

OCTOBER 1, 2020  
8 P.M. - 9:30 P.M EDT

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SKIN  
SPECTRUM  
SUMMIT

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CURRICULUM 1: GENERAL MEDICAL CONCERNS IN  
SKIN OF COLOUR PATIENTS

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**SKIN SPECTRUM SUMMIT**

The Canadian Conference on Ethnodermatology

# SUMMARY

This report, prepared for the exclusive use of delegates to Skin Spectrum Summit 2020 virtual online program, 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.

# 22.3%

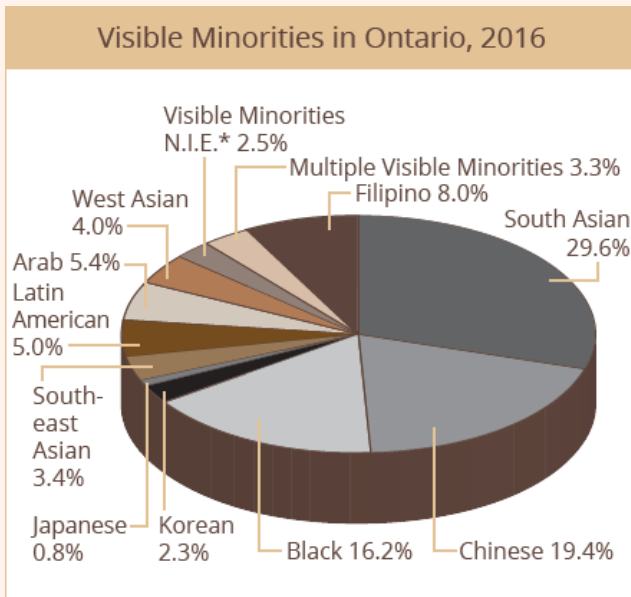
of Canada's population  
is a minority

# 50%

are members of a ethnic minority  
group in the United States



Highlights of the evening's presentations follow below.



According to the most recent Canadian Census, minority populations combined to make up 22.3% of the country's population, an increase from 19.1% at the previous census. According to a 2020 U.S. Census Bureau estimation, 50% of U.S. individuals under the age of 18 are members of an ethnic minority group in the United States.

There are many important differences that exist in the presentation of common skin conditions in patients with darker skin types. These differences require dermatologists to adopt the skills, attitudes and knowledge required to address these specific concerns, according to a recent study by Dr. Boluwaji Ogunyemi and Dr. Yvette Miller-Monthrope on the state of ethnic dermatology in Canada.

Patients with skin of colour who visited specialized clinics staffed by dermatologists with experience in treating their skin types reported higher satisfaction levels. Researchers found that compared to experiences with dermatologists at non-specialized clinics, patients who visited dermatologists at specialized skin of colour clinics perceived their doctors as more respectful, better understanding, more trustworthy and better trained. The researchers said that they believed the satisfaction ratings are linked to the dermatologist's specific knowledge of black skin and hair, and their personal clinical style.

In a recent interview with *The Chronicle of Skin & Allergy*, Dr. Jenna Lester of the University of California San Francisco talked about the findings of a study she authored on the lack of images of skin of colour in studies analyzing Covid-19 skin manifestations.



“I thought it was a **pretty huge injustice that the very people worldwide who have been identified as having the worst outcomes** in terms of hospitalization and death rates [from Covid-19] were not represented in these photos,” she said.



In August, 2020, a group of 32 medical specialists from across Canada and the U.S. took a stand against racism by signing an open letter to their patients, the Canadian public. The communiqué from dermatologists appeared as a full-page advertisement published in a national newspaper.

In the message titled “A Letter to the Canadian Public from Dermatologists on the Reality of Race, Ethnicity and Racial Attitudes,” the doctors explain the scientific basis for the differences in skin tones and hues among different ethnic groups.

They wrote: “While each skin type has its own structures and characteristics, it is a long-established principle of science that no skin type or hue is superior to another.” The doctors added, “We also know that melanin variations in the skin may represent the very least of peoples’ differences.”

*Data sources used in the preparation of this document include published research studies, interviews with researchers and dermatologists, Statistics Canada, and the U.S. Census Bureau.*



**A letter to the Canadian public from dermatologists, on the reality of race, ethnicity and racial attitudes**

**we are dermatologists, we treat people as people, as individuals.**

When the conversation came to race, ethnicity, and skin colour, as it has during the past weeks, you sometimes hear well-meaning people say, “I don’t see the colour, I only see the person.”

**we see more than skin.**

We see the spectrum of tone and pigmentation levels in our patients and recognize the nuances of dermatologic features in each individual skin type.

These colours are a result of human biology, specifically, a substance called melanin. According to the Fitzpatrick phototyping scale used in dermatology, the spectrum of skin tones fall within a range of six types, from the least pigmented, “Type I,” to the most fully pigmented, “Type VI.” This scale is used in dermatology to characterize an individual’s response to sun exposure, which often correlates with one’s constitutive skin pigmentation (or melanin content.)

While each skin type has its own structures and characteristics, it is a long-established principle of science that no skin type or hue is superior to another. In that sense, we also know that melanin variations in the skin may represent the very least of peoples’ differences.

**We do see the colour, and each is exquisite.**

**we see diversity, and it is a gift to us collectively.**

And while it’s true that all people are interconnected, some experiences, regrettably, are disproportionately borne by certain members of our human family. Too recently, and too often, too many people—in particular, Black and Brown and First Nations, Inuit, and Métis people—have been subjected to discrimination, challenges, disparities, and/or violence, on the basis of their skin type.

**we modernize our patients or as race aware as needed, opportunistically, justice, and we see results in our evidence.**

We need this moment by stating that we are proud to stand with our neighbours, family, and colleagues in colour.

**we recognize, we recognize, we recognize skin as our agency in society.**

**we say that much. Live well.**

ORGANIZED by the Organizers, Faculty, Delegates, and Friends of “Skin Spectrum Summit: The Canadian Conference on Ethnodermatology and Skin of Colour”

Dr. Jason Evans Toronto, Ontario	Dr. Andrew P. Davis Toronto, Ontario	Dr. Daniela Mancini Montreal, Quebec
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Dr. Julia Carroll Ottawa	Dr. Justine Clavina Ottawa, Ontario	Dr. Sergio Cook Ottawa
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**If you are a healthcare professional interested in reading our newly available e-newsletter about dermatology and skin of colour, please respond to a subscription at [www.skin-spectrum.com](http://www.skin-spectrum.com)**



# LEARNING OBJECTIVES

*Presented by curriculum chair, **Dr. Gary Sibbald***

At the conclusion of the activity, participants will:

- Have learned about the different skin conditions in Canada's ethnic populations, including the manifestations of common dermatologic problems for persons with skin of colour.
- Be able to improve their diagnostic practices of different skin conditions in this growing ethnic population.
- Have learned strategies and tools to better manage patients with skin of colour including potential unique challenges that they may face in their treatment.



**Dr. Gary Sibbald,**  
Dermatologist and Internist,  
Professor of Medicine and  
Public Health, University of  
Toronto

Dr. Sibbald is a dermatologist and internist with a special interest in wound care and education. He is a Professor of Medicine and Public Health at the University of Toronto and an international wound care key opinion leader (educator, clinician and clinical researcher). Dr. Sibbald is co-founder of the Canadian Association of Wound Care (now Wounds Canada) and the former Director of the Wound Healing Clinic, Women's College Hospital, Toronto. He is also past president of the World Union of Wound Healing Societies (2012-2016). Dr. Sibbald has been curriculum chair of the Skin Spectrum Summit since the inaugural meeting in 2015.

# PRESENTATION HIGHLIGHTS

**Dr. Jerry Tan**, a dermatologist in Windsor, Ont. and Principal Investigator at Windsor Clinical Research, will address rosacea in the skin of colour patient.

**Related Reading:** Although clinical signs of rosacea may appear similar across all skin types, diagnosis may be more of a challenge for patients with skin of colour. In addition, physicians should be familiar with the wide range of presentations that may mimic rosacea in patients with skin of colour.

**Dr. Andrew F. Alexis**, Chair, Department of Dermatology, Mount Sinai Morningside, New York, will present on emerging treatments and agents for a variety of dermatologic conditions.

**Related Reading:** A study authored by Dr. Alexis investigated the safety and efficacy of 2% Crisaborole Ointment for the treatment of atopic dermatitis (AD) for a variety of skin types. They found that the topical improved the severity of AD and reduced symptoms in patients with skin of colour, according to the study.

**Dr. Renée A. Beach**, a medical and cosmetic dermatologist at DermAtelier on Avenue in Toronto and staff dermatologist Women's College Hospital in Toronto, will discuss nail and hair disorders for patients of all skin spectrums in her presentation. **Related Reading:** Authors of a recent research paper on traction alopecia, a condition commonly experienced by individuals with Afro-Caribbean hairstyles, explored the pathophysiology, identified a number of differential diagnoses and recommended treatment options.

**Dr. Jenna Lester** of the University of California San Francisco will give a rapid-fire presentation on her study regarding a lack of images of patients with skin of colour in Covid-19 studies.

**Related Reading:** A recent research article by Dr. Lester found that images of patients with Fitzpatrick skin types III-VI were notably absent from studies on the cutaneous manifestations of Covid-19. This is despite the fact that the virus has affected patients of colour at a disproportionate rate.

**Dr. Rachel Netahe Asiniwasis**, a double-board certified dermatologist currently practicing in her hometown of Regina, will present the second rapid-fire presentation on dermatology in the indigenous population.

**Related Reading:** A study that set out to assess the aspects of Indigenous healing strategies in Canada and determine how to better serve Indigenous populations in culturally relevant ways found that a “de-colonizing approach” that is respectful of Indigenous cultural approaches to healing were effective.