from Sarasota.....

Meeting Minutes

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Pregnancy Drug Safety

Dr. Katherine Economy, MD, MPH, discussed pregnancy-related pharmacokinetic changes and the need for shared decision-making in medication use. She highlighted that TNF inhibitors are generally safe, while methotrexate and leflunomide are contraindicated due to teratogenic risks. IgG-based biologics cross the placenta, especially in the third trimester, necessitating delayed live vaccines for exposed newborns. Safe options during pregnancy include glucocorticoids, hydroxychloroquine, azathioprine, and certolizumab, while rituximab, secukinumab, and ustekinumab should be discontinued unless medically necessary. Dr. Economy emphasized balancing maternal health needs with fetal safety through individualized treatment plans.

Assisted Reproductive Technology and Pregnancy

Dr. Katherine Economy, MD, MPH, discussed assisted reproductive technology (ART) and its impact on fertility, dermatology, and genetic screening. She reviewed infertility causes, noting that 50% are female-related, 25% male-related, and 25% idiopathic, with age being a significant factor due to declining ovarian reserve and increasing embryo aneuploidy. Dr. Economy also reviewed treatment options such as ovulation induction, IVF, and gestational carriers. She highlighted preimplantation genetic testing (PGT) for monogenic diseases but noted its limitations for polygenic conditions. ART costs vary, with gestational carrier cycles ranging from $80,000 to $150,000. Dr. Economy stressed the importance of preconception genetic counseling and a multidisciplinary approach to reproductive care.

Who is Afraid of Big Bad Biologics?

Dr. Leon Kircik, MD, discussed the safety and misconceptions surrounding biologic therapies, emphasizing that biologics are generally well-tolerated and effective for treating psoriasis and other inflammatory conditions. He highlighted patient barriers, noting that individuals often require multiple treatments and provider visits before achieving disease control. Dr. Kircik addressed safety concerns, including the debated risk of suicidal ideation with brodalumab and the low malignancy rates seen in long-term biologic studies, such as with tildrakizumab. He debunked the myth that only TNF inhibitors are safe, presenting data on newer biologics, including IL-17 and IL-23 inhibitors, which offer high efficacy with favorable safety profiles. Additionally, he discussed biologic fatigue and the need for switching therapies, stressing that newer options can improve long-term disease control. Dr. Kircik concluded by advocating for treating psoriasis to target and embracing biologics as essential tools in modern dermatology.

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What's New in Hyperpigmentation

Dr. Seemal Desai, MD, provided an update on hyperpigmentation, highlighting its multifactorial causes, including post-inflammatory hyperpigmentation (PIH), melasma, metabolic conditions, vitamin deficiencies, and certain medications. He emphasized the importance of treating underlying conditions and sun protection as first-line approaches. Current treatments include topical retinoids, azelaic acid, hydroquinone, chemical peels, and cosmeceuticals, alongside emerging options such as oral antioxidants, polypodium leucotomos, and tranexamic acid, which reduces pigmentation by inhibiting inflammatory mediators involved in melanogenesis. Dr. Desai also discussed advancements like thiamidol, a potent tyrosinase inhibitor with proven efficacy in reducing epidermal melanin. He concluded by noting future directions, including increased use of non-hydroquinone-based treatments, oral tranexamic acid, and botanical-based options, while emphasizing that melasma remains a chronic condition requiring long-term management.
posed newborns. Safe options during pregnancy include glucocorticoids, hydroxychloroquine, azathioprine, and certolizumab, while rituximab, secukinumab, and ustekinumab should be discontinued unless medically necessary. Dr. Economy emphasized balancing maternal health needs with fetal safety through individualized treatment plans.

Inflammatory Bowel Disease (IBD) Update

Dr. Ryan Stidham, MD, provided an update on inflammatory bowel disease (IBD), emphasizing advancements in diagnosis, treatment, and monitoring. He highlighted the importance of early intervention in Crohn's disease and ulcerative colitis to prevent irreversible structural damage and surgery. Intestinal ultrasound (IUS) is emerging as a non-invasive, point-of-care tool for assessing bowel inflammation, with studies showing visible IUS responses as early as four weeks after treatment initiation. Dr. Stidham also discussed promising new therapies, including TL1a inhibitors and combination advanced therapies like the VEGA study (golimumab plus guselkumab) for ulcerative colitis. He noted ongoing research into predictive biomarkers, such as anti-integrin αvβ6 autoantibodies, which may allow for IBD detection years before diagnosis.

Dermatomyositis

Dr. Scott Elman, MD, provided an overview of dermatomyositis (DM), including its subtypes such as juvenile DM, clinically amyopathic DM, and hypomyopathic DM. He emphasized the role of myositis-specific antibodies (MSAs) like MDA-5, NXP-2, and TIF-1 gamma, which not only help guide diagnosis but also predict associated risks, such as malignancy and interstitial lung disease. Dr. Elman highlighted the importance of comprehensive workup, including muscle strength exams, serologic testing, and imaging, particularly high-resolution CT for pulmonary involvement. He discussed age-appropriate cancer screening for DM patients, especially those positive for TIF-1 gamma, recommending continued surveillance for 3-5 years. Treatment strategies depend on disease severity and associated conditions, incorporating corticosteroids, methotrexate, mycophenolate mofetil, IVIG, JAK inhibitors, and emerging therapies like anti-interferon beta and TYK2 inhibitors. Dr. Elman concluded by stressing the need for a multidisciplinary approach to optimize patient outcomes.

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Blistering Lessons – Great Cases

Dr. Kim Yancey's presentation, Blistering Lessons – Great Cases, examined various cases of blistering lesions, incorporating clinical and histological images. He discussed bullous systemic lupus erythematosus (BSLE), a rare and typically non-pruritic manifestation of SLE, highlighting its histological characteristics and response to dapsone. Yancey also addressed the dynamic nature of blistering lesions and the importance of assessing dysphagia and other symptoms in patients with oral erosions or blisters. Finally, he emphasized that dapsone should be used cautiously in G6PD-deficient patients due to the risk of hemolysis and methemoglobinemia.

Back Pain: Axial Disease for The Dermatologist

Dr. Gurjit Kaeley's lecture focused on recognizing red flag features of back pain, differentiating mechanical from inflammatory back pain, identifying dermatologic conditions associated with axial spondyloarthritis (SpA), and outlining an approach to evaluating inflammatory back pain. He emphasized the importance of distinguishing inflammatory back pain using the ASAS criteria and excluding mechanical causes. Kaeley discussed the overlap between axial and peripheral SpA and highlighted dermatologic conditions such as psoriasis, erythema nodosum, and pyoderma gangrenosum that may signal axial SpA.

He reviewed key imaging techniques and the modified New York criteria for ankylosing spondylitis. Additionally, he addressed axial psoriatic arthritis, noting its association with HLA-B27 and unique radiographic features. Kaeley concluded by advocating for a multimodal approach to SpA management, integrating clinical evaluation, imaging, and individualized treatment strategies.

PANEL: Skin of Color and Trials Recruitment

Dr. Alice Gottlieb, Dr. Andrew Alexis, Dr. Seemal Desai, and Dr. Leon Kircik led a panel discussing the challenges of recruiting diverse participants in dermatology clinical trials, with a focus on psoriasis in skin of color (SoC). They highlighted a JAMA article on the VISIBLE trial, which aimed to improve diversity in psoriasis research through strategic recruitment and retention methods. The panelists emphasized that psoriasis presentation and disease burden vary by skin pigmentation, race, and socioeconomic factors, yet primary data on SoC populations remain limited. The VISIBLE trial successfully enrolled 211 participants, all of whom self-identified as non-White, and implemented innovative strategies such as colorimetry, diverse site selection, cultural competency training, and multilingual patient-reported outcomes. The study demonstrated that intentional trial design can significantly accelerate recruitment and improve representation in dermatology research. The panelists concluded that VISIBLE provides a framework for future clinical trials to enhance diversity, ultimately leading to better patient care and more inclusive dermatologic research.