INTERNATIONAL ECZEMA COUNCIL

IN THIS ISSUE

Letter from the IEC President

I'm pleased with our recent IEC symposium **Diagnosis and Management of Non-Atopic Forms of Dermatitis in Atopic Dermatitis Patients**. Held March 24, this symposium took place immediately before the American Academy of Dermatology (AAD) 2022 Annual Meeting in Boston, MA.

IEC Immediate Past President and Cofounder Emma Guttman, MD PhD, and I shared duties as program co-chairs, and we were joined by our IEC colleagues Mette Deleuran, Jonathan Silverberg, Eric Simpson, and David Cohen in presenting on this interesting aspect of atopic dermatitis (AD) management. The symposium presenters discussed several common situations we see in clinical practice where patients have more than one type of active dermatitis or when diagnosis is challenging. It was interesting to see the cited literature dated from 10, 20 and even 30 + years ago. We definitely need to see more research being conducted in non-atopic forms of dermatitis present in AD patients.

What was extraordinary about this symposium is that we were all together, in person, at one of the major dermatology meetings. For the first time since the World Health Organization declared the COVID-19 outbreak a pandemic in March 2020, we did not face "unprecedented" challenges in preparing for this event. I sincerely hope that this "ordinary" symposium is a harbinger of 2022 and beyond. There are encouraging indications that this is the case. COVID-19 morbidity and mortality are decreasing worldwide; even the most cautious governments are relaxing pandemic regulations and reopening their borders.

Because in-person dermatology and allergy meetings will be the norm in 2022, this is a good opportunity to remind you of our **IEC Congress Bursary Program**. Dermatologists and allergists from lower-income countries who have completed their residency training are welcome to apply for reimbursement of up to $3,000 in travel expenses to attend the European Academy of Dermatology and Venereology (EADV) September 7-11, 2022, in Milan, Italy, or the World Congress of Dermatology (WCD) July 3-8, 2023, in Singapore. Application deadlines are approximately 4 months prior to the meeting dates, and priority is given to applicants who will present posters on AD at the conferences. Please spread the word and visit the **Congress Bursary Program page** for more information and the application.

Throughout the pandemic, the IEC and other organizations have done an exceptional job in continuing to provide education and forums for discussion. Our mission couldn't be put on hold, and our virtual symposia—many of which you can view as **on-demand webcasts on our website**—maintained the high quality for which the IEC is known.

Eased restrictions may mean a return to business as usual, but with a new appreciation for the events and opportunities we may have taken for granted in the past. I hope my optimism is well-placed and that you are just as eager to come together again to share the insights, breakthroughs, and best practices the enable us to promote the optimal management of AD around the world.

Our RADLA Debut

There's an upcoming virtual event that I'm enthusiastic about, as well. The **Reunión Anual de Dermatólogos Latinoamericanos (RADLA)** will take place May 5-8, and this is the first year that the IEC will present a symposium in conjunction with this major meeting.

RADLA, the Annual Meeting of Latin American Dermatologists, is a professional scientific organization that brings together dermatologists and dermatology residents from 15 Latin American countries. This year's meeting, XXXIX RADLA Chile 2022, is virtual due to remaining pandemic restrictions and uncertainties.

The IEC will present **What's New in Atopic Dermatitis?** 6-7 pm CLT May 6 as part of RADLA. I'm pleased to be the co-chair of this program with our IEC colleague Valeria Aoki, MD PhD. Other faculty joining us from the IEC will be Paula Luna, MD; Aaron Drucker, MD SCM FRCPC; Amy Paller, MD MS; Johannes Ring, MD; and 2022 RADLA President Fernando Valenzuela, MD.

Together, we'll cover developments in AD prevention, AD comorbidities, pediatric AD, topical and systemic AD treatments, and AD and infections (*S. aureus*). On May 6, **Registered RADLA attendees** will view the symposium, which will then be shared in English and Spanish as an **on-demand webcast on the IEC website** .

Though our more than 100 Counselors and Associates hail from 26 countries on six continents, the IEC has not yet presented a symposium at a meeting in Latin America. Presenting a symposium at RADLA for the first time, even virtually, advances our goal of disseminating evidence-based information about atopic dermatitis worldwide.

An International Effort

I would be remiss if I didn't mention an unprecedented event that has nothing to do with the pandemic but is still taking a toll on humanity and being felt globally.

You don't need to be a medical professional to know that the physical and psychological repercussions will be lasting: the loss of family members, even children, among civilian casualties and among military personnel on both sides; the trauma experienced by refugees who had to flee Ukraine and leave loved ones behind; and an eventual return to a homeland ravaged by war. It is heartbreaking.

This is a very difficult time for our colleagues in Ukraine and for their patients who are seeking care. If you would like to contribute to efforts to help those impacted by this disaster, the **European Academy of Dermatology and Venereology (EADV)** recently shared links for two reputable international groups providing relief on the ground in Ukraine.

Robert Bissonnette, MD FRCPC MSc
IEC President

Meet the Councilor: Kenji Kabashima, MD PhD

This issue's 'Meet the Councilor' features IEC Secretary Kenji Kabashima, MD PhD. Dr. Kabashima is professor of the Department of Dermatology at Kyoto University Graduate School of Medicine in Kyoto, Japan.

What is your proudest accomplishment in the atopic dermatitis (AD) space?
The pathogenesis of atopic dermatitis had remained unclear for decades until the discovery of filaggrin mutation in some AD patients in 2006. **This study** revealed the importance of barrier disruption as a cause of AD.
We, AD investigators, further tried to understand the role of barrier disruption, type 2 inflammation, and pruritus, and figured out they are linked.

Based upon these findings, we established the concept of the pathogenesis of atopic dermatitis: interplay among the barrier, allergy, and pruritus as a trinity in 2013 (PMID: 23473856). **This review** is one of the first to support understanding the whole picture of AD.

Regarding the clinical field, we have been working on the role of Janus kinase (JAK) inhibitors in AD, which led to the **first clinical application of topical JAK inhibitor delgocitinib**. AD investigators also have worked on the relationship between immune cells and itch, which led to the drug development and **clinical trials of nemolizumab**, anti-IL-31RA.

What do you value most about being involved with the IEC?
I have been working for the IEC since its inception. The IEC has developed in a sound and dramatic way. Now we are composed of different backgrounds, cultures, and ethnicities. I am certain that the IEC is now an essential organization which supports the spread of updates on eczema to our community all over the world: understanding the pathogenesis, novel therapeutic options, research on unmet needs, and thoughts on future directions. This organization also helps us to smoothly connect academia and industry.

What do you think will garner the most attention over the coming year in the AD field?

We now have multiple options for the treatment of AD, targeting the interleukin (IL)-4 receptor, Interleukin-13 (IL-13), JAK, phosphodiesterase 4 (PDE4), and others. Even more treatment options will be available in the coming year. Next, we must figure out which drug is best suited for patients. To this end, we need to understand the background of each patient and, hopefully, figure out endotypes of AD. To understand endotypes of AD, we have to understand the pathogenesis of AD more deeply. At the beginning of this interview, I mentioned the interplay among barrier, allergy, and pruritus. But now we need to understand even more factors, such as microbiome, sweat, and lifestyle (i.e., diet, exercise, obesity, stress).

What do you see as the biggest need among AD patients?

We are glad to have multiple options for the treatment of AD, but there remain unmet needs for AD patients. Most new drugs are effective but expensive, so not all patients can benefit from them. I hope that drugs will be less expensive. Though drugs are effective, AD still impairs many patients' quality of life. Itch, facial redness, marks from scratching, lack of sound sleep, and other factors can induce social losses, including refusal to go to school and difficulty concentrating on work.

IEC Publishes on Systemic Therapy in Special Populations in *Dermatitis*


STUDIES

OPEN

Systemic Therapy for Atopic Dermatitis in Older Adults and Adults With Comorbidities: A Scoping Review and International Eczema Council Survey

Aaron M. Drucker, MD, ScM,* Megan Lam, BSc,† Carsten Flohr, MD, PhD,‡ Jacob P. Thyssen, MD, PhD,§ Kenji Kabashima, MD, PhD,¶ Robert Bissonnette, MD,# Ncoza C. Dlova, MBChB, PhD,** Valeria Aoki, MD, PhD,†† Max Chen, MD,† Joshua Yu, BSc,† Jie Wei Zhu, BHSc,† Robert Micieli, MD,‡‡ and Audrey Nosbaum, MD, PhD§§,||||

Dermatitis has published a new IEC manuscript, the council's 14th journal publication. **Systemic Therapy for Atopic Dermatitis in Older Adults and Adults With Comorbidities: A Scoping Review and International Eczema Council Survey** was published online February 15.

The article is written by:

- **Aaron M. Drucker, MD ScM**; Toronto, Canada
- **Megan Lam, BSc**; Hamilton, Canada
- **Carsten Flohr, MD PhD**; London, UK
- **Jacob P. Thyssen, MD PhD**; Copenhagen, Denmark
- **Kenji Kabashima, MD PhD**; Kyoto, Japan
- **Robert Bissonnette, MD**; Montreal, Canada
- **Ncoza C. Dlova, MBChB PhD**; Durban, South Africa
- **Valeria Aoki, MD PhD**; São Paulo, Brazil
- **Max Chen, MD**; Hamilton, Canada
- **Joshua Yu, BSc**; Hamilton, Canada

- **Jie Wei Zhu, BHSc**; Hamilton, Canada
- **Robert Micieli, MD**; Toronto, Canada
- **Audrey Nosbaum, MD PhD**; Lyon, France

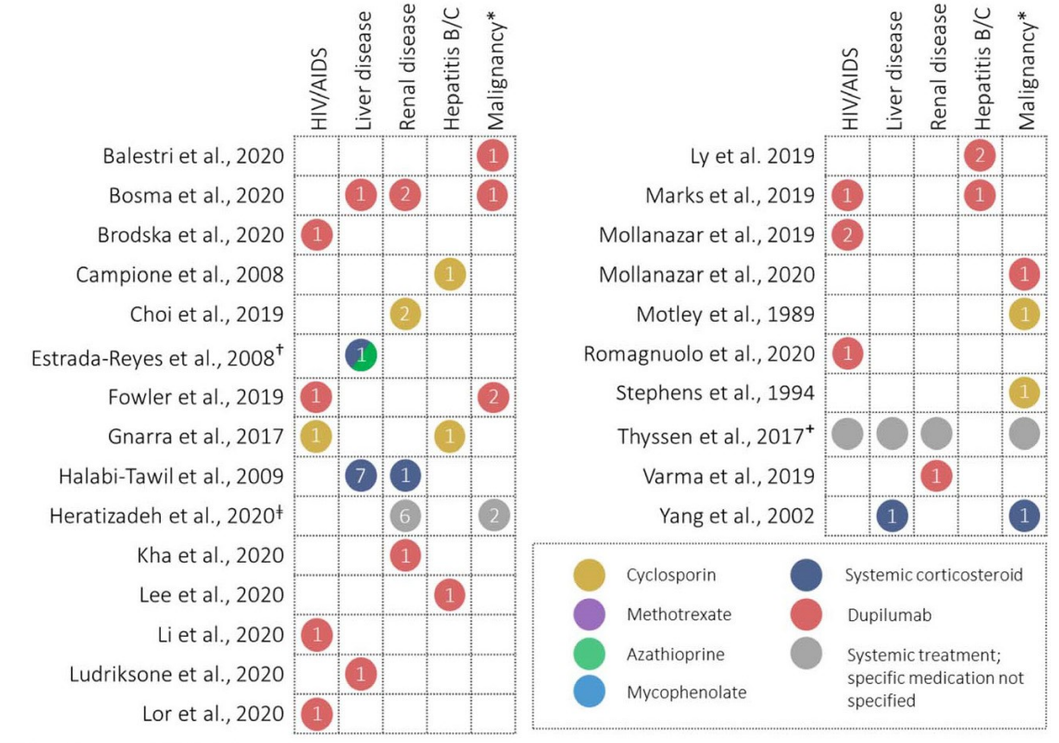
Seeking Guidance in Literature and from Experts

Systemic therapy may be indicated for patients who have moderate to severe AD refractory to topical therapy. Depending on their location, clinicians may have six on- or off-label systemic medication options: azathioprine, cyclosporine, corticosteroids (not for long-term use), dupilumab, methotrexate, and mycophenolate. Clinicians must assess the best choice for their patients based on factors specific to each drug (i.e., safety, cost, and availability) and each patient (i.e., age, comorbidities, other medications that may cause drug-drug interactions, patient preference).

Clinical trials are meant to provide information on treatments' efficacy and safety, which can help clinicians make decisions. However, these trials often exclude older adults and patients with comorbidities—forcing clinicians to seek evidence when they are choosing the best systemic therapy for AD for individuals in these special populations.

The authors of this IEC publication examined this challenge by seeking:

- Evidence through a literature review
- Expert opinion via a survey of IEC Councilors and Associates



Values indicate no. of participants
*Past or present malignancy
†20 month-old female treated with oral prednisone which was tapered off and azathioprine initiated
‡Patients were included in the study if receiving systemic treatment for AD (glucocorticosteroids, cyclosporine A, methotrexate, azathioprine, mycophenolate, dupilumab)
*Patients classified to have severe AD if received systemic therapy for AD (methotrexate, azathioprine, mycophenolate, systemic corticosteroids, psoralen plus ultraviolet or cyclosporine

Literature Search Results

Their expansive search of the literature sought observational studies and case reports on the use azathioprine, cyclosporine, corticosteroids, dupilumab, methotrexate, or mycophenolate for AD in adults aged 65 years or older and patients with HIV, viral hepatitis B or C, liver disease, renal disease, or a history of malignancy.

Though their search turned up 9,688 records, only 25 proved to meet their eligibility criteria.

These studies were analyzed and categorized by special population, number of patients/participants, and systemic treatment used as shown.

However, the articles didn't provide sufficient evidence to guide treatment decisions.

Survey to Seek out Expert Consensus

The authors sought expert opinion through an IEC survey regarding systemic treatment of AD for adults aged 65 years or older and patients with HIV, viral hepatitis B or C, liver disease, renal disease, or a history of malignancy.

Responding from six continents were 64.1% of Councilors and Associates (66 of 103), and they did reach a consensus of sorts: Dupilumab was the preferred systemic treatment for across all special populations and the preferred first-line agent for all patient populations, as shown in the table below

Second- and third-line treatments were not as clear cut. Choices for second-line systemic treatments differed by special population without a top choice being chosen by more than 40% respondents. Methotrexate was the preferred second-line treatment for patients with a history of malignancy, and cyclosporine was the top second-line choice for younger adults without comorbidities and for patients with liver disease but was avoided for patients with renal disease, viral hepatitis B and/or C, and history of malignancy. Aside from mycophenolate being chosen by 23.3% of respondents as the preferred third-line treatment for adults aged 65 and older, no systemic therapy drug option listed as chosen as a preferred third-line treatment for any other special population.

TABLE 1. Summary of the IEC Members' Ranked Preferred Systemic Treatments for the Treatment of Adults With AD in Special Patient Populations

Most Commonly Preferred First-, Second-, and Third-Line Systemic Treatments for Patients Who Are Candidates for Systemic Therapy and Who:	First-LINE	Second-Line	Third-Line
Are 30 y old for whom childbearing is not an important consideration	Dupilumab (46.2%)	Cyclosporine (32.8%) Dupilumab (32.8%)	Methotrexate (33.3%)
Are older (≥65 y)	Dupilumab (53.2%)	Dupilumab (25.8%) Methotrexate (25.8%)	Mycophenolate (23.3%)
Have significant liver disease (excluding viral hepatitises B and C)	Dupilumab (76.7%)	Cyclosporine (48.1%)	None of these (27.9%)
Have significant kidney impairment	Dupilumab (76.3%)	Mycophenolate (25.5%)	None of these (33.3%)
Have a history of malignancy (other than KC/NMSC) presumed cured for <5 y	Dupilumab (73.7%)	Methotrexate (39.1%)	None of these (65.2%)
Have a history of malignancy (other than KC/NMSC) presumed cured for ≥5 y	Dupilumab (65.0%)	Methotrexate (28.1%)	None of these (24.4%)
Have an HIV infection	Dupilumab (67.3%)	Methotrexate (25.6%)	None of these (41.2%)
Have a chronic hepatitis B and/or C viral infection	Dupilumab (75.9%)	Corticosteroids (37.1%)	None of these (57.1%)

Complete results for each special population and medication are given in Table E6.

KC/NMSC, keratinocyte carcinoma or non-melanoma skin cancer.

Conclusions and Next Steps

The authors conclude that the results reflect the need for safe, effective treatments for severe AD, dupilumab's status as the only targeted agent approved for most jurisdictions, and the necessary exclusion of new medications not yet in widespread use.

As new treatments come to market, the authors hope that this study can be conducted again with more therapy options and, ideally, quality evidence from clinical trials that include special populations and data from registries and observational studies.

To access and download the article and authors' supplemental data visit the **IEC Publications** page. There, you'll also find links to the previous 13 IEC manuscripts and to IEC publication infographics.

READ THE ARTICLE

IEC Symposia Continue to Offer New Insights from Our Global Faculty

Learn the latest developments in atopic dermatitis (AD) with the IEC's educational symposia. In these evidence-based presentations, the AD advances emerging from the lab come together with the best practices developed in clinics around the world.

At each event, a number of expert physicians and investigators from the IEC offer a short presentation on their specialties and interests. This structure ensures that each session offers a holistic look at a specific aspect of atopic dermatitis from pioneers and practitioners who are passionate about improving care.

May 6: What's New in Atopic Dermatitis?

On May 6, the IEC will present a symposium in conjunction with the **Reunión Anual de Dermatólogos Latinoamericanos (RADLA)** for the first time. This year's event, RADLA's 39th, is scheduled as a virtual event due to the pandemic.

The annual meeting of Latin American dermatologists, RADLA is a professional scientific organization that brings together dermatologists and dermatology residents from 15 Latin American countries: Argentina, Bolivia, Brasil, Chile, Colombia, Costa Rica, República Dominicana, Ecuador, Guatemala, México, Panamá, Paraguay, Perú, Uruguay, and Venezuela.

From 6-7 pm CLT May 6, the IEC will present **What's New in Atopic Dermatitis?** in conjunction with RADLA.

Seven expert physicians representing the IEC will participate, covering recent developments and breakthroughs in AD prevention, comorbidities, pediatric care, topical treatment, systemic treatment, and related infections (including S. aureus) in 10-minute presentations.

The virtual event will conclude with a 10-minute group discussion moderated by symposium chairs Valeria Aoki, MD (São Paulo, Brazil) and IEC President Robert Bissonnette, MC FRCPC MSc (Montreal, QC, Canada).

Register for RADLA to see the presentation on May 6 in Spanish or watch it later in English or Spanish as an **IEC on-demand webcast**.

May 18: Microbiome

A complimentary educational symposium on atopic dermatitis and the microbiome will be presented by the IEC on May 18 at the **Society for Investigative Dermatology (SID) Annual Meeting** in Portland, OR.

Microbiome will feature seven presenters led by program chairs Tiffany C. Scharschmidt, MD, and Heidi H. Kong, MD MHSc. Participants will learn more about the role of the microbiome in atopic dermatitis and the interaction between the microbiome and the skin's immune system, as well as expose potential future applications of current related research.

Presenters include John Common, PhD; Tami Lieberman, PhD; Saloni Shah, BA; Sabrina J. Nolan, PhD; Yumi Nakamura, MD PhD; Helen Alexander, MD; and Cassandra Quave, PhD.

Visit the IEC Microbiome page to view the agenda, learn more about the sessions and presenters, and to **register for the no-cost symposium**.

Webcasts: Convenient AD Education

Recent IEC symposium content is available online to ensure this valuable information is available to the widest possible audience in keeping with our missing of improving patient care. Each on-demand webcast showcases

leading experts in atopic dermatitis providing new insights to promote management through research, education, and patient/family care.

Recent presentations available on-demand include:

- **Diagnosis and Management of Non-Atopic Forms of Dermatitis in Atopic Dermatitis Patients**
- **Alopecia Areata and Atopic Dermatitis**
- **Advanced Topics in Atopic Dermatitis**
- **Atopic Dermatitis Involving the Face and Sensitive Areas**
- **Human Models of Atopic Dermatitis**
- **Management of Pediatric Atopic Dermatitis: A Global Perspective**
- **Biomarkers**

Bookmark the **IEC On-Demand Webcast page**. New webcasts will be added as they become available from live or virtual presentations.

INTERNATIONAL ECZEMA COUNCIL

About the IEC

The **International Eczema Council** (IEC) is a global nonprofit organization led by dermatology experts on atopic dermatitis (AD). The IEC is dedicated to increasing the understanding of AD and promoting its optimal management through research, education and patient/family care. More than 100 Councilors and Associates from 26 countries contribute their expertise to support the IEC's research, programs, events, and education.