

#### **Topic 4 Novel Topical Therapies for the Treatment of Atopic Dermatitis**

Scientific Panel Lecturer: Chih-Ho Hong

Community panelist: Charles Lynde

#### **Comments Regarding Key points for: Dermatology Trainees**

- Dr. Lynde commented that while there was a pathophysiology slide, he would have added where the 3 new treatments act on the pathway to this slide, He added that all the videos get muddled and it is difficult to decide who the audience is for each.
- Dr. Lynde also stated that more information than what was provided in the lecture would be needed for trainees to write the Royal College exams.

#### **Comments Regarding Key points for: General Practitioners**

- Dr. Lynde commented that GPs want to know about new drugs; if they are efficacious and if they have few side effects.

#### **Comments Regarding Key points for: Adults and Adolescents**

- Dr. Lynde stated that the lecture was “too dermatological” for patients.

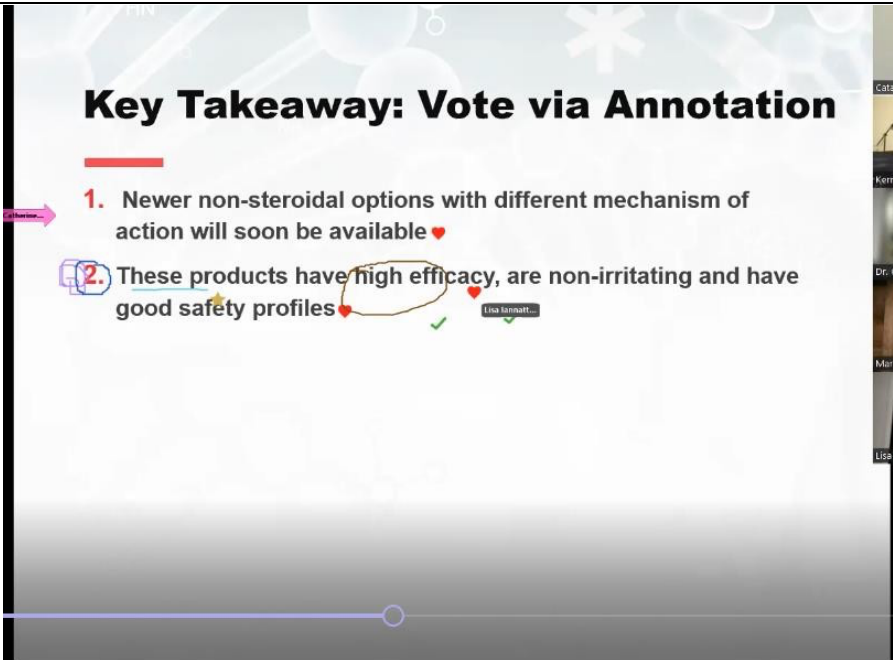
#### **Comments Regarding What Added Information is Needed**

- Dr. Lynde reiterated that more information was needed for trainees, particularly regarding immunological aspects of AD and the new treatments.
- Regarding the needs of GPs, Dr. Lynde remarked that many of the talks in the series focused on immunological aspects but did not place enough emphasis on or give a description of barrier function.
- Dr. Asiniwasis commented that she liked the idea of adding a medical illustration/cartoon (Regarding point 2c).
- Dr. Adam commented that when addressing patients, they need to balance the benefits of novel non-steroidal agents without denigrating topical steroids (Point 3a).

#### **Comments Regarding Three Points Most Relevant to my Practice/Points Relevant to my Practice Not Found and/or Irrelevant info**

- Dr. Besner-Morin commented that she thought that it was important for family practitioners to know the most common side effects of topical treatments (other than the steroids) because if they are prescribing them than they need to communicate this information to patients. Dr. Prajapati agreed.

### Key Takeaway: Vote Via Annotation

Slide	Results
 <p><b>Key Takeaway: Vote via Annotation</b></p> <ol style="list-style-type: none"><li>1. Newer non-steroidal options with different mechanism of action will soon be available ♥</li><li>2. These products have high efficacy, are non-irritating and have good safety profiles ♥ ✓ ☆</li></ol>	<p>1. +These products have high efficacy...-9 votes</p> <p>2. New non-steroidal options with different NOAs will soon be available-2 votes</p>

### Overall Comments

- Dr. Jack questioned if GPs will use the new topicals if they are restricted.
- Dr. Purdy stated that this talk was most suited to GPs.
- Both Dr. Asai and Dr. Jack noted that the incidence and prevalence data is variably cited. Dr. Asai suggested that the incidence and prevalence data be reviewed across the presentations for consistency or qualified (i.e., the prevalence was once thought to be...). She added that this would give an opportunity to also review the presentations for the identified gaps, such as the lack of information on older systemic therapies which are still a necessary part of AD management. Dr. Asai noted that patients may choose phototherapy, so it was important to have the information they need for this or other long established therapies.
- Dr. Asiniwasis also commented that there was a lot of different data on prevalence of AD, and that definitions of prevalence vary such as lifetime, point, one year etc. as well as vary in different countries. She noted that they have very little Canadian data, therefore she mostly goes by US data, but there is some prevalence data from Canada which is relatively recent although grouped with other international data.
- Dr. Lynde stated that it was a good video, but he wasn't certain what audience it was targeted at. He stated that it reached him at a "lower level."

- Dr. Prajapati commented that knowing the top few most common side effects for each of the new topical therapies would be valuable, remarking on the need to address burning sensation with TCIs when speaking to GPs and some dermatologists.
- Dr. Prajapati questioned if there was any value on adding topical therapies that were not yet approved to the presentation. Dr. Lynde responded yes, but only for dermatologists and dermatology trainees.
- Dr. Bourcier asked if the speaker's prepared the slides. Dr. Jack replied that they were given some parameters and asked to give a presentation.
- Dr. Adam commented that safety seen in clinical trials often does not translate into clinical practice, noting that burning with TCIs was not reported in the clinical trials. He suggested adding a footnote to address this.
- Dr. Purdy, commented that they told patients that crisaborole did not burn given the data but saw a different reality in practice. Dr. Asiniwasis agreed.
- Dr. Jack asked Dr. Besner-Morin how applicable the illustration and review of the barrier dysfunction in Bieber's presentation were. Dr. Besner-Morin responded that she would say that her lecture, in general, was not for patients or the general practitioner. Most of the key points for patients and GP were influenced by what she thought is important to tell them and would need a simplified graphic.
- Dr. Jack asked Dr. Lynde what added information was needed to help prepare dermatology trainees for Royal College exams. Dr. Lynde replied "more oomph" saying that the presentation was short, but a resident was more likely to be asked for the pathophysiology of the new medications over EASI score. He stated that trainees need to know how these medications work, not EASI scores. Dr. Jack agreed that it was challenging to fit all the information into 20 minutes and asked if the MOAs were sufficiently addressed in the presentation covered by Dr. Besner-Morin. Dr. Besner-Morin responded that it was not as that presentation was primarily on the immune dysregulation. In answer to a question by Dr. Lynde if the presentation covered barrier function, she replied that while there was a picture shown, more information was needed to explain it. She suggested that there be one lecture for GPs and patients and a separate lecture for dermatology trainees.
- Dr. Jack agreed with Dr. Lynde that the concept of the barrier is highly relevant with the microbiome and emollients.
- Dr. Prajapati commented that the slide decks need tables to summarize for the dermatologists.
- Dr. Purdy remarked that in her opinion this presentation and Dr. Gooderham's were applicable to GPs while Kirchhof/Drucker/Beiber's presentations were applicable for residents, with the asthma presentation applicable to both audiences and all the presentations were bit too detailed for patients.
- Dr. Asiniwasis commented that many residents depend on Bologna (Dermatology textbook, Dr. Jean Bologna, editor) which is only updated every few years. She added that it would be worth checking the most recent content on these newer topicals to see if they reflected the advancements of the past few years of advancement and what is in the near-term pipeline.

- Dr. Asai suggested splitting the topic of pathophysiology into a general overview with additional more in depth treatment specific presentations.