



# INTERNATIONAL ECZEMA COUNCIL

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## Letter from the IEC President

I am pleased to share two announcements with you in this issue.



Original Logo



INTERNATIONAL  
ECZEMA COUNCIL

New Logo for 2021 and Beyond

### NEW IEC LOGO UNVEILED

I am delighted to officially introduce our new IEC logo, which marks our first rebranding since the IEC was founded in 2014. The IEC has grown and evolved, and we have refreshed our logo to reflect who we are today and symbolize our dynamic future.

The IEC board chose to maintain a visual connection to the spirit of the original logo, which represented the IEC admirably for many years. We retained but updated two core elements of the original logo: the stylized globe, which reflects our international presence, and the keratinocyte-inspired textures, which represent both healthy and inflamed skin.

Our new modernized globe creates the impression of dimension and movement to convey our expanding global reach and our focus on the future. The keratinocyte textures bring a rich dimensionality, and the globe includes a greater range of skin tones to reflect the diversity of both our IEC Councilors and Associates and the patients we serve.

We are proud of all that the IEC has accomplished since 2014, and our new logo reaffirms our commitment to bring together scientists and physicians dedicated to research, discovery, and the optimal care for patients with AD worldwide. We hope that you like this new look for the IEC.

### CLINICIAN/PATIENT EDUCATION CURRICULUM LAUNCHED

I am excited to announce the launch of [The Atopic Dermatitis Learning Center: Riding the Next Wave on Medscape](#). This innovative educational curriculum for clinicians was developed through a strategic partnership between the IEC and Medscape to provide education on the burden of AD, as well as current and emerging treatment options to improve patient outcomes.

I invite you to create your free Medscape log-in and explore the learning center, where you will find continuing medical education (CME) activities in a variety of engaging formats. These range from bite-sized 5-minute videos, expert roundtable discussions, and clinical articles to interactive case studies where clinicians can apply their new knowledge into practice through a virtual environment to portray realistic physician-patient interactions.

To complement this clinician initiative, a patient activity is available on WebMD Education, [Atopic Dermatitis Is More Than a Rash: Letting Your Doctor Know What's Bothering You](#). By improving patients' understanding and awareness of the burden of AD and opportunities for management, this activity will help them discuss the impact of their AD and work with their doctor to improve management.

Both the clinician and patient activity are supported by an independent educational grant from Lilly awarded to Medscape, with the IEC as a subrecipient.

We are very pleased that all six Steering Committee members for this parallel clinician and patient educational initiative are IEC Councilors:

- Emma Guttman, MD PhD, Steering Committee chair
- Valeria Aoki, MD PhD
- Melinda Gooderham, MSc MD FRCP
- Alan Irvine, MD DSc
- Kristian Reich, MD PhD
- Jonathan Silverberg, MD

We thank these Councilors for their ongoing ambassadorship and support of the IEC!

**Robert Bissonnette, MD FRCP C MSc**  
*IEC President*

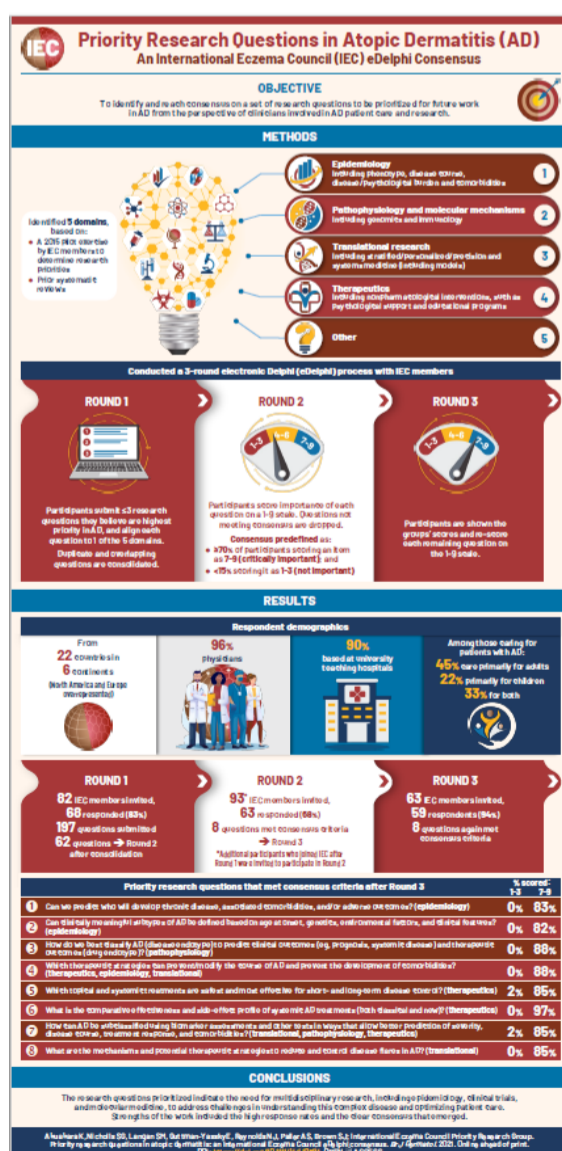
## Read the Top 10 Articles on Atopic Dermatitis from 2020

IEC Councilors and Associates have selected the [top 10 articles on atopic dermatitis \(AD\) published in 2020](#).

The articles cover a wide range of research, including:

- Randomized, controlled trials evaluating the efficacy and safety of oral Janus kinase (JAK) inhibitors and subcutaneous injections of monoclonal antibodies against cytokine targets in patients with AD
- A long-term observational safety study that found no evidence of increased cancer incidence in children using topical tacrolimus for AD.
- Two studies that examined the prevention of AD in infants and found that the use of daily skin emollients or early complementary feeding did not reduce the development of AD.
- Two articles involving investigators who conducted transcriptome analysis of lesional and nonlesional skin, collected by biopsy or tape strips, of patients with AD. Such research can identify distinct immune and barrier profiles in AD, and provide new insights into the complex interplay of cell types and gene expression changes involved in AD pathogenesis.

[See 2020's Top 10 AD Articles](#)



## IEC Publishes on 'Priority Research Questions in AD' in the British Journal of Dermatology

A new IEC publication, [Priority Research Questions in Atopic Dermatitis: An International Eczema Council eDelphi Consensus](#), is available online in the British Journal of Dermatology.

[Read, download, and share the infographic summary of the article](#) available from the IEC.

Also available to read and download from the IEC is a [supplemental table of the submitted priority research questions, including the eight that were determined to be the most important](#) at this time.

Published in February, the manuscript was written by IEC Associates Katarina Abuabara, MD, and Stuart Nicholls, PhD; and IEC Councilors Sinéad Langan, MSc PhD FRCP; Emma Guttman-Yassky, MD PhD; Nick Reynolds, MD FRCP; Amy Paller, MD MS; and Sara Brown, PhD FRCP; and the International Eczema Council Priority Research Group.

Due to advances in understanding the pathogenesis of atopic dermatitis (AD) and the development of new treatments, it is important to prioritize areas for research to inform a coordinated approach to advancing science and patient care. The authors conducted a three-round electronic Delphi (eDelphi) process with IEC Councilors and Associates to identify and reach consensus on a set of research

questions to be prioritized for future work in AD, focusing on the perspectives of academic clinicians/researchers.

In the first round, IEC participants submitted up to three research questions they believed were the highest priority in AD, and aligned each question to 1 of 5 domains: (i) epidemiology; (ii) pathophysiology and molecular mechanisms; (iii) translational research; (iv) therapeutics; and (v) other. These domains were based on a pilot exercise the IEC carried out in 2015 to determine research priorities and on previous systematic reviews.

Of the 197 priority research questions submitted in the first round, 62 advanced to round 2 after consolidating duplicate and overlapping submissions. [A supplemental table of those 62 questions as a PDF is available to you](#) from the IEC. The table highlights the eight questions determined to be the most important priorities.

In Round 2, participants ranked these questions on a 1-to-9 Likert scale (where 1-3 = 'not important,' 4-6 = 'important but not critical,' and 7-9 = 'critically important'). Consensus was predefined as  $\geq 70\%$  of participants scoring an item as critically important and  $< 15\%$  scoring it as not important.

Eight questions that met these criteria after round 2 were rescored by participants in round 3, again achieving clear consensus. These eight priority research questions spanned domains and focused on prediction of disease course; identification of disease subtypes; evaluation of safe, effective, and disease-modifying therapies; comparative effectiveness of treatments; biomarker assessment; and mechanisms and treatment of disease flares.

This eDelphi exercise highlights the need for multidisciplinary research to address the challenges in understanding this complex disease and optimizing patient care and provides a basis for future research in AD.

[View the Manuscript, Infographic, and Table](#)

MEET THE COUNCILOR

Listen to an interview with  
**Dr. Robert Bissonnette**



LISTEN NOW

## Meet the Councilor: Dr. Robert Bissonnette

Our inaugural Meet the Councilor features Robert Bissonnette, MD FRCPC MSc, our IEC president.

Dr. Bissonnette is from Montreal, QC, Canada and is the CEO and medical director of Innovaderm Research, a contract research organization specializing in the design, conduct, and analysis of clinical trials in dermatology.

Read the summary of our Q&A with Dr. Bissonnette below or [listen to his 9-minute audio interview](#).

### What is your proudest accomplishment to date in the atopic dermatitis (AD) space?

I'm most proud of my involvement in clinical research related to the development of new topical drugs in AD. I was the main investigator in the first study of a topical Janus kinase (JAK) inhibitor in patients with AD, which showed very impressive improvement in AD. I was also involved in the design and conduct of the first study performed in AD with a topical aryl hydrocarbon receptor (AhR)-modulating agent.

### What do you value most about being involved with the IEC?

What I value most about being an IEC Councilor is meeting other dermatologists with a strong interest in AD and learning more about AD, which is an extremely common but very complex disease. IEC Councilors are conducting research in areas such as epidemiology, prevention, treatment, and the molecular aspects of

AD. We have numerous opportunities to attend symposia, for discussion with colleagues, and to be involved in surveys and publications.

As president, I want to continue the success of IEC symposia at international dermatology meetings and would like to conduct more activities outside North America and Western Europe—to be a truly global organization devoted to AD. I want to continue our successful IEC publications, which are a mix of reviews and surveys conducted with IEC Councilors to reach consensus on what is really important to focus on in terms of AD research and care. We also need to build on our diversity as an organization by bringing on board more Councilors from regions that are underrepresented, such as South America, Asia, and Africa.

### **What do you think will garner the most attention over the coming year in this field?**

From a short-term perspective, I would say that new topical treatments will transform the way we treat AD. We have seen major advancements in systemic therapy, with the approval of the first biologic a number of years ago, with others systemic treatments to follow in the near future.

But we have not had a transformative topical product. A number of topical products now in late-stage clinical development will change how we treat AD, because most patients have mild-to-moderate disease and do not necessarily have access to systemic therapy. Even patients treated with systemic therapy may have remaining disease activity that would be amenable to a topical drug with a good safety and efficacy profile.

From a mid- to long-term perspective, having new drugs approved for AD fuels research, not only directed toward developing new treatments, but also to understand AD from a molecular perspective, such as the importance of barrier abnormalities vs. inflammation and how this differs from one patient to another.

One of the things with AD that is very different from psoriasis is the development of biologics. I was involved in early studies with biologics in psoriasis—the first agents had limited efficacy, but from one year to another, new biologics brought to the clinic were more and more efficacious. I don't see this progressing as fast in AD. Possibly because of the complexity and heterogeneity of AD, we may not have one single biologic that will have very high efficacy in all patients. I may be wrong and we may eventually find the key cytokine target. But if I'm right, it could be that personalized medicine will enter general dermatology practice through the door of AD.

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

Preventing the appearance of AD and comorbidities in infants and children at risk is an area of intense interest, both from a patient and physician perspective. The IEC can help by focusing research on better understanding the pathogenesis of AD and prevention. This year we initiated the IEC Fellowship Program to train the next generation of dermatologists. The 1-year Research Fellowships enable early-career physicians to participate in AD research at top academic research centers.

[Listen to the Interview](#)

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## **Watch New On-Demand IEC Webcast on Atopic Dermatitis Biomarkers**

[Biomarkers, a new on-demand webcast](#), is now available. The webcast was recorded when the IEC presented it as a symposium in May at the 2021 Society for Investigative Dermatology (SID) Virtual Meeting.

Viewers will learn about cytokines and chemokines as possible biomarkers in atopic dermatitis (AD), how we can move from clinical phenotypes to biomarker-based endophenotypes in AD, to ultimately using biomarkers to predict treatment response, and developing a personalized approach to treatment of AD.

The webcast concludes with a panel discussion among program chairs Emma Guttman, MD PhD; DirkJan Hijnen, MD PhD; and Kenji Kabashima, MD PhD.

Additional recent symposia available for on-demand viewing as webcasts are:

- [Hand Eczema](#) (presented in 2021)
- [Novel Systemic Treatments for Atopic Dermatitis and Clinical Trial Design](#) (presented in 2020)
- [New Treatments for Atopic Dermatitis in Infants and Children](#) (presented in 2020)
- [Management of AD Patients on Systemic Treatments during COVID-19](#) (presented in 2020)

[Additional webcasts are available](#), and each webcast offers an evaluation form that viewers can complete to inform future IEC symposia topics.

[Access IEC Webcasts](#)



#### 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 24 countries contribute their expertise to support the IEC's research, programs, events, and education.

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