory dermatoses. Furthermore, multiomics research that profiles microbial shifts alongside host genetic features, may offer new therapeutic targets for clinical trials.

OTHER CONTRIBUTING FACTORS

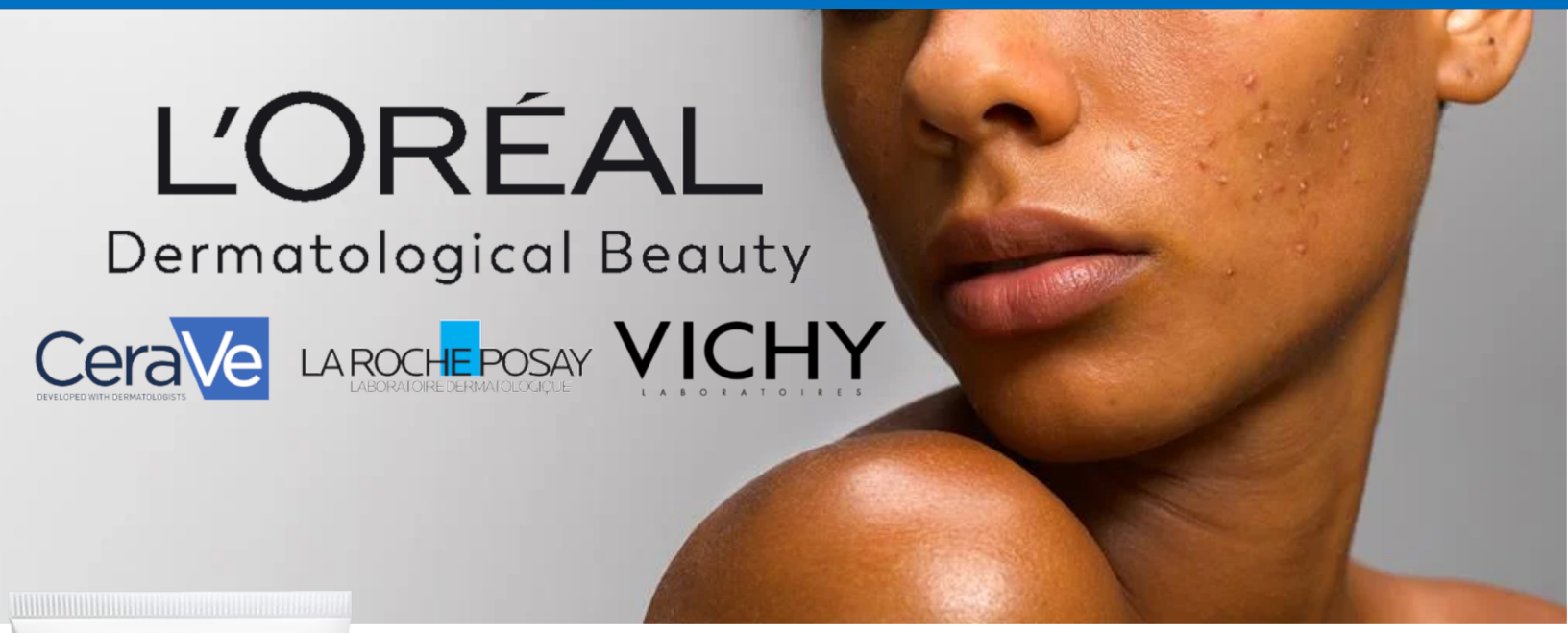
Although frequently blamed, diet and hygiene are minor contributors compared to underlying biological pathways. Medications (steroids, antidepressants, chemotherapy agents), stress (which alters corticosteroid levels), and environmental exposures (humidity, pollution) can all exacerbate the disease.







Dermatologist Recommended Skincare Solutions for Your Acne Patients



SOCIAL DISPARITIES: STIGMA, SOCIOECONOMIC BARRIERS, AND ACCESS

SOCIOECONOMIC STATUS AND ACCESS TO CARE

Despite Canada's universal healthcare system, access to specialist dermatologic care remains uneven. Individuals from lower socioeconomic backgrounds, rural and remote areas, and Indigenous or racialized communities face pronounced barriers to care. Financial strain, travel costs, shortages of dermatologists, and underinsurance for newer treatments compound these challenges, increasing disease burden and chronicity.

PSYCHOLOGICAL AND MENTAL HEALTH BURDEN

A recent study confirmed that even mild acne triggers feelings of depression, low self-esteem, and risk of self-harm. These risks are highest in marginalized youth, sexual minorities, and women, who report greater emotional impact and social withdrawal. Stigma, bullying, and misconceptions about causes ("dirty skin," "bad diet") exacerbate distress—sometimes resulting in unhealthy coping behaviours, such as skin picking or improper use of medications. Studies across Canada and internationally show a clear link between visible scarring and persistent psychological trauma, especially where scarring leads to colour change (post-inflammatory hyperpigmentation), which is more common in patients with skin of colour.

RACIAL AND GENDER DISPARITIES

Patients of colour often face unique challenges: Higher rates of pigmentary changes and scarring, delayed diagnosis, and fewer culturally competent treatments. According to the 2025 Canadian Acne Guidelines website, the the new guidelines, when released are expected to specifically address these gaps with recommendations for management tailored to darker phototypes and adjunctive therapies. Gender also shapes experience and access: Women and girls frequently encounter greater stigma and blame around visible skin conditions (especially in older age) yet may struggle to access appropriate hormonal assessment and support.

Winlevi®
(clascoterone) cream 1%

The **FIRST and ONLY**
TOPICAL ANTI-ANDROGEN
for patients with ***acne vulgaris****

WINLEVI® (CLASCOTERONE) IS INDICATED FOR THE TOPICAL TREATMENT OF ***ACNE VULGARIS*** IN PATIENTS 12 YEARS AND OLDER.1

WINLEVI® is covered by most private insurers in Canada.

For more information on WINLEVI®
Visit WINLEVI.ca
Please note, you will be entering a website intended for patients.

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.
- Conditions of clinical use, adverse reactions, drug interactions, and dosing instructions.

The Product Monograph is also available by calling 1-844-924-0656.

*Comparativeclinical significanceunknown.

Reference:

1. Current WINLEVI® Product Monograph, Sun Pharmaceutical Industries Limited.

PM-CA-WIN-0068

REVIEWED BY PAAB

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SKIN SPECTRUM SUMMIT

The Canadian Conference on Ethnodermatology

OCTOBER 2 & 3, 2026

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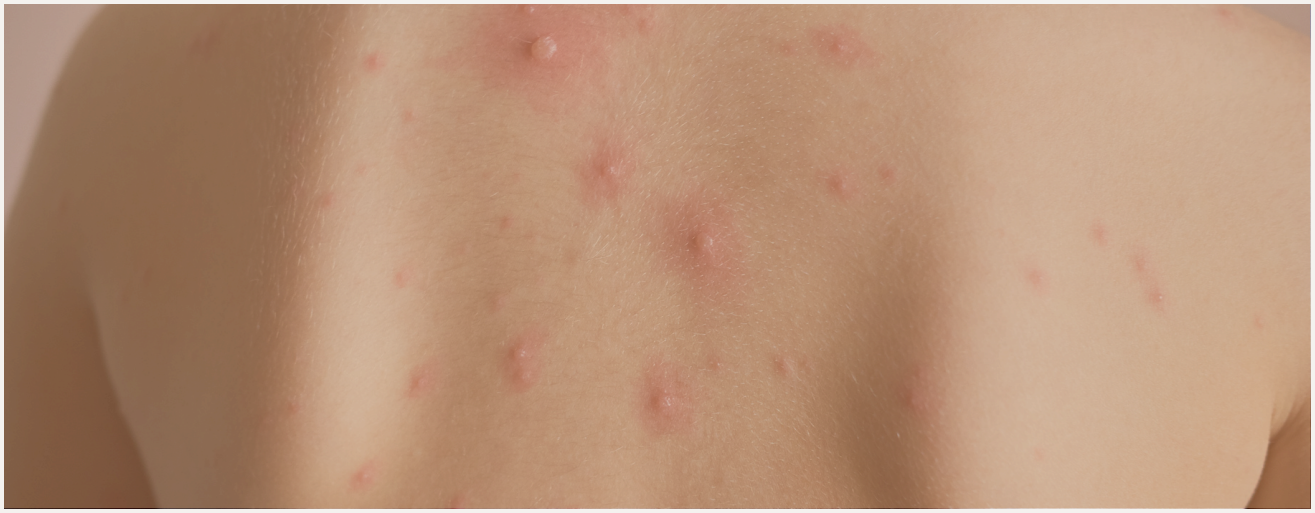
12th Annual

SKIN SPECTRUM SUMMIT

THE ROLE OF PATIENT ADVOCACY AND DIGITAL SUPPORT

Organizations such as Acne Action (The Acne and Rosacea Society of Canada) and the Canadian Skin Patient Alliance have grown in visibility, supporting patients with psychosocial and educational resources. Digital interventions, peer groups, and social campaigns highlighting "skin positivity" are slowly helping to shift cultural attitudes and improve resilience, though the need for evidence-based patient education and mental health support is still acute.



DIAGNOSIS OF ACNE IN OLDER FEMALES: CLINICAL NUANCES

PREVALENCE AND PRESENTATION

Up to 30% of Canadian women between the ages of 20 to 40 years develop acne, including first-time onset during perimenopause and menopause. In this demographic, acne often manifests with deep inflammatory lesions or cysts primarily in the T-zone, but can extend to the back, chest, and scalp. Diagnosis is complicated by acne's overlap with rosacea, seborrheic dermatitis, periorificial dermatitis, and drug-induced eruptions.

AKLIEF® is the ONLY acne treatment clinically proven to **reduce active lesions by 70%** and **acne scarring by more than 55% in 24 weeks**†1-3

Indication and clinical use:

AKLIEF® (trifarotene 50 mcg/g) cream is indicated for the topical treatment of *acne vulgaris* of the face and/or trunk in patients 12 years of age and older.

Safety and effectiveness have not been established in geriatric patients (≥65 years).

Contraindications:

- Eczema or seborrheic dermatitis
- Pregnancy or women planning a pregnancy

Most serious warnings and precautions:

- **For external use only, not for ophthalmic use**
- **Pregnancy or planning a pregnancy:** Rare reports of birth defects associated with topical retinoids during pregnancy. Women of child-bearing potential should be informed of potential risks and use effective birth-control measures

Other relevant warnings and precautions:

- Discontinue use if allergic/hypersensitivity reactions occur
- Avoid contact with eyes, lips, angles of the nose, mucous membranes, abraded skin, open wounds, cuts, and eczematous and sunburned skin
- Avoid use of other dermatologic medications and potentially irritating topical products that have a strong skin-drying effect and products with high concentrations of alcohol, astringents, spices, or limes
- Non-comedogenic cosmetics should be used
- Treatment area should not be covered with dressings or bandages
- Weather extremes, such as wind or cold, may be more irritating
- Exposure to excessive sunlight, including sunlamps, should be avoided or an effective sunscreen and protective clothing are recommended
- Certain cutaneous signs and symptoms can be expected with use
- Use of electrolysis, "waxing," and chemical depilatories for hair removal should be avoided
- Caution when taking drugs with known photosensitizers
- Avoid use on chest during breastfeeding

For more information:

Please consult the AKLIEF® Product Monograph at https://pdf.hres.ca/dpd_pm/00054047.PDF for important information relating to adverse reactions, interactions, and dosing information, which have not been discussed in this advertisement.

The Product Monograph is also available by calling us at 1-800-467-2081.

BL, baseline.
†1-3Demonstrated in a randomized, split-face, double-blind study of patients (age: 17–34 years, N=121) with moderate-to-severe facial acne, with acne scars present, treated with AKLIEF® Cream or vehicle once daily for 24 weeks. The primary endpoint was absolute change from baseline (BL) in total atrophic acne scar count per half face at Week 24. Other endpoints were atrophic acne scar counts, acne lesion counts, Scar Global Assessment, Investigator's Global Assessment and success rates.[1]The total atrophic acne scar count was 11.4 BL vs. 5.4 ± 5.6 Week 24 with AKLIEF® Cream (mean percentage change: 55.2%).[1] The total acne lesion count was 37.3 BL vs. 11.0 Week 24 with AKLIEF® Cream (mean percentage change: 70.0%).[1,5] This study was sponsored by Galderma.[1]

References: 1. Schleicher S, *et al. Dermatol Ther (Heidelb).* 2023;13(12):3085–3096. **2.** Dreno B, *et al. J Dermatol.* 2018;19(2):275–286. **3.** Loss MJ, *et al. Dermtol Ther (Heidelb).* 2018;8:245–257. **4.** AKLIEF [Product Monograph] November, 2019. Thornhill, Ontario. Galderma Canada Inc. **5.** Galderma Data on File. START study Clinical Study Report: RD.06.SPR.202395 (May 2023) (Listing 16.2.6.6).

GALDERMA
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CA-AFC-2500028

ETIOLOGICAL MECHANISMS

Declining estrogen and persistent androgenic influences during menopause shift sebaceous gland activity, increasing risk of persistent or late-onset acne flares. Insulin resistance and metabolic syndrome—more common in older populations—may further disrupt hormonal balance and increase risk. Medications (hormone therapies, antidepressants), underlying endocrine disorders (polycystic ovary syndrome, androgen-secreting tumors), and stress factors must all be considered in clinical assessment.

CLINICAL ASSESSMENT: KEY CONSIDERATIONS

- Obtain detailed hormonal and dermatological history, including onset, pattern, and cyclical features.
- Examine for signs of virilization, sudden onset, or severe inflammatory disease suggesting endocrine abnormalities.
- Assess for overlaps with other facial dermatoses and for evidence of post-inflammatory pigment changes or scarring.
- Evaluate the impact of psychosocial factors, as older women report higher levels of distress in relation to skin changes, often linked with other menopausal symptoms.

QUALITY OF LIFE AND SELF-MANAGEMENT

Older females diagnosed with acne often face unique psychosocial burdens—loss of skin confidence at a time of other major life changes, difficulty accessing hormone evaluation, and limitations to treatment options due to contraindications or comorbidities. Education, empathy, and facilitation of supportive care (mental health, peer groups, teledermatology) are crucial to improve quality of life and outcomes.

Epuris® for severe acne:
Modern dosing for modern lives.

Epuris®: Dependable delivery, superior dosing flexibility.

- Epuris® is available in four different strengths to facilitate individualized dosing according to each patient's weight and disease severity.[1]
- In the fasted state, the absorption of Epuris® was approximately 83% greater than Accutane®.[1]

Epuris® capsules are NOT INTERCHANGEABLE with other isotretinoin-containing products.

Epuris® (isotretinoin) is indicated for the treatment of severe nodular and/or inflammatory acne, acne conglobata and recalcitrant acne in patients aged 12 years or older who are unresponsive to first-line therapies. Epuris® is contraindicated in pregnancy.

References: **1.** Cipher Pharmaceuticals Inc. Epuris® Product Monograph. May 1, 2017.

Indications and clinical use: 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 only be prescribed by physicians knowledgeable in the use of retinoids systemically, who understand the risk of teratogenicity in females of child bearing age and who are experienced in counselling young adults for whom isotretinoin is generally indicated. **Epuris® should not be substituted with other marketed formulations of isotretinoin.** Use of isotretinoin in pediatric patients aged 12–17 years should be given careful consideration, especially those with a known metabolic or structural bone disease. **Contraindications: pregnancy**; breastfeeding women; hepatic and renal insufficiency; hypervitaminosis A; patients with excessively elevated blood lipids; patients taking tetracyclines. **Most serious warnings and precautions: Pregnancy prevention:** Isotretinoin is a known teratogen contraindicated in pregnancy. Epuris® is also contraindicated in females of childbearing potential and should only be prescribed if **ALL** the conditions described in the Product Monograph under "Conditions of use" are met. Physicians **MUST** use the Epuris® Patient Engagement and Education Resource (PEER™) Program when prescribing this drug to female patients of childbearing potential. **Psychiatric:** Some patients treated with isotretinoin have become depressed and some attempted or committed suicide. Although a causal relationship has not been established, all patients should be screened and monitored for signs of depression during therapy. **Neurologic:** Isotretinoin use has been associated with a number of cases of pseudotumor cerebri (benign intracranial hypertension), some of which involved concomitant use of tetracyclines. **Other relevant warnings and precautions:** The most common reported side effects are mucocutaneous or dermatologic. However, serious skin reactions including erythema multiforme, Stevens-Johnson syndrome and toxic epidermal necrolysis have been reported. **For more information:** Please consult the Product Monograph at http://epuris.ca/pdf/130314-English-Epuris-PM-Clean.pdf 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 1-855-437-8747 (1-855-4-EPURIS).

www.epuris.ca **www.cipherpharma.com**

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PERSPECTIVES AND EVOLVING CANADIAN GUIDELINES

Canadian guidelines are increasingly multidimensional, emphasizing multidisciplinary care—collaboration among dermatologists, primary care, mental health professionals, pharmacists, and patient advocates. Studies published recently, including this Canadian study on acne vulgaris, reflect the importance of skin type and pigment, female-specific diagnosis and management, social context, and the ongoing inclusion of digital and telehealth solutions.

CONCLUSION: TOWARD EQUITABLE MANAGEMENT

The evolving science of acne—from genomics and microbiome research to psychosocial and socioeconomic understanding—demands a nuanced, patient-centred approach in Canadian dermatological practice. Addressing acne's burden is about more than visible lesions; it requires recognizing its deep social impact, building equity in healthcare access, and sensitively diagnosing unique presentations, particularly in older women and marginalized groups. Canadian clinicians are at the forefront of integrating emerging research, innovative interventions, and compassionate care for patients across the lifespan.

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Celebrating its 40th anniversary, Dermtek Pharma is Canada's trusted leader in over-the-counter dermatological therapies.
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ACNE SUMMIT CO-CHAIRS

DR. JERRY TAN

WINDSOR, ONT.

Dr. Jerry Tan graduated in medicine from Queen's University in Kingston, Ont., in internal medicine at the University of Toronto and in dermatology at University of British Columbia and University of Michigan. He practices in Windsor, Ont. His research focus includes acne, acne scars, and rosacea. He has an interest in shared decision making and his group has developed patient decision aids—on acne, psoriasis, rosacea, and hidradenitis suppurativa.

He is the past President of the Acne and Rosacea Society of Canada, co-chair of the Acne Core Outcomes Research Network (ACORN), co-author of the AAD acne guidelines and has been an associate editor of the *JAAD* and the *BJD*. Over the past three decades, he has authored/co-authored more than 180 peer-reviewed publications.

DR. GEETA YADAV

TORONTO

Dr. Geeta Yadav is a board-certified dermatologist, founder of FACET Dermatology in Toronto, and Clinical Adjunct Faculty at the University of Toronto. Her clinical practice focuses on medical and cosmetic dermatology with a special interest in treating skin of colour and tailoring care to women's unique skin needs across the lifespan.

Dr. Yadav is a principal investigator in numerous clinical trials focused on inflammatory skin conditions and barrier dysfunction, including atopic dermatitis and acne. She regularly lectures on personalized skincare approaches, post-inflammatory pigmentary changes, and evidence-based treatment strategies in diverse patient populations.

ACNE SUMMIT FACULTY

DR. SONYA ABDULLA
TORONTO

Dr. Sonya Abdulla has a blended medical and aesthetic dermatology practice in downtown Toronto. Her areas of clinical interest include acne and rosacea. She has a diverse procedural practice with an emphasis on injectables, lasers, and energy-based devices for the face and body.

She earned her Doctor of Medicine from the University of Ottawa where she was recognized with the Dr. André Peloquin Award for excellence in patient care. Her additional fellowship training in Dermatologic Laser Surgery and Aesthetic Medicine from the University of Toronto has created the foundation for adaptive, long-term, multimodal treatment planning.

Dr. Abdulla's treatment philosophy is personalized to patient needs and lifestyle—it is backed by science, integrating the most current treatment protocols and latest in evidence-based skincare.

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 centre 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 Association's 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 young children.

DR. JESSICA ASGARPOUR
CALGARY

Dr. Jessica Asgarpour is board-certified in both Canada and the U.S. She completed medical school at the Cumming School of Medicine and her dermatology residency at the University of Alberta. She practices medical, surgical, and cosmetic dermatology with a special interest in hidradenitis suppurativa and deroofing surgeries, as well as acne, psoriasis, eczema, skin cancer, and women's health. She is currently working at the Skin Health and Wellness Centre in Calgary. She is a lecturer at the University of Toronto, a courtesy clinical associate at Women's College Hospital, and is an active investigator for ongoing clinical trials in inflammatory diseases. She is a board member on the Canadian Hidradenitis Suppurativa foundation.

DR. PATRICK FLEMING
TORONTO

Dr. Patrick Fleming is an Assistant Professor of Medicine, University of Toronto Dermatologist and Investigator and a York Dermatology and Research Centre Consultant Dermatologist, University Health Network.

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. JUTHIKA THAKUR
TORONTO

Dr. Juthika Thakur is a dual board-certified dermatologist practicing at the Canadian Dermatology Centre. She is recognized for her clinical expertise in medical dermatology as well as her leadership in digital health innovation. Dr. Thakur has presented at leading national and international forums, including the AAD Innovation Academy, World Congress of Teledermatology, the World Congress of Dermatology, and the Canadian Women in Dermatology Leadership Summit. She has contributed to the implementation of provincial digital health initiatives such as Connecting Ontario, and she currently serves as a consultant to companies advancing AI applications in dermatology. With academic and clinical training from several Canadian universities, Dr. Thakur brings a multidisciplinary approach to patient care.

DR. CATHERINE ZIP
CALGARY

Dr. Catherine Zip is a Clinical Associate Professor at the University of Calgary and practice medical dermatology at the Dermatology Centre in Calgary. She is a fellow of the College of Physicians and Surgeons of Canada and is board certified by the American Board of Dermatology. She is also on the Board of Directors of the Acne and Rosacea Society of Canada.

SECOND ANNUAL

Acne Summit 2025

AGENDA | NOVEMBER 29, 2025

1:00 P.M.	**WELCOME & LEARNING OBJECTIVES** DR. GEETA YADAV, ACNE SUMMIT CO-CHAIR 
	MODULE 1: ACNE — WHY? WHO? HOW?
1:10	**WHY DOES ACNE DEVELOP?** DR. JERRY TAN, ACNE SUMMIT CO-CHAIR AN OVERVIEW ON THE PATHOGENESIS OF ACNE 
1:25	**WHO DOES ACNE AFFECT?** DR. CATHERINE ZIP THE EPIDEMIOLOGY AND BURDEN OF ACNE 
1:40	**ACNE AND THE ALGORITHM: HOW SOCIAL MEDIA SHAPES PERCEPTION, SELF-CARE, AND MISINFORMATION** DR. GEETA YADAV, ACNE SUMMIT CO-CHAIR HOW SOCIAL MEDIA PLAYS A ROLE IN THE TREATMENT OF ACNE 
2:00	**THE ACNE PATIENT JOURNEY: SCENARIO-BASED INSIGHTS** DR. PATRICK FLEMING SPONSORED BY BAUSCH HEALTH CANADA 

2:20	**LIVE PANEL DISCUSSION**
	MODULE 2: WHAT CAN WHAT CLINICIANS CAN DO TO HELP: ACNE TREATMENT GUIDANCE
2:35	**NEW TOPICALS TO TREAT ACNE** DR. SONYA ABDULLA TOPICAL TREATMENT OPTIONS IN 2025 
2:50	**SYSTEMIC TREATMENT OPTIONS FOR ACNE** DR. RENITA AHLUWALIA WHAT SYSTEMIC TREATMENT OPTIONS ARE AVAILABLE TO TREAT ACNE? WHEN SHOULD YOU USE ORAL ISOTRETINOIN? 
3:10	**USING ENERGY BASED DEVICES FOR ACNE TREATMENT** DR. JESSICA ASGARPOUR HOW EFFECTIVE ARE LASER TREATMENTS? 
3:25	**ADVANCES IN ACNE SCAR TREATMENT** DR. JUTHIKA THAKUR NEW DEVELOPMENTS IN TREATING ACNE SCARRING 
3:40	**MODERNIZING ACNE THERAPY: WHY LIDOSE ABSORPTION MATTERS IN PATIENT OUTCOMES** DR. JAGGI RAO SPONSORED BY CIPHER PHARMACEUTICALS 

4:00	**LIVE PANEL DISCUSSION**	
4:15	**CLOSING REMARKS** DR. JERRY TAN, ACNE SUMMIT CO-CHAIR	

LEARNING OBJECTIVES

1. Describe the fundamental science of acne, including its pathogenesis, epidemiology, and disease burden
2. Evaluate how modern factors such as social media influence patient perceptions
3. Understand current pharmacological treatments for acne
4. Summarize advances in managing active acne and post-acne sequelae
5. Understand how therapeutic optimization can impact treatment outcomes

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2025

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Association Canadienne des Étudiants Noirs en Médecine | Black Medical Students' Association of Canada

CFMS FEMC
Canadian Federation of Medical Students
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ACSPA
Canadian Skin Patient Alliance
Alliance canadienne des patients en dermatologie

cdna
CANADIAN DERMATOLOGY NURSES' ASSOCIATION

Dermatology Association of Ontario

IPAC
Indigenous Physicians Association of Canada

AMIC
Association de médecins indigènes du Canada

MDIG

NSWOCC
ISPSCC

Pharmacists' Association of the Niagara Peninsula