Reflecting on 2016: Big Stories in Acne, Psoriasis and AD

Columnists take stock of advancements over the last 12 months, with a focus on clinical implications.

WITH JOSHUA ZEICHNER, MD, JERRY BAGEL, MD, AND PETER LIO, MD

The past year brought about a host of therapeutic innovations and advances that, when taken together, are changing the way doctors diagnose, treat, and monitor such conditions as acne, psoriasis, atopic dermatitis (AD), and other pediatric skin diseases. It’s been a year of game changers and new beginnings, all of which have been highlighted in Practical Dermatology’s Clinical Focus column throughout 2016.

Our Clinical Focus columnists now look back at what we learned in 2016 and shed some light on what we can look forward to in 2017 and beyond.

ROBUST ACNE PIPELINE

“The most exciting news in acne is the robust pipeline of new acne drugs in development,” says Joshua Zeichner, MD, FAAD, Assistant Professor and Director of Cosmetic and Clinical Research in the Department of Dermatology at Mount Sinai Medical Center in New York. “From nitric oxide to sebum inhibitors, the next few years will bring acne treatments that work in different and novel mechanisms from what we currently have available.”

Other big acne news in 2016 included the approval of Allergan’s Aczone (dapsone) Gel, 7.5%, a once-a-day prescription topical treatment for patients 12 years of age and older and the publication of new American Academy of Dermatology guidelines for the management of acne vulgaris. The guidelines call for combining antibiotics and topicals for the treatment of moderate-to-severe acne. Once a course of antibiotics is complete, patients should continue using topical treatments to manage their condition, the guidelines state. Topical medications, such as retinoids and benzoyl peroxide, also may be combined to create an effective treatment regimen. For severe acne or moderate acne that does not respond to other therapy, the guidelines recommend oral isotretinoin.

NEW PSORIASIS DRUGS

There was a flurry of activity on the psoriasis front in 2016 with the FDA approval of three biosimilar drugs that target psoriatic disease as well as Taltz (ixekizumab) for adults with moderate-to-severe plaque psoriasis. “This is the first time we have ever seen complete clearing on the label at 12 weeks,” says Jerry Bagel, MD, Director of the Psoriasis Treatment Center of Central New Jersey.

What’s more, a now robust body of evidence showing that psoriasis is more than skin deep is changing how doctors see other diseases, such as AD, vitiligo, rosacea, and acne, Dr. Bagel says.

“Given the growing list of comorbidities associated with psoriasis, the onus is on dermatologists to collaborate and coordinate care with primary care physicians and other specialists, namely psychiatrists, cardiologists, and obstetrician/gynecologists,” he wrote in Practical Dermatology magazine’s May 2016 issue. “Treating psoriasis and its associated complications and comorbidities takes a team effort. Ultimately, this approach will improve quality of life as well as skin, joint, and overall health for our patients.”

NEW THINKING ABOUT AD

“This has been a tremendous year for AD,” asserts Peter Lio, MD, a Clinical Assistant Professor of Dermatology & Pediatrics at Northwestern University Feinberg School of Medicine and a partner of Medical Dermatology Associates of Chicago. “We are about to see a wellspring of new treatment options come to the market, including the first biologic for AD.”

In particular, “the exciting phase 3 data for dupilumab and crisaborole came out, and perhaps just as importantly, there is renewed excitement in finding treatments for this terrible disease with a formidable pipeline.”
Underpinning these therapeutic innovations are real advancements in the understanding of AD, he says: “From new insights about staphylococcus and its delta-toxin, to a clearer vision of the inflammatory cascade, it seems like all eyes are on AD and the future is looking incredibly bright.”

The field of rosacea has taken new turns over the past year, as researchers have opened new avenues of research. These developments are cause for optimism, says Joel Schlessinger, MD. Speaking with Practical Dermatology® magazine during the Cosmetic Surgery Forum this month, Dr. Schlessinger, noted that the disease is increasingly in the news. “There are a couple of new things that have come out or will come out for rosacea shortly. Oxymetazoline is in trials and we of course have Soolantra that is new and several other topicals,” he noted.

The FDA earlier this year accepted the FDA filing for oxymetazoline HCl cream 1.0%, for the treatment of persistent facial erythema (redness) associated with rosacea in adults. It differs from other topically-applied vasoconstrictors because of its target. Oxymetazoline is a sympathomimetic agonist that is selective for the $\alpha_{1A}$-adrenoceptor over other $\alpha_{1}$-adrenoceptors and non-selective for the $\alpha_{2}$-adrenoceptors. As such, oxymetazoline is a potent vasoconstrictor of the cutaneous microvasculature, Allergan says.

Experts have suggested that topical vasoconstrictors may play a key role in reducing erythema, adding that they may be especially beneficial when coupled with targeted device-based interventions for visible vessels.

“To me, one of the most exciting things for rosacea is the interest that is being paid for the role of Demodex in rosacea,” Dr. Schlessinger says. He notes that at CSF there was discussion about the contribution of Demodex to the signs of skin disease and the potential role for targeted treatment. In his practice, Dr. Schlessinger says he uses oral ivermectin for a number of patients.

“We have a lot of good things that are coming out. We have a ton of research that is going to be done on rosacea over the next several years, and I am personally excited about the opportunities that we have to improve this very difficult condition for people,” Dr. Schlessinger says.

*Watch Dr. Schlessinger’s full interview online at DermTube.com.*