DISCLOSURES

• NONE
NEW PSORIASIS THERAPIES

- SECUKINUMAB  IL-17
- IXEKIZUMAB     IL-17
- BRODALUMAB      IL-17 RECEPTOR
- GUSELKUMAB      IL-23
- RISANKIZUMAB    IL-23
- TILDRAKIZUMAB   IL-23
- MIRIKIZUMAB     IL-23
GUSELKUMAB VS ADALIMUMAB FOR PSORIASIS

REICH K ET AL. JAAD 2017;76:405-417
BLAUVELT A ET AL. JAAD 2017;76:418-431

- GUSELKUMAB: MAB TARGETING IL-23 P-19 SUBUNIT
  - (cf. USTEKINUMAB: AN ANTI-IL 12/23 MONOCLONAL ANTIBODY)
- OBSERVATION THROUGH WEEK 48
- SUPERIOR TO ADALIMUMAB IN MOST PARAMETERS
- EFFECTIVE IN ADALIMUMAB NONRESPONDERS
COMPLICATIONS OF SYSTEMIC PSORIASIS TREATMENT

• INFECTIONS
  – DOBRY A ET AL. JAAD 2017;77:838-44
    • ↑ SKIN, SOFT TISSUE; MENINGITIS?

• MALIGNANCY
  – FIORENTINO D ET AL. JAAD 2017;77:845-54
    • ↑ W/TNF-α INHIBITORS
DUPILUMAB FOR ATOPIC DERMATITIS

SIMPSON E ET AL. JAAD 2016;75:506-15
FLEMING P ET AL. JAAD 2018;78:62-9

• MONOCLONAL AB AGAINST IL-4/IL-13
  – DRIVES Th2-MEDIATED INFLAMMATION

• 7 SEPARATE STUDIES; > 1500 PTS; MODERATE TO SEVERE ATOPIC DERMATITIS

• VARYING DOSE COMBINATIONS x 4-16 WKS

• ~ 36% CLEAR/ALMOST CLEAR VS 9% PLACEBO

• ADRs: INJECTION SITE REACTIONS, CONJUNCTIVITIS
  – OVERALL INFECTION RATE DECREASED
# New Atopic Dermatitis Therapies

- **DUPILUMAB** IL-4/13
- **LEBRIKIZUMAB** IL-13
- **TRALOKIZUMAB** IL-13
- **NEMOLIZUMAB** IL-31
- **USTEKINUMAB** IL-12/23
- **FEXAKINUMAB** IL-22
- **TOFACITINIB** JAK-1/3
- **BARICITINIB** JAK-1/2
- **UPADACITINIB** JAK-1
- **APREMILAST** PDE-4
TOPICAL PDE-4 INHIBITORS FOR ATOPIC DERMATITIS

- CRISABOROLE
  - PALLER A ET AL. JAAD 2016;75:494-503

- OPA-15406
  - HANIFIN J ET AL. JAAD 2016;75:336-9
NEW ALOPECIA AREATA/VITILIGO THERAPIES

- TOFACITINIB JAK 1/3
- RUXOLITINIB JAK 1/2
- BARICITINIB JAK 1/2
JAK INHIBITORS IN DERMATOLOGY

- JAK INHIBITORS IN DERMATOLOGY: THE PROMISE OF A NEW DRUG CLASS
  - DAMSKY W ET AL. JAAD 2017;76:736-44

- JAK INHIBITORS IN DERMATOLOGY: A SYSTEMATIC REVIEW
  - SHREBERK-HASSIDEM R ET AL. JAAD 2017;76:745-53
TOFACITINIB FOR ALOPECIA AREATA

• IN ADULTS
  – LIU L ET AL. JAAD 2017;76:22-8

• IN ADOLESCENTS
  – CRAIGLOW B ET AL. JAAD 2017;76:29-32
  – CASTELO-SOCCIO L. JAAD 2017;76:754-5
TREATMENT OF ALOPECIA AREATA WITH TOPICAL TOFACITINIB
LIU L ET AL. JAAD 2018;78:403-4

• 10 PATIENTS; 24 WEEK, OPEN LABEL, 2% TOFACITINIB OINTMENT
• EXCELLENT RESPONSE – 1
• PARTIAL RESPONSE - 2
REPIGMENTATION OF VITILIGO WITH ORAL RUXOLITINIB
HARRIS J ET AL. JAAD 2016;74:370-1

- RUXOLITINIB (JAKAFI®), a JAK INHIBITOR
- PATIENT ON RUXOLITINIB FOR COINCIDENT ALOPECIA AREATA AND VITILIGO
- BOTH CONDITIONS RESPONDED
- HAIR GROWTH MAINTAINED, BUT PIGMENTATION LOST, WHEN TREATMENT DISCONTINUED
REPIGMENTATION OF VITILIGO WITH TOPICAL RUXOLITINIB
ROTHSTEIN B ET AL. JAAD 2017;76:1054-60

• 12 PATIENTS; 20 WEEK, OPEN LABEL, 1.5% RUXOLITINIB CREAM

• MOST EFFECTIVE FOR FACIAL VITILIGO
PHOTOTHERAPY OF VITILIGO
MOHAMMAD T ET AL. JAAD 2017;76:879-88

• THE VITILIGO WORKING GROUP RECOMMENDATIONS FOR nbUVB TREATMENT OF VITILIGO
VITILIGO
PART 1: PATHOGENESIS AND CLASSIFICATION
RODRIGUES M ET AL. JAAD 2017;77:1-13

VITILIGO
PART 2: CURRENT AND EMERGING TREATMENTS
RODRIGUES M ET AL. JAAD 2017;77:17-29
ACNE MANAGEMENT GUIDELINES
ZAENGLIEIN A ET AL. JAAD 2016;74:945-73

• EVIDENCE-BASED REVIEW
OLUMACOSTAT GLASARETIL FOR ACNE
BISSONNETTE R ET AL. JAAD 2017;76:33-9

- A TOPICAL SEBUM INHIBITOR
- PHASE 2A RANDOMIZED, CONTROLLED STUDY
  - 7.5% GEL; 108 PATIENTS
  - 12 WEEKS: SIGNIFICANT CLINICAL IMPROVEMENT AND REDUCTION OF INFLAMMATORY AND NONINFLAMMATORY LESIONS
CONSULTATIVE DERMATOLOGY
HERPES ZOSTER IN HOSPITALIZED ADULTS
AHRONWITZ I ET AL. JAAD 2018;78:223-30

• ISOLATION PRECAUTIONS
• TREATMENT
• PROPHYLAXIS
PREVENTION AND MANAGEMENT OF STEROID-INDUCED SIDE EFFECTS
CAPLAN A A ET AL. JAAD 2017;76:1-16,191-207

• PART 1: REVIEW AND BONE HEALTH
• PART 2: GI AND ENDOCRINOLOGIC
• PART 3: INFECTIOUS AND VACCINE GUIDELINES
• PART 4: OCULAR, CV, MUSCULAR, PSYCHIATRIC AND PEDIATRIC ISSUES
TREATMENT OF RECALCITRANT PEMPHIGUS, PEMPHIGOID & MMP

AHMED A ET AL. JAAD 2016;74:700-8
HUANG A ET AL. JAAD 2016;74:746-53
MALEY A ET AL. JAAD 2016;74:835-40

• IMMUNOSUPPRESSANTS, RITUXIMAB +/- IVIg, AND FUTURE ANTI-B CELL BIOLOGICS
TREATMENT OF GRANULOMA ANNULARE WITH ADALIMUMAB
MIN M ET AL. JAAD 2016;74:127-33

• 7 ADULTS; RECALCITRANT DISEASE
• PSORIASIS DOSING
  – SOME REQUIRED WEEKLY DOSING
• ALL IMPROVED
  – SOME RECURRED AFTER TREATMENT D/C’D
• NO SIGNIFICANT ADRs
The FD&C Act does not, however, limit the manner in which a physician may use an approved drug. Once a product has been approved for marketing, a physician may prescribe it for uses or in treatment regimens or patient populations that are not included in approved labeling. Such “unapproved” or, more precisely, “unlabeled” uses may be appropriate and rational in certain circumstances, and may, in fact, reflect approaches to drug therapy that have been extensively reported in medical literature. The term “unapproved uses” is, to some extent, misleading. It includes a variety of situations ranging from unstudied to thoroughly investigated drug uses. Valid new uses for drugs already on the market are often first discovered through sporadic observations and subsequent innovations, subsequently confirmed by well-planned and executed clinical investigations. Before such advances can be added to the approved labeling, however, data substantiating the effectiveness of a new use or regimen must be submitted by the manufacturer to FDA for evaluation. This may take time and, without the initiative of the drug manufacturer whose product is involved, may never occur. For that reason, accepted medical practice often includes drug use that is not reflected in approved drug labeling.

With respect to its role in medical practice, the package insert is informational only. FDA tries to assure that prescription drug information in the package insert accurately and fully reflects the views of the medical community. The industry is responsible for making this information available. The absence of labeling statements does not indicate that such information is considered inappropriate or inappropriate by the medical community.

Availability
Due to the complexity of the methods used for producing the vaccine, it will be summer or fall of 1992 before the product is generally available from Merck, Sharp & Dohme. This manufacturer can supply complete physician information.

Advice on Limiting Intake of Bonemeal
Due to the unknown but often substantial lead content of individual samples of bonemeal and dolomite, FDA advises practitioners that these substances should be used as little as possible in infants, young children, and pregnant or lactating women.

Bonemeal is used primarily as a calcium and/or phosphorus supplement. Bonemeal supplements are usually composed of finely crushed, processed bone and are packaged in powder, capsule, tablet, or wafer form. The source of bone is usually cattle but sometimes also horses. Bone marrow may also be added to this product. All bonemeal products contain lead which originates primarily from the diet of the animals from which the bone is taken. Bone serves as a repository for lead in the body and, in general, the older the animal the more lead in its bones.

Dolomite is a mineral deposit consisting of calcium-magnesium carbonate with traces of other elements, including lead. Dolomite is used as a calcium and magnesium supplement and, like bonemeal, may be purchased in powder, capsule, tablet, or wafer form.
TOPICAL TIMOLOL FOR ULCERATED INFANTILE HEMANGIOMAS
BOOS M ET AL. JAAD 2016;74:567-70

• RETROSPECTIVE ANALYSIS; 30 CHILDREN
• 1-2 DROPS BID X ~ 3 MONTHS
• ULCERATED LESIONS MOSTLY IN FOLDS
  – 21 RESOLVED
• PROSPECTIVE, RANDOMIZED STUDIES NEEDED
PHOTOTHERAPY OF CUTANEOUS T CELL LYMPHOMA

OLSEN E ET AL. JAAD 2016;74:27-58

• GUIDELINES AND COMPREHENSIVE REVIEW
CUTANEOUS T CELL LYMPHOMA
PART 1: DIAGNOSIS, CLINICAL AND
HISTOPATHOLOGICAL FEATURES, AND NEW
MOLECULAR AND BIOCHEMICAL MARKERS
JAWED S ET AL. JAAD 2014;70:205-22

CUTANEOUS T CELL LYMPHOMA
PART 2: PROGNOSIS, MANAGEMENT, AND FUTURE
DIRECTIONS
JAWED S ET AL. JAAD 2014;70:223-42
GUIDELINES FOR THE USE OF LOCAL ANESTHESIA IN OFFICE-BASED DERMATOLOGIC SURGERY
KOUBA D ET AL. JAAD 2016;74:1201-19

- EVIDENCE-BASED GUIDELINE
- REVIEWS USE, SAFETY, AND PATIENT PREFERENCES

USING BICARBONATE BUFFERED LIDOCAINE
ISEDEH P ET AL. JAAD 2016;75:454-5
SURGICAL TECHNIQUE FOR OPTIMIZING OUTCOMES
MILLER C ET AL. JAAD 2015;72:377-87,389-402

• PART 1: CUTTING TISSUE
  – INCISING, EXCISING AND UNDERMINING

• PART 2: REPAIRING TISSUE
  – SUTURING

INTERRUPTED VS RUNNING SQ SUTURES
LIU X ET AL. JAAD 2017;77:911-9
MANAGEMENT OF NMSC

• BASAL CELL CARCINOMA
  – BICHAKJIAN C ET AL. JAAD 2018;78:MARCH

• SQUAMOUS CELL CARCINOMA
  – ALAM M ET AL. JAAD 2018;78:MARCH
CUTANEOUS SQUAMOUS CELL CARCINOMA
QUE S ET AL. JAAD 2018;78:237-47,249-61

• PART 1: INCIDENCE, RISK FACTORS, DIAGNOSIS, AND STAGING
• PART 2: MANAGEMENT OF ADVANCED AND HIGH-STAGE TUMORS
IMAGING IN THE MANAGEMENT OF NMSC
HUMPHREYS T ET AL.
JAAD 2017;76:579-88,591-607

• PART 1: DIAGNOSTIC MODALITIES AND APPLICATIONS
• PART 2: WHEN IS IMAGING NECESSARY?
APPROPRIATE USE CRITERIA FOR MOHS MICROGRAPHIC SURGERY
AD HOC TASK FORCE. JAAD 2012;67:531-50

WHY APPROPRIATE USE CRITERIA FOR MOHS MICROGRAPHIC SURGERY?
COLDIRON B ET AL. JAAD 2012;67:551
IDENTIFICATION OF HIGH RISK MELANOMAS USING A 31-GENE EXPRESSION PROFILE-BASED CLASSIFICATION
FERRIS L ET AL. JAAD 2017;76:818-25

GENE EXPRESSION PROFILING FOR MOLECULAR STAGING OF PATIENTS UNDERGOING SLNB FOR MELANOMA
SYSTEMIC THERAPIES FOR METASTATIC MELANOMA

VOLPE V ET AL.
JAAD 2017;77:356-68

• TARGETED THERAPIES
• IMMUNOSTIMULATION
NEW THERAPIES FOR METASTATIC MELANOMA

• TARGETED THERAPIES
  - KIT (IMATINIB)
  - BRAF (VEMURAFENIB, DABRAFENIB)
  - MEK (COBIMETINIB, TRAMETINIB)

• IMMUNOSTIMULATION
  - ANTI-CTLA–4 (IPILIMUMAB)
  - ANTI-PD–1 (LAMBROLIZUMAB, NIVOLUMAB, PEMBROLIZUMAB)
PD-L1 EXPRESSION AND PROGRESSION OF DESMOPLASTIC MELANOMA
KRAFT S ET AL. JAAD 2017;77:534-42

PD-L1 EXPRESSION AND PROGRESSION OF CUTANEOUS HEAD AND NECK SCC
PEDRERO J ET AL. JAAD 2017;77:527-33
MERKEL CELL CARCINOMA
COGGSHALL K ET AL. JAAD 2018;78:MARCH

• PART 1: PATHOGENESIS, DIAGNOSIS AND STAGING

• PART 2: CURRENT AND FUTURE THERAPY

PAULSON K ET AL. JAAD 2018;78:MARCH

• INCIDENCE AND PROJECTED INCREASES
LYMPHEDEMA
GRADA A ET AL. JAAD 2017;77:995-1006,1009-20

• PART 1: PATHOPHYSIOLOGY AND CLINICAL MANIFESTATIONS
• PART 2: DIAGNOSTIC WORKUP AND MANAGEMENT
Proposed role of natural killer cell response in Merkel cell carcinoma
Photocontact, deranged use, and vitamin D
Affective distress: The impact of chronic pruritus
Atopic dermatitis and contact sensitization
Toxocara and nail disorders
SBP/C/5 examination in patients on biologic therapies
Reporting of harm and safety in randomized controlled trials
Psychological implications of surgical treatment of in situ melanoma
Management of acne fulminans and acne rosacea
Incidence of hidradenitis
Wide excision for severe hidradenitis
Histopathological differentiation between palmoplantar keratoderma and epidermal nevus
Effectiveness of treatments for androgenetic alopecia
Radiotherapy for Merkel cell carcinoma
Perioperative immunomodulators and renal cell cancer syndrome
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