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Meeting Minutes

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You Too Can Diagnosis and Treat Psoriatic Arthritis

Dr. Alice Gottlieb, MD, PhD and Dr. Joseph Merola, MD, MMSc emphasized the importance of early diagnosis and treatment of psoriatic arthritis (PsA), noting that up to 41% of cases go undiagnosed. They explained that cutaneous psoriasis typically precedes PsA by 10-12 years, though the presence of PSA is independent of psoriasis severity. Delayed diagnosis leads to worse outcomes, and even patients with mild psoriasis have a nearly 30% risk of developing PsA, particularly those with scalp, inverse, or nail involvement. They highlighted key diagnostic indicators, including joint pain, morning stiffness lasting over 30 minutes, and axial/spine involvement with stiffness, with early cases often presenting as enthesitis. Dr. Gottlieb also reviewed an ongoing quality improvement initiative she pioneered at Mount Sinai using the PEST and PsAID-12 to diagnose PSA and assess PSA severity, respectively. This initiative Dr. Gottlieb and Dr. Merola also discussed treatment strategies, emphasizing that methotrexate is ineffective for axial disease, and recommending TNF inhibitors and IL-17 blockers to help slow PSA progression.

JAK Safety Update

Dr. Christopher Bunick, MD, PhD, provided a JAK inhibitor safety update, advocating for a "new JAK mindset" that prioritizes their anti-inflammatory efficacy. He clarified that while kinase domain inhibitors like JAK1/2/3 carry FDA boxed warnings, TYK2 inhibitors, such as deucravacitinib, target the pseudokinase domain and do not carry this warning. Dr. Bunick dispelled safety myths, citing long-term data showing low rates of major adverse cardiovascular events (MACE), venous thromboembolism (VTE), and malignancy, often comparable to or below baseline for atopic dermatitis patients. He noted that JAK2-associated weight gain is less common with abrocitinib, ritlecitinib, and upadacitinib due to lower JAK2 activity. Dr. Bunick concluded that emerging data, including negligible systemic absorption of topical delgocitinib, support a more favorable safety profile for JAK inhibitors.

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Current and Emerging Therapies: Psoriasis in 2025

Dr. Alice Gottlieb discussed current and emerging therapies for psoriasis in 2025, focusing on IL-23 and IL-17 inhibitors, TYK-2 inhibitors, biologics for the pediatric population, mild-to-moderate psoriasis treatment and biologics for those with medicare. She reviewed the efficacy of bimekizumab, highlighting its FDA approval for multiple conditions and its superiority over secukinumab and adalimumab in comparator studies, though with an increased risk of Candida infections. IL-23 inhibitors such as guselkumab, risankizumab, and tildrakizumab were noted for their effectiveness but were less ideal for axial psoriatic arthritis. She also examined the potential for psoriasis patients achieving PASI100 to reduce maintenance therapy without loss of efficacy and discussed IL-23 inhibition's effect on dyspigmentation in skin of color. Emerging oral IL-23 inhibitors, TYK-2 inhibitors like zasocitinib, and long-term safety data on deucravacitinib were also reviewed.

Current and Emerging Therapies in PSA

Dr. Joseph Merola, MD, MMSc discussed the latest advancements in psoriatic arthritis (PsA) treatment, emphasizing the importance of identifying disease domains including peripheral arthritis, axial disease, enthesitis, dactylitis, skin, and nail involvement to guide therapy. He reviewed the many considerations needed when choosing a PSA treatment, highlighting the utility of TNF, IL-17, JAK inhibitors in axial disease and TNF, IL-12/23 inhibitors, and JAK inhibitors in treating PSA patients with concurrent IBD. He reviewed head-to-head trials of TNF inhibitors and IL-17 inhibitors, such as the EXCEED trial, which demonstrated secukinumab matched adalimumab in joint outcomes but showed superior skin results. He also highlighted emerging therapies, such as the IL-17 A/F nanobody, sonelokimab. Dr. Merola concluded by emphasizing the high unmet need of PSA, advocating for combination therapy and continued research to expand treatment options.

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GLP-1 Agonists in Dermatology

Dr. Brittany Weber, MD, PhD, discussed the emerging role of GLP-1 receptor agonists in dermatology, highlighting their potential to treat inflammatory skin diseases. Originally used for diabetes management, GLP-1 receptor agonists have shown cardiovascular benefits beyond glucose control, as demonstrated in the SELECT trial, which reported a 20% reduction in cardiovascular events among overweight and obese patients without diabetes. Dr. Weber emphasized that GLP-1s may also modulate inflammation, as obesity-driven upregulation of cytokines like TNF-α, IL-6, and IL-17A contributes to skin disease severity. Emerging studies suggest GLP-1s can improve psoriasis severity (PASI scores) and overall metabolic health, with the TOGETHER-PsA trial currently evaluating the combination of ixekizumab and tirzepatide for psoriasis and psoriatic arthritis. While more dermatologic data is needed, GLP-1 receptor agonists hold promise as adjunctive therapies for inflammatory skin conditions.

Hidradenitis Suppurativa Treatment Update

Dr. Alice Gottlieb, MD, PhD discussed the many unmet needs in HS treatment and the importance of improving patients' quality of life. She reviewed therapies, including adalimumab, the first FDA-approved biologic for HS, and infliximab, a weight-based TNF inhibitor infusion. She highlighted the recent FDA approval of secukinumab, the first IL-17A inhibitor for HS, and bimekizumab, which targets both IL-17A and IL-17F. Dr. Gottlieb also discussed ongoing clinical trials with sonelokimab, an IL-17A/F nanobody, that demonstrated promising HiSCR response rates and resolution of draining tunnels compared to placebo. Additionally, she reviewed JAK inhibitors (upadacitinib, porvocitinib) and as well as bruton's tyrosine kinase inhibitors (remibrutinib) and spleen tyrosine kinase inhibitors (fostamatinib). She emphasized the exciting new target of B-cell pathways which has shown promising results. Dr. Gottlieb concluded by emphasizing that IL-23 inhibitors (guselkumab, risankizumab) did not meet primary endpoints in HS, reinforcing the need for continued research and new targeted therapies.

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Surgical Management of HS

Dr. Dennis Orgill discussed the surgical management of hidradenitis suppurativa (HS), outlining when surgery is appropriate and the various surgical options, including unroofing, local tissue rearrangements, flaps, skin grafts, and recycled skin. He highlighted challenges such as obesity, comorbid conditions, smoking, difficult anatomical areas, and the psychological impact of surgery. Dr. Orgill generally avoids surgery in patients who smoke, have morbid obesity or uncontrolled diabetes, are experiencing an acute flare, or have unrealistic expectations. While he briefly touched on medical treatments, the focus remained on surgical indications and interventions, with case presentations and a video demonstrating tunnel removal. Dr. Orgill emphasized that surgery, despite its high complication rates, can lead to significant improvement when patients adhere to post-operative care, and a multidisciplinary approach involving dermatology and surgery is often beneficial. He concluded by noting the importance of patience with surgeons when complications arise and highlighted upcoming advancements in surgical techniques.

HS Pathogenesis: Current Understanding

Dr. James Krueger, MD, provided an update on the current understanding of hidradenitis suppurativa (HS) pathogenesis, emphasizing its complexity compared to other inflammatory skin diseases like psoriasis. He highlighted that HS involves both innate and adaptive immune responses, including T and B cells, with cytokines such as IL-17A, IL-17C, and IL-36 playing key roles. Dr. Krueger described how follicular occlusion, bacterial dysbiosis, and immune cell infiltration contribute to tunnel formation, a hallmark of advanced HS. These tunnels act as chronic inflammatory sites, perpetuating tissue destruction and scarring. Doppler ultrasound was noted as a useful tool for detecting inflammation surrounding tunnels and guiding treatment. He concluded by emphasizing the need for further research on biomarkers, targeted therapies, and trials that measure tunnel progression to advance HS management

Psa Imaging Interpretation and Differential Diagnosis for the Dermatologist

Dr. Gurjit Kaeley, MD, discussed the evolving approach to diagnosing psoriatic arthritis (PsA), emphasizing a domain-driven model rather than clear-cut phenotypes. While the traditional five clinical patterns—distal, oligoarthritis, polyarthritis, arthritis mutilans, and axial—still exist, PsA is now recognized as a heterogeneous disease with overlapping domains, including peripheral and axial arthritis, enthesitis, dactylitis, psoriasis, nail disease, uveitis, and inflammatory bowel disease (IBD). Dr. Kaeley highlighted the role of soft tissue imaging, particularly ultrasound and MRI, in detecting early disease by identifying synovitis, soft tissue edema, increased vascularity, and enthesitis. He stressed the importance of clinical correlation, noting that obesity, age, and overuse can complicate interpretation, and recommended evaluating multiple sites with power Doppler for activity. Ultimately, dermatology clinics should prioritize detection of PsA by evaluating for synovitis, enthesitis, and dactylitis, clinically correlated.

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Updates in Vitiligo

Dr. Andrew Alexis began his talk by highlighting the mental health and quality of life considerations for individuals with vitiligo. He discussed the first FDA-approved therapy, Ruxolitinib, noting that F-VASI75 was achieved by week 24 with a favorable safety profile. Addressing treatment response, he emphasized that even if ruxolitinib does not show success at six months, data supports continued treatment, as long-term use can still lead to positive outcomes with no new safety concerns in two-year follow-ups. He also presented findings that adding narrowband UVB (NBUVB) to ruxolitinib enhances treatment response. Dr. Alexis reviewed upcoming therapeutics in clinical trials, including povorcitinib, upadacitinib, rilecitinib, and baricitinib combined with NBUVB. Lastly, he touched on procedural therapy, mentioning that while melanocyte-keratinocyte transplants are available, access remains limited to a few specialized centers.

Skin Bleaching: What's Really True

Dr. Seemal Desai, MD, discussed the global epidemic of skin bleaching, emphasizing the distinction between medically addressing pigmentary disorders and patients independently seeking skin lightening. He highlighted the historical and societal roots of skin bleaching, driven by eurocentric beauty standards perpetuated by colonialism and modern social media. Dr. Desai warned about the widespread use of unsafe products, including topical steroids, heavy metals like mercury and arsenic, and intravenous glutathione infusions, which have been linked to severe adverse effects, including Stevens-Johnson syndrome, toxic epidermal necrolysis, and even death. In addition, Dr. Desai highlighted neuropsychiatric side effects associated with heavy metal exposure, including cognitive disturbances and mood changes. He concluded by stressing the importance of patient education, product regulation, and global advocacy against the misuse of harmful skin-lightening agents.

Seborrheic Dermatitis: Outside and In

Dr. Andrew Alexis opened the discussion by highlighting the high prevalence of seborrheic dermatitis, emphasizing that despite its common occurrence, many patients are unaware of the term. He highlighted its heterogeneous nature, with a global prevalence of 5%, peaking in infancy, adolescence, and again after age 50. Certain populations, including individuals with HIV, males, and those with Parkinson's disease, have an increased propensity for the condition, influenced by environmental and dietary factors. Dr. Alexis explained that excessive sebum production contributes to malassezia overgrowth and barrier dysfunction, leading to diverse presentations, including cases where patients exhibit solely hypopigmentation rather than the classic erythema and scale. He noted that hair oils may worsen seborrheic dermatitis in Black patients and emphasized key treatment options, including topical steroids, antifungals, and off-label calcineurin inhibitors. Lastly, he introduced roflumilast foam 0.3%, the newest FDA-approved therapy, describing its mechanism as a PDE-4 inhibitor that reduces inflammation, with a reassuring safety profile.

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Ultrasound Diagnosis in Dermatology

Dr. Gurjit Kaeley, MD, and Dr. Jane Yoo, MD, discussed the expanding role of ultrasound in dermatology, emphasizing its utility in diagnosing psoriatic arthritis (PsA), skin lesions, and guiding aesthetic procedures. Dr. Kaeley highlighted the value of handheld ultrasound (HHUS) for early PsA detection in psoriasis patients with joint symptoms, emphasizing its portability and cost-effectiveness while cautioning that accurate interpretation requires training and the device has limited power Doppler sensitivity. Dr. Yoo detailed dermatologic applications, including monitoring inflammatory conditions like psoriasis and hidradenitis suppurativa, melanoma recurrence, disease progression, and therapeutic response. She also emphasized ultrasound's role in aesthetic procedures for precise filler placement, dissolving nodules, and managing vascular complications with hyaluronidase, alongside emerging innovations like AI-assisted interpretation and ultrasound-guided drug delivery. The session concluded with a panel discussion led by Dr. Alice Gottlieb, MD, PhD, and Dr. Joseph Merola, MD, MMSc, featuring a live ultrasound demonstration on Dr. Gottlieb by Drs. Kaeley and Yoo.

Treatment of Mild to Moderate HS: Can We Prevent Scarring and Tunnels?

Dr. James Krueger, MD, discussed evolving models of hidradenitis suppurativa (HS) pathogenesis, contrasting the older follicular-centered model with newer insights from ultrasound imaging. Key ultrasound findings include follicular widening, ballooning, and lesional connections, with inflammation centered around dermal tunnels detected by Doppler imaging. Dr. Krueger highlighted the prominent role of IL-17 signaling, particularly IL-17C, which may be driven by bacterial activity within tunnels, along with elevated hepatocyte growth factor (HGF). He also emphasized the need for clinical trials that track tunnel formation and progression, not just draining tunnels, alongside improved imaging and biomarker development for more precise staging and risk assessment. This approach could lead to earlier intervention and prevention of scarring in mild to moderate HS.

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Contact Dermatitis

Emma Guttman, MD, PhD, discussed chronic hand eczema (CHE), a common, recurrent condition affecting up to 10% of the population and the leading occupational skin disease. CHE presents with variable pathogenesis depending on the primary condition and allergen, with irritant contact dermatitis (ICD) showing a Th1/Th17 immune profile, allergic contact dermatitis (ACD) displaying Th1/Th17 for metals and Th2/Th22 for rubber and fragrances, and atopic dermatitis (AD) exhibiting a Th2/Th22 profile. Dr. Guttman highlighted a recent study using RNA sequencing of tape strips from lesional and non-lesional skin, revealing stronger Th2/Th22 skewing in AD-associated CHE and Th1/Th17 skewing in non-AD CHE, with multiple biomarkers correlating with disease severity. Emerging treatments include alitretinoin, dupilumab, and JAK inhibitors such as delgocitinib cream and gusacitinib. Dr. Guttman stressed the need for noninvasive biomarker integration, such as tape strips, to better define CHE phenotypes and optimize treatment approaches.

Masterclass in Cutaneous HPV Disease

Dr. Jason Frangos provided a comprehensive overview of cutaneous HPV disease, detailing its classification, associated malignancies, and treatment options. He highlighted that there are over 200 HPV serotypes, categorized into five genera, with the virus primarily targeting basal keratinocytes through microlesions. Frangos emphasized the oncogenic potential of certain HPV strains, particularly in cervical and anogenital cancers, while noting that beta-genus HPV is commonly found in skin squamous cell carcinomas, especially in immunocompromised patients. He discussed the Gardasil 9 vaccine, which protects against nine HPV types, including the most oncogenic strains, and is approved for individuals aged 9-45. Regarding treatment, he reviewed the natural regression of warts, the efficacy of cryotherapy, and various topical and intralesional therapies, concluding that cidofovir is the most effective treatment despite its associated pain and cost concerns.

Billing /Coding Tips

Dr. Mark Kaufmann, MD, provided an overview of current billing and coding challenges in dermatology, emphasizing that inflation poses the greatest threat to independent practice, with the physician conversion factor (CF) now lower than in 2001. He highlighted the impact of recent Medicare cuts, including a 3.36% reduction in the 2024 CF and an additional 2.83% cut finalized for 2025. Dr. Kaufmann discussed the introduction of the G2211 add-on code for visit complexity, which applies to ongoing care for complex conditions but cannot be used for routine, time-limited visits or procedures requiring Modifier-25. He urged dermatologists to support H.R. 879, a bipartisan bill aimed at reversing the 2025 Medicare payment cuts and providing a 2% pay increase. Dr. Kaufmann also recommended maximizing revenue through the full fee schedule, for example by utilizing J codes, obtainable for drugs with a buy-and-bill option. He concluded by stressing the urgent need for Medicare physician payment reform to protect patient access and ensure the sustainability of dermatology practices.

Saturday, February 22, 2025