AARS HOT TOPICS MEMBER NEWSLETTER

July 15 2017 Edition

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Industry News

Valeant to Sell Obagi Medical Products business. July 17, 2017. Healio Dermatology News. https://www.healio.com/dermatology/aesthetic-cosmetic-surgery/news/online/%7B05fc79cc-b55e-48bd-ae61-913581e5e446%7D/valeant-to-sell-obagi-medical-products-business

Valeant Pharmaceuticals International announced that affiliates of the company have agreed to sell the Obagi Medical Products business to Haitong International Zhonghua Finance Acquisition Fund for $190 million in cash. Obagi is a global specialty pharmaceutical company with products designed to help minimize the appearance of premature skin aging, skin damage, hyperpigmentation, acne and sun damage, which are primarily available through dermatologists, plastic surgeons, medical spas and other health care professionals, according to a news release. Limited partners of the acquisition fund include industry veterans in geographic markets, including China Regenerative Medicine International, according to the release. Valeant reports it will use the sale proceeds to permanently repay term loan debt, with the transaction expected to be closed in the second half of 2017, subject to customary closing conditions. Reference**:** www.valeant.com

Foamix Pharmaceuticals names new CEO. July 3, 2017. Healio Dermatology News. https://www.healio.com/dermatology/acne/news/online/%7Bd9c17f00-8a7c-4599-9a09-cf499a26e323%7D/foamix-pharmaceuticals-names-new-ceo

Foamix Pharmaceuticals Ltd. recently announced that its board of directors has named David Domzalski as CEO, effective immediately. Domzalski succeeds Dov Tamarkin, PhD, as CEO. Tamarkin, co-founder of Foamix, will continue to serve on the board of directors and will serve as chief scientific advisor, according to a news release. Domzalski, with 25 years of experience in the pharmaceutical industry, joined Foamix in 2014. He has served for the past three years as president of Foamix Pharmaceuticals Inc., the company's U.S. subsidiary. He has been involved in the advancement of two late-stage clinical development programs, FMX101 for moderate-to-severe acne and FMX103 for moderate-to-severe papulopustular rosacea, both of which are currently in phase 3, according to the release. Foamix also announced that Meir Eini will step down from his role of chief innovation officer, but will continue to serve as an innovation adviser for Foamix. Ilan Hadar, the current chief financial officer of Foamix, has been named country manager in Israel, in addition to his role as chief financial officer, according to the release. Tamarkin and Eini are co-founders of the specialty pharmaceutical company focused on the development and commercialization of proprietary topical drugs for dermatological therapy. Reference: www.foamixpharma.com

White Wine May Do No Favors for a Woman's Skin. By Kathleen Doheny. April 20, 2017. HealthDay News https://consumer.healthday.com/general-health-information-16/misc-alcohol-news-13/white-wine-may-do-no-favors-for-a-woman-s-skin-721654.html

Study suggests the drink, as well as liquor, are both tied to a higher risk for rosacea. Could that glass of Chardonnay affect the condition of your skin? Maybe, according to new research that found women with certain drinking patterns had a higher risk of developing rosacea, an inflammatory skin condition. "We found white wine and liquor were significantly associated with a higher risk of rosacea," said study senior author Wen-Qing Li. He's an assistant professor of dermatology and epidemiology at Brown University. Rosacea causes redness and flushing on the face and the neck. In some forms, acnelike outbreaks can form, and visible blood vessels can

appear. Genetics can play a role in the development of rosacea. In those with acnelike rosacea, their immune system may be reacting to a single bacterium, according to the American Academy of Dermatology. While red wine is often pinpointed as the beverage that can trigger rosacea flushing, Li said that that information tends to come from reports by patients who already have the disorder. The new research focused on alcohol's role in the development of rosacea. Li's team evaluated nearly 83,000 women enrolled in the Nurses' Health Study II from 1991 to 2005. The researchers collected information on alcohol intake every four years during a follow-up of 14 years. Over that time, nearly 5,000 new cases of rosacea occurred. "For white wine, compared to never drinkers, [those who drank] one to three drinks per month had a 14 percent increased risk of rosacea. For five or more white wines a week, risk increased by 49 percent," Li said. For liquor, five or more drinks a week raised the risk of developing rosacea by 28 percent, the study found. Li could not say if the link would hold true for men, as the study included only women. And, he points out that "it is just an association, it is not a causal relationship." Li isn't sure exactly why white wine and liquor seem to increase the risk of rosacea. However, the researchers speculated that the white wine and liquor may weaken the immune system and contribute to the dilation of blood vessels. For now, Li said, the message is to make physicians and consumers aware of the link. The researchers also suspect that there are different biological reasons why white wine and liquor seem to increase the development of rosacea and why red wine seems to exacerbate the condition. But they don't yet know what those differences are, the study authors said. Dr. Carolyn Goh, a dermatologist at UCLA Medical Center, said the new findings add to knowledge about rosacea. "It's interesting that they found a difference between different types of alcohol," she said. One of the strengths of the research is the large number of women in the study, Goh said. Meanwhile, she said, it's known that drinking alcohol can make rosacea flare up in those already diagnosed. "In the past, people thought red wine would cause more flushing than white wine," she said. Besides alcohol, other common triggers in those who already have rosacea include sunlight, caffeine, hot and spicy foods, Goh said. People with the condition report different triggers, she said, so that list may not apply to all patients. Treatments include topical creams and ointments, Goh said. Laser treatment can help the blood vessels that stay visible after periods of flushing. For patients who have pimples associated with rosacea, oral antibiotics can help, she said. The study is published online April 20 in the Journal of the American Academy of Dermatology. To learn more about rosacea, visit the American Academy of Dermatology.

New Medical Research

Effects of Oral Antibiotics and Isotretinoin on the Murine Gut Microbiota. Becker E, Schmidt TSB, Bengs S, Poveda L, et al. Int J Antimicrob Agents. 2017 Jul 6. pii: S0924-8579(17)30246-7. doi: 10.1016/j.ijantimicag.2017.03.017. [Epub ahead of print] https://www.ncbi.nlm.nih.gov/pubmed/28689869

Inflammatory bowel disease (IBD) may develop due to an immunogenic response to commensal gut microbiota triggered by environmental factors in the genetically susceptible host. Isotretinoin, applied in the treatment of severe acne, has been variably associated with IBD, but prior treatment with antibiotics, also associated with IBD development, confounds confirmation of this association. This study investigated the effects of doxycycline, metronidazole (frequently used in the treatment of acne and IBD, respectively) and isotretinoin on murine gut (faecal) microbiota after 2 weeks of treatment and after a 4-week recovery period. Faecal microbiota composition was assessed by 16S rRNA gene sequencing on the GS-FLX 454 platform with primers directed against the variable regions V1-V2. Doxycycline had a modest effect on bacterial richness and evenness, but had pronounced

persistent and significant effects on the abundance of certain operational taxonomic units compared with the control group. In contrast, metronidazole induced a pronounced reduction in diversity after treatment, but these effects did not persist after the recovery period. This study demonstrates differential effects of antibiotics on the gut microbiota with doxycycline, unlike metronidazole, mediating long-term changes in the murine gut microbiota. Isotretinoin had no significant effect on the faecal microbiota.

Dual Anti-Inflammatory and Antiparasitic Action of topical Ivermectin 1% in Papulopustular Rosacea. Schaller M, Gonser L, Belge K, Braunsdorf C, et al. J Eur Acad Dermatol Venereol. 2017 Jun 27. doi: 10.1111/jdv.14437. [Epub ahead of print] https://www.ncbi.nlm.nih.gov/pubmed/28653460

BACKGROUND: Recently, therapy of rosacea with inflammatory lesions (papulopustular) has improved substantially with the approval of topical ivermectin 1% cream. It is assumed to have a dual mode of action with anti-inflammatory capacities and anti-parasitic effect against Demodex, which however has not yet been demonstrated in vivo. AIM: To find scientific rationale for the dual anti-inflammatory and anti-parasitic mode of action of topical ivermectin 1% cream in patients with rosacea. METHODS: A monocentric pilot study was performed including 20 Caucasian patients with moderate to severe rosacea, as assessed by investigator global assessment (IGA score ≥ 3) and a demodex density ≥ 15/cm2 . Patients were treated with topical ivermectin 1% cream once daily (Soolantra®) for ≥12 weeks. The density of Demodex mites was assessed with skin surface biopsies. Expression of inflammatoryand immune markers were evaluated with RT-PCR and by immunofluorescence staining. RESULTS: The mean density of mites was significantly decreased at week 6 and week 12 ($p<0.001$). The gene expression levels of IL-8, LL-37, HBD3, TLR4 and TNF-α were downregulated at both time points. Reductions in gene expression were significant for LL-37, HBD3 and TNF-α at both follow up time points and at week 12 for TLR4 (all $p<0.05$). Reduced LL-37 ($p<0.05$) and IL-8 expression was confirmed on the protein level by immunofluorescence staining. All patients improved clinically and 16 out of 20 patients reached therapeutic success defined as IGA score ≤ 1. CONCLUSION: Topical ivermectin 1% cream acts by a dual, anti-inflammatory and anti-parasitic mode of action against rosacea by killing Demodex spp. in vivo, in addition to significantly improving clinical signs and symptoms in the skin.

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Prescription Patterns and Costs of Acne/Rosacea Medications in Medicare Patients Vary by Prescriber Specialty. Zhang M, Silverberg JI, Kaffenberger BH. J Am Acad Dermatol. 2017 Jun 23. pii: S0190-9622(17)31660-2. doi: 10.1016/j.jaad.2017.04.1127. [Epub ahead of print] https://www.ncbi.nlm.nih.gov/pubmed/28651825

BACKGROUND: Prescription patterns for acne/rosacea medications have not been described in the Medicare population, and comparisons across specialties are lacking. OBJECTIVE: To describe the medications used for treating acne/rosacea in the Medicare population and evaluate differences in costs between specialties. METHODS: A cross-sectional study was performed of the 2008 and 2010 Centers for Medicare and Medicaid Services Prescription Drug Profiles, which contains 100% of Medicare part D claims. RESULTS: Topical antibiotics accounted for 63% of all prescriptions. Patients ≥65 years utilized more oral tetracycline-class antibiotics and less topical retinoids. Specialists prescribed brand name drugs for the most common topical retinoids and most common topical antibiotics more frequently than family medicine/internal medicine (FM/IM) physicians by 6%-7%. Topical

retinoids prescribed by specialists were, on average, $18-$20 more in total cost and $2-$3 more in patient cost than the same types of prescriptions from FM/IM physicians per 30-day supply. Specialists (60%) and IM physicians (56%) prescribed over twice the rate of branded doxycycline than FM doctors did (27%). The total and patient costs for tetracycline-class antibiotics were higher from specialists ($18 and $4 more, respectively) and IM physicians ($3 and $1 more, respectively) than they were from FM physicians. LIMITATIONS: The data might contain rare prescriptions used for conditions other than acne/rosacea, and suppression algorithms might underestimate the number of specialist brand name prescriptions. CONCLUSION: Costs of prescriptions for acne/rosacea from specialists are higher than those from primary care physicians and could be reduced by choosing generic and less expensive options.

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Development and Validation of IHS4, a Novel Dynamic Scoring System to Assess Hidradenitis Suppurativa/Acne Inversa Severity. Zouboulis CC, Tzellos T, Kyrgidis A, Jemec GBE, et al. Br J Dermatol. 2017 Jun 21. doi: 10.1111/bjd.15748. [Epub ahead of print] https://www.ncbi.nlm.nih.gov/pubmed/28636793

BACKGROUND: A validated tool for the dynamic severity assessment of hidradenitis suppurativa (HS) is lacking. The aim of this study was to develop and validate such a novel scoring system. METHODS: A Delphi voting procedure was conducted among the members of the European Hidradenitis Suppurativa Foundation (EHSF) to achieve consensus towards an initial HS Severity Score System (HS4). Strengths and weaknesses of HS4 were examined by a multicenter prospective study. Multivariate logistic regression, discriminant analysis and receiver operating characteristic curves and examination for correlation (Spearman's rho) and agreement (Cohen's kappa) with existing scores were engaged to recognize the variables for a new International HS Severity Scoring System (IHS4) that was established by a 2nd Delphi round. RESULTS: Consensus HS4 was based on the number of skin lesions, the number of skin areas involved and the Dermatology Life Quality Index and was evaluated by a sample of 236 patients from 11 centers. Subsequently, a multivariate regression model calculated adjusted odds ratios for several clinical signs. Nodules, abscesses and draining tunnels resulted as the scoring variables. Three candidate scores were presented to the 2nd Delphi round. The resulting IHS4 score is calculated by the number of nodules (multiplied by 1) + the number of abscesses (multiplied by 2) + the number of draining tunnels (multiplied by 4). A total score of 3 or less signifies mild, 4-10 signifies moderate and 11 or higher signifies severe disease. Cohen's kappa was fair (κ=0.317) compared with Hurley classification and moderate (κ=0.493) compared with Expert Opinion. Correlation was good (rho>0.6) with Hurley classification, Expert Opinion, Physician's Global Assessment and Modified Sartorius score and moderate for Dermatology Life Quality Index (rho=0.356). CONCLUSION: The novel IHS4 is a validated tool to dynamically assess HS severity and can be used both in real-life and the clinical trials setting.

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Adapalene/Benzoyl Peroxide Gel 0.3%/2.5%: A Safe and Effective Acne Therapy in all Skin Phototypes. Alexis AF, Cook-Bolden FE, York JP. J Drugs Dermatol. 2017 Jun 1;16(6):574-581. https://www.ncbi.nlm.nih.gov/pubmed/28686775

BACKGROUND: Acne affects individuals of all races and ethnicities; however, lighter and darker skin phototypes face different treatment challenges that may affect treatment response and tolerability. This analysis investigated possible differences in the efficacy and safety of the fixed dose combination of 0.3% adapalene with 2.5% benzoyl

peroxide (A/BPO gel 0.3%/2.5%) in subjects with Fitzpatrick Skin Types (FST) I-VI. METHODS: This was a post-hoc analysis of a Phase 3, multicenter, randomized, double-blind, parallel-group study of moderate to severe acne in subjects with FST I-VI. Subjects received A/BPO gel 0.3%/2.5%, A/BPO gel 0.1%/2.5% (benchmark), or vehicle, once daily for 12 weeks. Efficacy measurements included success rate (IGA of Clear or Almost Clear), change in

inflammatory and noninflammatory lesions from baseline to week 12, safety, and tolerability. The intent to treat (ITT) and safety populations were analyzed. Demographics and disposition were analyzed with descriptive statistics; categorical variables by frequency and percentage; and continuous variables with means, medians, minimum, maximum, and standard deviations. RESULTS: The A/BPO gel 0.3%/2.5% treatment group included 128 subjects with FST I-III, and 89 subjects with FST IV-VI. At week 12, A/BPO gel 0.3%/2.5% was safe, tolerable, and significantly superior to vehicle for all FST and severity groups in inflammatory and noninflammatory lesion reduction (P less than equal to .05). Compared to baseline, 32% of subjects with FST I-III were clear or almost clear, compared to 7% in the vehicle group (P=.001). In FST IV-VI, 28% of subjects were clear or almost clear, compared to 15% for vehicle (P=NS). In all treatment groups and skin phototypes, week 12 tolerability scores were similar to baseline scores, and tolerability scores for most subjects of all skin phototypes were "none" or "mild" for all measures. SUMMARY: We report that the fixed dose combination of A/BPO gel 0.3%/2.5% is efficacious and safe in patients with FST I-VI with moderate and severe inflammatory acne. Clinicaltrials.gov registry: NCT01880320 J Drugs Dermatol. 2017;16(6):574-581.

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Adapalene/Benzoyl Peroxide Gel 0.3%/2.5%: Effective Acne Therapy Regardless of Age or Gender. Stein Gold L, Werschler WP, Mohawk J. J Drugs Dermatol. 2017 Jun 1;16(6):582-589. https://www.ncbi.nlm.nih.gov/pubmed/28686776

BACKGROUND: Acne vulgaris affects a diverse group of people, and there is an increasingly wide variety of acne treatments. Because of the many options, clinicians have a better ability to individualize treatment; however, achieving optimal results relies on understanding how various agents perform in specific population segments. Fixed-combination adapalene plus benzoyl peroxide (A/BPO) is a first-line recommended acne therapy and is available in two adapalene concentrations (0.1% and 0.3%) combined with BPO 2.5%. This analysis investigated whether gender and age have an impact on either the efficacy or safety of topical A/BPO 0.3%. METHODS: A post-hoc subanalysis was performed on data from a multicenter, randomized, double-blind, parallelgroup, 12-week study of A/BPO gel 0.3%/2.5% or vehicle gel in subjects ≥ 12 years old with moderate to severe acne vulgaris (Investigator global assessment [IGA] of 3 or 4). Efficacy measurements included achievement of an IGA of clear (0) or almost clear (1), and change in lesion counts from baseline to week 12. Safety measures included adverse events and cutaneous tolerability. The intent to treat (ITT) and safety populations were analyzed. RESULTS: The A/BPO gel 0.3%/2.5% treatment group included 217 subjects. Among the subjects, 111 were 12-17 years old and 106 were ≥ 18 years old; 104 were male and 113 were female. A/BPO 0.3%/2.5% was safe, tolerable, and significantly superior to vehicle in success rates (IGA 0 or 1) and reduction of inflammatory/noninflammatory lesions (P≤0.05) across both age groups and genders. CONCLUSIONS: A/BPO 0.3%/2.5% treatment achieved success and was equally effective and safe in younger vs older subjects and in males vs females. These results support the use of A/BPO 0.3%/2.5% in all subjects 12 and older. Clinicaltrials.gov registry: (NCT01880320) J Drugs Dermatol. 2017;16(6):582-589.

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Psychosocial Impact of Postinflammatory Hyperpigmentation in Patients with Acne Vulgaris. Darji K, Varade R, West D, et al. J Clin Aesthet Dermatol. 2017 May; 10(5): 18–23. Published online 2017 May 1. PMCID: PMC5479473 https://pdfs.semanticscholar.org/227a/c81cf449ae7f1d79af71c946e7dea60d7f5d.pdf

Background: Acne vulgaris is a common, often socially distressing skin condition primarily seen in young adults. Quality of life studies have shown that people with acne are more introverted with increased social setting anxiety compared to a control group. Unfortunately, patients with acne may have residual postinflammatory hyperpigmentation, amplifying impaired psychosocial effects. Objective: To quantify the impact of postinflammatory hyperpigmentation in patients with acne using a psychometric scale. Design: A clinic-based survey was conducted among US adults with facial acne and postinflammatory hyperpigmentation. Outcomes included age, race, gender, and acne-related quality of life. A board-certified dermatologist rated each patient's acne severity and postinflammatory hyperpigmentation. Setting: Dermatology clinic, Anheuser Busch Institute and Des Peres Hospital, Saint Louis, Missouri. Participants: 48 subjects (25 patients with acne and postinflammatory hyperpigmentation; 23 with acne only). Measurements: Acne Quality of Life survey, dermatologist rating of acne and postinflammatory hyperpigmentation severity. Results: Subjects with postinflammatory hyperpigmentation reported statistically significant poorer mean scores on the Acne Quality of Life survey than subjects with acne only. Sixty percent of patients with postinflammatory hyperpigmentation had a "very markedly" impact to at least one aspect of the Acne Quality of Life survey scale compared to none of the acne only patients. There was no association between provider-reported hyperpigmentation severity and psychosocial impact. No differences in psychosocial impact were

noted between males and females. Conclusion: Patients with acne and postinflammatory hyperpigmentation had poorer quality-of-life scores compared to patients with only acne. Having postinflammatory hyperpigmentation with acne negatively impacted self-perceptions and social/emotional functioning, especially in groups.

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Alcohol intake and risk of rosacea in US women. Li Suyun, Cho E, Drucker AM, Qureshi AA, Li WQ. J Am Acad Dermatol. 2017 Jun;76(6):1061-1067.e2. doi: 10.1016/j.jaad.2017.02.040. Epub 2017 Apr 20. https://www.ncbi.nlm.nih.gov/pubmed/28434611

BACKGROUND: The epidemiologic association between alcohol and rosacea is unclear and inconsistent based on the previous cross-sectional or case-control studies. OBJECTIVE: We conducted a cohort study to determine the association between alcohol intake and the risk of rosacea in women. METHODS: A total of 82,737 women were included from the Nurses' Health Study II (1991-2005). Information on alcohol intake was collected every 4 years during follow-up. Information on history of clinician-diagnosed rosacea and year of diagnosis was collected in 2005.

RESULTS: Over 14 years of follow-up, we identified 4945 cases of rosacea. Compared with never drinkers, increased alcohol intake was associated with a significantly increased risk of rosacea (Ptrend <.0001). The multivariate-adjusted hazard ratios (HRs) and confidence intervals (CIs) were 1.12 (95% CI 1.05-1.20) for alcohol intake of 1-4 g/day and 1.53 (1.26-1.84) for ≥30 g/day. The associations remained consistent across categories of smoking status. Further examination of types of alcoholic beverage consumed revealed that white wine (Ptrend <.0001) and liquor intake (Ptrend = .0006) were significantly associated with a higher risk of rosacea. LIMITATIONS: This was an epidemiologic study without examination into etiologic mechanisms. CONCLUSIONS: Alcohol intake was significantly associated with an increased risk of rosacea in women.

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Isotretinoin treatment for acne and risk of depression: A systematic review and meta-analysis. Huang YC, Cheng YC. J Am Acad Dermatol. 2017 Jun;76(6):1068-1076.e9. doi: 10.1016/j.jaad.2016.12.028. Epub 2017 Mar 11. https://www.ncbi.nlm.nih.gov/pubmed/28291553

BACKGROUND: The relationship between isotretinoin treatment for acne and depression is controversial. Quantitative analysis has not yet been conducted. OBJECTIVE: To conduct a meta-analysis, evidence-based examination of the relationship between isotretinoin and depression. METHOD: A systematic review and meta-analysis of the literature published from inception to September 30, 2016, was conducted. Controlled or prospective non-controlled trials on ≥15 acne patients receiving isotretinoin treatment were included. The prevalence of depression and change in depression scores were calculated. RESULT: Thirty-one studies met the inclusion criteria. In the controlled studies, the change in depression scores from baseline was not significantly different between patients receiving isotretinoin treatment and those receiving an alternative treatment (standardized mean difference [SMD] -0.334, 95% confidence interval [CI] -0.680 to 0.011). The prevalence of depression after isotretinoin treatment significantly declined (relative risk [RR] 0.588, 95% CI 0.382-0.904). The mean depression scores significantly decreased from baseline (SMD -0.335, 95% CI -0.498 to -0.172). LIMITATIONS: No randomized controlled trials were reviewed; a large inter-study variation was observed. CONCLUSIONS: Isotretinoin treatment for acne does not appear to be associated with an increased risk for depression. Moreover, the treatment of acne appears to ameliorate depressive symptoms.

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Clinical Reviews

Recognizing Syndromic Hidradenitis Suppurativa: a Review of the Literature. Gasparic J, Theut Riis P, Jemec GB. J Eur Acad Dermatol Venereol. 2017 Jul 11. doi: 10.1111/jdv.14464. [Epub ahead of print] https://www.ncbi.nlm.nih.gov/pubmed/28696038

BACKGROUND: Hidradenitis suppurativa (HS) is an inflammatory skin disease causing painful inflammation and suppuration. It may occur in rare syndromes: follicular occlusion, Bazex-Dupré-Christol, Down's, KID, PAPASH, PASS, PASH, and SAPHO syndromes, as well as Dowling-Degos disease. An overview of syndromic HS may inform the search for etiological factors in HS. METHODS: Pubmed, Ovid, and Web of Science were systematically searched using "(hidradenitis OR acne invers*) AND (syndrome OR KID OR PASS OR PAPA OR PASH OR SAPHO OR bazex-dupre OR "dowling degos" OR triad OR tetrad)" and Cochrane Library using "hidradenitis OR acne invers*". A total of 82 articles were included in the final review. RESULTS: We summarize 134 cases collected from the 82 included articles. The syndromes are discussed, focusing on etiopathogenesis, clinical presentation, and treatment.

Association of Isotretinoin With Depression and Suicide: A Review of Current Literature. Oliveira JM, Sobreira G, Velosa J, et al. J Cutan Med Surg. 2017 Jul 1:1203475417719052. doi: 10.1177/1203475417719052. [Epub ahead of print] https://www.ncbi.nlm.nih.gov/pubmed/28705050

Acne vulgaris, a condition that can affect people at any age, is the most common cause of referral to a dermatologist. Isotretinoin (ITT) is the most effective treatment available, but serious adverse effects, including a possible association with depression and suicide, limit its use. We review the current literature regarding the

association of ITT with depression and suicide. Case reports and database studies show a clear association, and this association is biologically plausible. Although prospective studies have opposite results, limitations make them unsuitable to identify a subgroup of patients who may be at risk of developing depression or suicidal ideation with ITT. Overall, it seems some people might be at risk, particularly those with a personal or family history of mental disorder, but further studies are needed to identify those patients who would benefit from an early referral to a mental health professional when ITT is initiated. Currently, no conclusions can be drawn, and it seems appropriate to regularly screen all patients on ITT for depressive symptoms and suicidal ideation and promptly refer them to a mental health professional if any are found.

Isotretinoin and Timing of Procedural Interventions: A Systemic Review with Consensus Recommendations. Spring LK, Krakowski AC, Alam M, Bhatia A, et al. JAMA Dermatol. 2017 Jun 28. doi: 10.1001/jamadermatol.2017.2077. [Epub ahead of print] http://pubs.bli.uci.edu/sites/default/files/publications/jamadermatology_Spring_2017_rv_170002.pdf

IMPORTANCE: The notion that systemic isotretinoin taken within 6 to 12 months of cutaneous surgery contributes to abnormal scarring or delayed wound healing is widely taught and practiced; however, it is based on 3 small case series from the mid-1980s. OBJECTIVE: To evaluate the body of literature to provide evidence-based recommendations regarding the safety of procedural interventions performed either concurrently with, or immediately following the cessation of systemic isotretinoin therapy. EVIDENCE REVIEW: A panel of national experts in pediatric dermatology, procedural/cosmetic dermatology, plastic surgery, scars, wound healing, acne, and isotretinoin was convened. A systematic PubMed review of English-language articles published from 1982 to 2017 was performed using the following search terms: isotretinoin, 13-cis-retinoic acid, Accutane, retinoids, acitretin, surgery, surgical, laser, ablative laser, nonablative laser, laser hair removal, chemical peel, dermabrasion,

wound healing, safety, scarring, hypertrophic scar, and keloid. Evidence was graded, and expert consensus was obtained. FINDINGS: Thirty-two relevant publications reported 1485 procedures. There was insufficient evidence to support delaying manual dermabrasion, superficial chemical peels, cutaneous surgery, laser hair removal, and fractional ablative and nonablative laser procedures for patients currently receiving or having recently completed isotretinoin therapy. Based on the available literature, mechanical dermabrasion and fully ablative laser are not recommended in the setting of systemic isotretinoin treatment. CONCLUSIONS AND RELEVANCE: Physicians and patients may have an evidence-based discussion regarding the known risk of cutaneous surgical procedures in the setting of systemic isotretinoin therapy. For some patients and some conditions, an informed decision may lead to earlier and potentially more effective interventions.

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Why Topical Retinoids are Mainstay of therapy for Acne. Leyden J, Stein-Gold L, Weiss J. Dermatol Ther (Heidelb). 2017 Jun 5. doi: 10.1007/s13555-017-0185-2. [Epub ahead of print] https://link.springer.com/article/10.1007/s13555-017-0185-2 http://rdcu.be/urjY

Acne-focused dermatology expert groups have consistently recommended that most patients with acne be treated with a combination of topical retinoid and antimicrobial therapy. This is based on clinical data as well as evidence that these drug classes have different and complementary mechanisms of action that target multiple aspects of acne's complex pathophysiology. Recent evidence-based guidelines for acne, including those from the American Academy of Dermatology (AAD) and the European Dermatology Forum (EDF), have agreed that retinoids have an

essential role in this widespread disease. The AAD states "retinoids are the core of topical therapy for acne because they are comedolytic, resolve the precursor microcomedone lesion, and are anti-inflammatory;" further, they "allow for maintenance of clearance." Despite uniform recommendation for use of topical retinoids, a recent study of prescribing practices from 2012 to 2014 indicated that dermatologists prescribed retinoids just 58.8% of the time while non-dermatologists prescribed them for only 32.4% of cases. In this article, we review the reasons supporting retinoids as the mainstay of acne therapy and discuss some of the perceived barriers that may be limiting use of this important drug class. Further, we discuss how and when titrating retinoid concentrations may be utilized in clinical practice.

The Role of Fillers in the Management of Acne Scars. Forbat E, Ali FR, Al-Niaimi F. Clin Exp Dermatol. 2017 Apr 10. doi: 10.1111/ced.13058. [Epub ahead of print] http://www.practiceupdate.com/content/the-role-of-fillers-for-acne-scars/52172

Acne scars are present in 95% of patients with acne, and can cause profound psychosocial morbidity. Fillers are commonly used for facial soft tissue augmentation, and there is increasing interest in their use for the treatment of acne scars, particularly for the atrophic subtype. We review the evidence for the use of temporary, semi-permanent and permanent fillers for acne scars. The use of permanent methylmethacrylate fillers for acne scarring is supported by a randomized controlled trial, and is approved by the United States Food and Drug Administration. There is initial evidence supporting the use of poly-L-lactic acid and hyaluronic acid fillers, but evidence is still lacking about the use of polyacrylamide and polyalkylimide fillers.

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Azelaic Acid Topical Formulations: Differentiation of 15% Gel and 15% Foam. Del Rosso JQ, J Clin Aesthet Dermatol. 2017 Mar; 10(3): 37–40. Published online 2017 Mar 1. PMCID: PMC5367880 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5367880/

In this article, the author reviews topical formulations of azelaic acid used to treat papulopustular rosacea. Emphasis is placed on differences in vehicle technology and potential clinical impact of the possibility for neurosensory cutaneous tolerability reactions.

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Patient Counseling/Communication

Debunking Acne Myths: Should Patients with Oily Skin use a Mousturizer? By Adam Friedman, MD. CUTIS Publish date: May 16, 2017 http://www.mdedge.com/cutis/article/138359/acne/debunking-acne-myths-should-patients-oily-skin-use-moisturizer?channel=171

MYTH: MOISTURIZERS MAKE ACNE WORSE IN PATIENTS WITH OILY SKIN

Excessive sebum production can lead to oily skin that appears greasy and shiny, which contributes to the development of acne on the face. Acne patients with oily skin may be deterred from using moisturizers out of fear that their condition will worsen, yet therapeutic moisturizers have been shown to maintain hydration and overall

integrity of the stratum corneum. In a study of patient experiences with oily skin, 68% (n=37) of participants said their skin felt unclean, dirty, or grimy. Some participants noted a feeling of having clogged pores or an additional layer of skin, and others reported that their skin felt oily or greasy to the touch. The study also reported that participants with oily skin felt self-conscious, which impacted their daily life. These domains also are affected by having acne.

Getting The Red Out: Expert Tips Dermatologists share their go-to approaches for reducing facial redness in rosacea. May 2017 Practical Dermatology http://practicaldermatology.com/2017/05/getting-the-red-out-expert-tips/

There are multiple options for treating the papules, pustules and other symptoms of rosacea, but the same can't be said about the redness…yet. From lasers and lights to new prescription creams and calming over-the-counter skin care products, dermatologists share their favorite anti-facial redness strategies with Practical Dermatology® magazine.

"Rhofade (oxymetazoline hydrochloride) cream, 1% is the new Allergan anti-redness medication. Like Mirvaso, it is a vasoconstrictor of blood vessels. However, it appears not to have the risk of rebound redness and flushing that has been a problem for many patients with Mirvaso. For most of these rosacea patients, I make sure that everything they use has a non-irritating base. For example, ISDIN's new Eryfotona Actinica Ultralight Emulsion SPF 50+ with Photolyase (a DNA repair enzyme) has been very well received by my sensitive skin patients who find it goes on smoothly and feels soothing. Anti-inflammatory ingredients help also. I find creams like Caudalie Premier Cru La Creme Riche with resveratrol and sunscreens like EltaMD UV Clear with niacinamide (vitamin B3) helpful." Heidi A. Waldorf, MD Director, Laser & Cosmetic Dermatology Mount Sinai Hospital; Associate Clinical Professor, Icahn School of Medicine of Mount Sinai; New York, NY Co-Chief, Medical Editor, Modern Aesthetics®

"I like the Eucerin Redness Relief line and the La Roche-Posay Rosaliac line for my rosacea patients. These are very mild and soothing as per patients who use them." Adam Friedman, MD, FAAD Associate Professor of Dermatology, Department of Dermatology; Residency Program Director Director of Translational Research George Washington School of Medicine and Health Sciences, Washington, DC

"The majority of diffuse redness is from underlying rosacea. Our initial approach is to start with topical Finacea and then treat with Exel V or V Beam laser. Recently, we have started using Rhofade and the feedback has been very positive. Thus, a combination of Finacea, followed by laser and the use of Rhofade is our approach. We also love the Restorsea Pro Rebalancing Lotion, which is safe in patients prone to redness and is our go-to anti-aging cosmeceutical in this subset of patients." Vic A. Narurkar MD, FAAD FounderBay Area Laser Institute, San Francisco.

"We first need to determine what the cause of the redness is. Is it from chronic sun damage, facial flushing, or a sign of rosacea? Then we can determine what the best course for treatment is which will include the use of intense pulsed light (IPL) and vascular lasers for sun damage along with a proper skin care routine of antioxidants, growth factors, and sunscreens. If the cause is from rosacea, we now have oxymetazoline (Rhofade) approved to reduce the appearance of the redness of rosacea and from the clinical trials, which we participated in, shows high efficacy, great safety, and long lasting results with no appreciable rebound as a result of its use. Treating facial redness is something that we can tackle without much concern in today's dermatologic world." Michael H. Gold, MD Medical Director and Founder, Gold Skin Care Center, Advanced Aesthetics Medical Spa; The Laser & Rejuvenation

Center, and Tennessee Clinical Research Center, Nashville

“I like green tea products, Finacea and Rhofade.” Judith Hellman MD, Associate Clinical Professor of Dermatology, Mt Sinai Hospital, New York, NY.

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