

Canadian

SKIN

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Volume 11 Issue 3

Pemphigus

Living with EB

Your guide to laser treatment

Complimentary
Fall 2020

Treating eczema in kids


CSPA | Canadian Skin
Patient Alliance
www.canadianskin.ca

Psoriasis and HS during COVID-19

skinfacts

suggestions and tips for skin patients and their families...



Washing your hands

COVID-19 science is clear. If everyone washed their hands thoroughly with soap then a million lives each year could be saved, according to the World Bank. Poorly washed hands can contribute to:

- **Passing on germs.** A single gram of human feces can contain a trillion germs.
- **Kids missing school.** Handwashing education can decrease “gastro-absenteeism” by up to 57%.
- **More diarrhea.** Proper handwashing prevents four out of every 10 cases.
- **Eye damage.** Washing your hands has been shown to prevent several eye diseases.

Debunking skincare myths

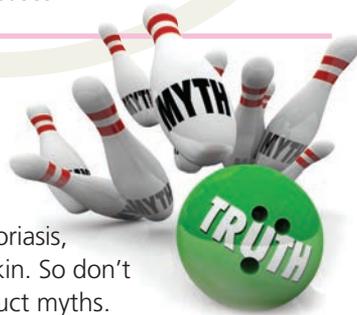
Healthy skin looks different for everyone, whether you have hyperpigmentation, psoriasis, eczema or simply sensitive skin. So don't fall for these common product myths.

Myth 1: Use a “dime-sized” amount

Two drops of face oil may be too much for oily skin and too little for dehydrated skin. Ditto for sunscreen. Experts say most people apply only 25–50% of the sunscreen needed!

Myth 2: You absolutely need a toner

Toner's role removes excess dirt and oil from your skin before you moisturize. It can help some, but not everyone.



Mysterious hives and welts

If you have breakouts of itchy, red bumps on your skin (hives) nearly every day for at least six weeks with no known cause then you might have a condition called chronic idiopathic urticaria. Sometimes, substances you come into contact with every day such as certain foods, medications, plants, pet dander or latex can be the culprit. Expect your doctor to ask the following questions:

- What materials are you exposed to at home or work?
- Do you have pets, or visited a place with animals lately?
- What medications do you take?
- What kinds of foods do you eat regularly?
- Do you get hives when you're hot, cold or sweaty?

You might be asked to follow a process of elimination to rule triggers out. Try keeping a diary for a few weeks to track your activities. That may provide a clue.



Twitter says it's good

Just because a “clear skin” thread went viral on Twitter doesn't mean you should be brewing up a lemon and baking soda mask on a Tuesday night.

- 1) Beware of quick fixes.
- 2) Unusual mixtures may damage your skin.
- 3) It usually takes a few weeks to see changes.
- 4) Home remedies are not always safe.



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Aging skin and changes to nails

By Dr. Isabelle Delorme

Learn more, live better. A Canadian health care professional answers your questions.



Q Are there any special skin care considerations that Black, Indigenous or people of colour (BIPOC) need to consider as they age?

A Aging is a biological reality with many contributing intrinsic and extrinsic factors. Intrinsic aging reflects the genetic background of an individual and occurs with the passage of time. Extrinsic aging relates to environmental exposures, health, and lifestyle that are associated with individual habits, such as sun exposure, tobacco use, diet, and exercise. Cumulative sun exposure is the most important extrinsic factor in aging skin.

Skin aging in darker skin manifests differently compared with lighter skin. Significantly more inherent protection due to increased melanin in darker skin types confers more protection from extrinsic aging due to UV light damage. Although the increased melanin provides protection from many harmful effects of UV radiation, including photodamage and skin cancers, it also makes darkly pigmented skin more vulnerable to dyspigmentation. Therefore, inconsistent pigmentation with both white and dark spots is a sign of photoaging in people with darker skin. Common clinical signs of photoaging in lighter skin types include lentigines, wrinkles, redness, dark spots, and loss of elasticity. Darker skin is less susceptible to sun-induced damage so these clinical manifestations of aging are less severe and typically occur 10 to 20 years later than those of age-matched people with lighter skin.

Increased melanin confers additional photoprotection, research tells us this is up to a sun protection factor of 13 in African Americans and Hispanics. However, it does not necessarily provide the optimal defense against sun exposure to prevent signs of photoaging. A broad-spectrum sun protection factor of 30+ sunscreen daily, as well as avoidance of excess and unnecessary prolonged sun exposure, is recommended. This recommendation applies to patients of all skin types as it can slow the signs of photo-aging. Other general recommendations include avoiding smoking and artificial UV exposure and maintaining a balanced, healthy diet for optimal vitamin absorption.

Topical lightening therapies, containing retinoids, hydroquinone, alpha hydroxy acids, and antioxidants, prevent and reduce the signs of photoaging in all skin types. Many formulations are available over-the-counter.

Darker skin types have higher rates of dyschromia with chemical peels and laser therapies, so careful consideration on an individual basis should be given after topical treatments have been attempted.

Q My nails have turned a brownish colour and I now have small grooves on them. Could this be psoriasis, and what should I do if it is?

A The brown spots and small depressions may be associated with psoriasis. A dermatologist will be able to confirm whether it is nail psoriasis or another condition.

Psoriasis mainly affects the skin, in

the form of well-defined pink to red patches with a silvery crust on top. These plaques vary in size. They are located mainly on the scalp, elbows and knees, navel and gluteal crease.

Nail damage is observed in 60-80% of patients with skin psoriasis. It is strongly associated with psoriatic arthritis, and while these patients often have little or no skin involvement, 80-90% of patients with psoriatic arthritis have nail involvement.

There are several manifestations of psoriasis on the nails: brown or salmon spots, thimble-like depressions, white patches, detachment and/or thickening of the nail tip, and small patches of blood.

Conversely, brown spots and thimble-like depressions are not exclusive to psoriasis. They're also observed with nail fungus. Depressions are even observed in healthy people.

Nail psoriasis is difficult to treat because the nail prevents the absorption of topical medication. In cases where the nail tip is primarily affected, it can be treated with a medicated lotion or gel. Cortisone injections around the nail are sometimes used. Systemic treatments (pills, injections) are also effective. These are mainly prescribed for the treatment of skin psoriasis but can be considered in the case of severe nail psoriasis as well, which has a significant impact on the patient's quality of life. **CS**

Dr. Isabelle Delorme is a certified dermatologist working in Drummondville, Quebec.



Tailored laser therapy

The key to safety and satisfaction

By Ian Tin Yue Wong and Kucy Pon

In the movies, lasers are tools of the future. In real life, they have been in use for many decades in a range of clinical and research settings. In particular, lasers have undergone major advances to become an important therapeutic option for those with dermatological concerns.

Today, lasers are powerful machines that are often touted as capable of performing “magic” for individuals with a variety of skin conditions. For example, they can help to improve scars and blood-vessel conditions

such as port-wine stains and rosacea. Laser treatment has not only been transformative in helping people with physical skin complaints, but has also been life-changing for many in terms of increasing their self-confidence and quality of life. However, laser safety is paramount and should never be compromised.



Lasers and moles

More and more, individuals are promised that lasers can “erase” their unwanted moles for cosmetic reasons and eliminate their risk of

developing skin cancer. This is inaccurate and potentially dangerous. Moles should be monitored for asymmetry, border changes, colour changes, diameter changes and evolution/growth (the ABCDEs of mole monitoring). It is important to always consult a health-care professional about any suspicious moles.

Dermatologists often recommend against the laser treatment of moles, and instead, prefer regular monitoring or surgical removal. This is because, similar to weeds in a garden, moles can return if the pigment-producing root is not removed surgically. In addition, if the mole is not completely removed then the risk of developing

devastating skin cancers such as melanoma remains.

The decision to remove a mole should be made in a conversation between the individual and their dermatologist, where the risks and benefits are comprehensively explained and discussed, and alternative options are outlined.

Tailoring treatment

Laser treatment should be tailored to each individual. There are different types of lasers for different skin problems, and laser machines have various settings that should be configured for each person. Furthermore, laser operators differ in their clinical experience and knowledge.

Laser therapy is not recommended for everyone because of a higher risk of side effects with some skin tones/

phototypes (e.g., fair skin, tanned skin or dark skin). Being aware of and considering these factors can decrease the risk of side effects such as unintentional whitening of the skin (hypopigmentation), darkening of the skin (hyperpigmentation) and scarring. A collaborative relationship between an informed individual and an experienced, knowledgeable laser specialist is essential to ensure that questions and concerns are addressed, and expectations discussed.

Lasers have undoubtedly provided health-care providers with ways to treat various skin issues. It is important for people to be aware that such treatment exists and to ask more about it if they are interested in learning whether it is appropriate for them. It is equally important to be aware of the safety considerations

when deciding to pursue laser therapy, and to understand the knowledge and expertise of the specialist performing the therapy.

Ultimately, learning more about laser therapy will help to dispel common myths, encourage vigilance in choosing a laser specialist and empower individuals to become active participants in their health care. **CS**

Ian Tin Yue Wong, BSc (Pharm), MD, is a dermatology resident at the University of British Columbia with a special interest in lasers and energy-based devices.

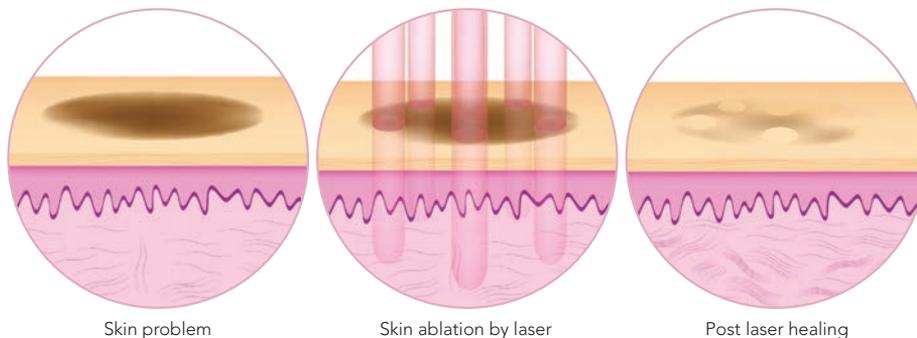
Kucy Pon, MD, FRCPC, is Director of Fellowship Education in Cosmetic and Laser Dermatology and an assistant professor within the Division of Dermatology at the University of Toronto.

6 Tips when considering laser treatment

1 Who will perform your treatment? Look for a provider who is certified and knowledgeable about lasers and the skin, such as a board-certified dermatologist. Dermatologists are educated and licensed to practice medicine specializing in the skin, hair and nails.

2 Is treatment the same for everyone? There are a variety of different lasers and each person's skin is unique. Ensure your provider provides tailored laser treatment, and considers the specific laser that will be best for your unique skin.

3 Understand the treatment benefits. Lasers can improve a variety of skin issues. They can be used to remove brown spots and tattoos, rejuvenate the skin, and treat scars, blood



vessels, facial redness, wrinkles and uneven skin tone.

4 Be aware. The laser industry lacks stringent regulations and monitoring. It is imperative to do your homework before you choose a laser therapy provider. Know that, because the industry is not well regulated, you need to protect yourself from ill-trained operators and poor-quality treatment.

5 Lasers are safe, but there are always risks. Potential side effects can be minimized by an

experienced provider, but include unintentional skin darkening (hyperpigmentation) or skin whitening (hypopigmentation), blisters and scarring.

6 Discuss expectations at your first meeting. Establish your expectations of laser treatment and check if they are realistic or achievable. Be clear on how much your skin condition can be improved by laser treatment and how many treatment sessions will be needed.

Treating atopic dermatitis in children and adolescents

By Mathew N. Nicholas

Atopic dermatitis (AD; also known as eczema) is a common childhood skin disease that affects approximately 12% of children in Canada, with most cases arising before the age of two years. It often resolves during childhood, but does persist into adulthood in a large number of people. As children deal with the challenges of managing AD, they will build useful skills to carry them into adulthood.

Mental health

AD can place a substantial mental health burden on children. They are at increased risk of anxiety and depression, stigmatization and bullying from other children, and a negative perception of one's self is well documented. Strategies to address these issues include building the skills to manage stigma, counseling, and increasing awareness and information about the condition.

In adults with AD, cognitive behavioural therapy can reduce the effects of stigma and decrease social

anxiety and avoidance activities. Similar strategies can be used with children and adolescents. The Eczema Society of Canada and the National Eczema Association both have online resources for physicians and parents to help children develop the skills to address stigma. Children can practice using these techniques in their physician's office and at home.

Physical effects

Aside from the mental burden of AD, the condition presents substantial physical challenges that go beyond the appearance of the skin. The associated itch can affect sleep, reduce concentration at school and make it difficult to participate in some sports. Parents and children can be proactive by educating teachers and coaches about their condition, and working with them to identify ways to work through the issues and symptoms that may arise.

To prevent sleep disturbance, sedative antihistamines such as diphenhydramine and hydroxyzine are commonly prescribed. However,



AD affects approximately **12%** of children in Canada, most cases arising before the age of two years.

current guidelines state that these medications should not be given to children aged six years or younger and that they should be used only intermittently (rather than regularly), as they can have a negative effect on a child's ability to perform in school the next day. Instead, parents should use sleep disturbance as a sign that their child's AD is undertreated and discuss this with their child's doctor, as it may be necessary to increase the frequency of topical treatments or introduce more potent therapies.

Moisturizing

The mainstay of treatment for any patient with AD is moisturizing. Regular

The mainstay of treatment for any patient with AD is moisturizing. Regular moisturizing can prevent and decrease the intensity of AD flares.

moisturizing can prevent and decrease the intensity of AD flares. However, it can be difficult to ensure that a child moisturizes their full body at least twice each day and directly after bathing, as recommended. Common challenges with children include forgetting to apply the moisturizer and not liking how it feels. Creating a regular morning and evening routine, as well as a post-bathing routine, and choosing the right moisturizer can help to improve adherence.

Non-scented, heavy creams should be used where possible. All moisturizers have different amounts of humectants, occlusives and emollients to help attract and retain water and smooth and improve the skin's appearance. It may be necessary to try several different moisturizers to find one with the right texture and feel for your child. Creams can sometimes cause a burning sensation when applied over inflamed or raw skin; using an ointment instead tends to avoid this unwanted effect.

Children with AD should bathe up to once each day to help hydrate the skin while removing irritants and allergens. There is insufficient evidence to support using additives or oils in the bathwater. Avoid harsh soaps, and instead, rely on gentle cleansers for washing. As soon as the child comes out of the water, pat them dry with a towel and moisturize. For children who enjoy swimming, apply a heavy moisturizer just before they enter the water, quickly rinse off chlorine or salt when they get out, and re-apply moisturizer as soon as possible to help prevent significant irritation.

Topical corticosteroids

During AD flares, topical corticosteroids are the first-line treatment to achieve quick and adequate control. Corticosteroids come in different strengths and can be changed based on the child's needs. Generally, corticosteroids should be applied once or twice daily at the first sign of a flare, including redness, itchiness and scaling. Corticosteroids can be stopped once the skin is no longer inflamed or itchy; however, for some children, a proactive maintenance therapy schedule might be recommended to help prevent future flares, such as using corticosteroids twice per week even when the skin is not inflamed.



The most well-known side effect of topical corticosteroids is skin atrophy, but the incidence is quite low. Skin atrophy appears as thinner, more translucent skin, with visible blood vessels. The risk of skin atrophy increases with occlusion (commonly done by wrapping plastic wrap over the applied topical corticosteroid to increase absorption), thinner skin, stronger-potency corticosteroids and older age.

Parents are often hesitant to use corticosteroids, but concerns can be addressed by talking to a physician



or pharmacist to better understand the risks and benefits for your child. Typically, the benefits of properly treated AD (and the risks associated with undertreatment) outweigh the potential risk of side effects from topical corticosteroids.

Non-steroidal topical agents

Non-steroidal topical agents such as calcineurin inhibitors (e.g., tacrolimus, pimecrolimus) and phosphodiesterase-4 inhibitors (e.g., crisaborole) can also be prescribed for children with AD. These agents can be used alone or together with topical corticosteroids. Their most common side effect is a burning sensation, but this usually resolves after the first few applications.

Systemic medication

Although most children and adolescents are well treated with topical therapies alone, some do need systemic medications such as oral immunosuppressants. Dupilumab is a biologic injectable medication that was approved last fall for children aged 12 years and older with moderate to severe AD. There are also a number of new drugs on the horizon. Keep talking to your physician about upcoming treatments and whether they might be appropriate for your child. [CS](#)

Visit cadianskin.ca for tips to help treat children with atopic dermatitis!

Mathew N. Nicholas, MD, is a fourth-year dermatology resident at the University of Toronto.

Close-up on: Pemphigus

By Shweta Dhawan and Elena Netchiporouk

Pemphigus is the name for a group of rare but potentially life-threatening blistering autoimmune diseases that affect the skin and mucous membranes, such as those found in the mouth. It is caused by antibodies (immune proteins) in the body mistakenly attacking the cement that holds skin cells together. As a result, the skin cells are no longer held together and blisters, erosions and small pus-filled bumps can develop.

There are two main types of pemphigus: pemphigus foliaceus and pemphigus vulgaris. Pemphigus foliaceus usually leads to very superficial itchy erosions, and blisters are rarely seen. Pemphigus vulgaris, on the other hand, presents with blisters and erosions in the mouth or other mucous membranes, and sometimes on the skin. This is the most common form of pemphigus in North America and Europe.

Rarer subtypes of pemphigus can arise from the side effects of medication or from diseases of the internal organs (e.g., immunoglobulin A pemphigus and paraneoplastic pemphigus). *See your doctor if you have blisters inside your mouth or on your skin that do not heal.*

How does pemphigus develop and who gets it?

Our bodies make antibodies to fight infections. Pemphigus is an autoimmune disorder in which the body produces antibodies that damage the cells of the skin and mucous mem-

branes. It is a result of an interaction between genetics and external factors, such as an environmental agent (probably an unidentified microbe). Occasionally, medications can induce this condition and it resolves when the drug is discontinued. The disease often affects middle-aged adults. It is not contagious.

How is pemphigus diagnosed?

Several conditions can cause blisters, and a diagnosis can, therefore, be difficult to determine. Your doctor will ask about your symptoms, examine your skin and mouth, and conduct blood tests, and might refer you to a dermatologist.

A diagnosis of pemphigus is confirmed by two biopsies—one of the blister and the other of the skin adjacent to it. The tissue from the blister is examined under a microscope to confirm the level of the skin that is affected by the blister. The tissue from the skin adjacent to the blister is sent for specific tests, called immunofluorescence studies, to iden-

tify the autoantibodies involved.

How is pemphigus treated?

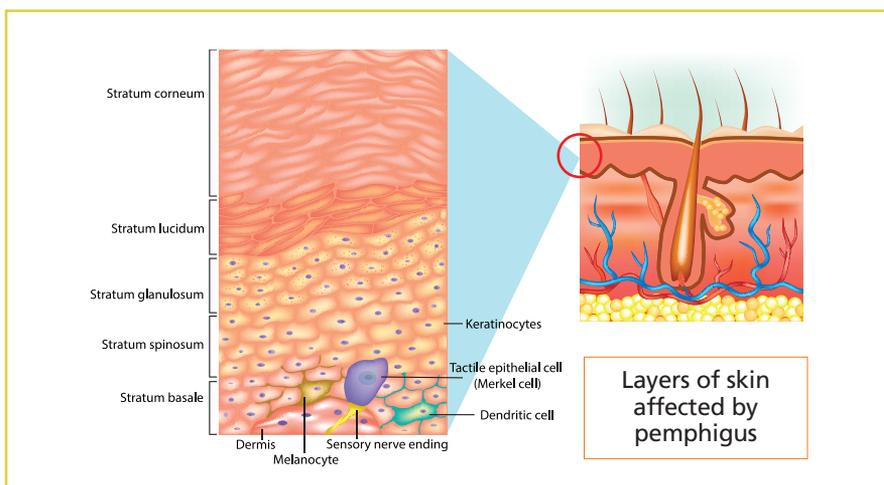
Pemphigus can be life-threatening because having fragile skin makes you vulnerable to severe infections. Mild pemphigus can be treated with topical medications, such as a mouthwash containing a mixture of corticosteroids, numbing agents and antimicrobials.

Most people need to take oral corticosteroids to help the blisters heal faster and prevent new lesions. Corticosteroids work very fast, but have many adverse effects when taken orally for a long time. For this reason, your doctor may give you a different medication to help decrease the production of antibodies and that is safer to use for several months or years. The most common treatments are oral medicines such as mycophenolate mofetil and drugs that are infused into the blood, such as rituximab or intravenous immunoglobulins. Because these medicines are potentially toxic, your dermatologist may ask you to have regular blood tests. A regular follow-up with your dermatologist and careful oral hygiene are important for the treatment to be successful.

Pemphigus unfortunately tends to be a long-lasting condition, but medications can usually control it. 

Shweta Dhawan, MD, MPH, HBSc is a family medicine resident at the University of Toronto.

Elena Netchiporouk, MD, MSc, FRCPC, is an assistant professor of dermatology and Director of Undergraduate Studies in Dermatology at McGill University.



Top Stories in Research

By Irma Shaboian

What's new on the research front? The articles from which these summaries of the latest in skin research are taken so hot off the press the ink has barely dried.

Clascoterone cream 1% shows promise as a novel treatment for acne

Researchers have investigated the efficacy and safety of clascoterone cream 1% in treating facial acne. Clascoterone cream 1% inhibits the production of androgen, a hormone that plays a role in acne development.

The researchers conducted two randomized clinical phase 3 trials of 1,440 individuals aged nine years or older with moderate or severe facial acne. Half of the participants were treated with clascoterone cream 1%, while the rest were given the same type of cream without the medicinal ingredient. They applied 1 g of their allocated cream twice daily for 12 weeks, or about three months. Treatment success was based on skin improvement at week 12 from their starting baseline in both inflammatory

and non-inflammatory lesion counts.

The study found that at week 12, those who had adhered to the

application regimen of clascoterone cream 1% had significantly reduced numbers of both inflammatory and non-inflammatory lesions compared with the vehicle-control group. Adverse events were mostly mild, with the predominant skin reaction being mild reddening of the skin.

This result of the study suggests that clascoterone cream 1% may be a potential treatment for acne.

Can a face-aging mobile app influence skin cancer protection behaviour?

Many young people believe that a tanned appearance makes them more attractive, and yet exposure to UV radiation is a risk factor for developing melanoma.

With this in mind, almost 1,600 secondary-school students in Brazil participated in a pilot study that looked at whether a face-aging mobile app, Sunface, could change their skin cancer protection behaviour.

The students were asked to take a selfie and then use the app to show the effects on their face of daily sun protection, no sun protection or weekly tanning at five to 25 years in the future. The study aimed to see whether the app changed daily sunscreen use or tanning habits, and skin self-examination practices from a control group that did not use the app.

After six months, daily sunscreen use increased from 15% to 23%, tanning decreased from 19% of students to 15% and skin self-examinations almost doubled from 25% to 49% in the students who had used the app. No significant changes were observed in the control group. Overall, the app was more effective in changing girls' sun-protection behaviour than boys'.

This study suggests that face-aging mobile apps can increase skin cancer protection by influencing adolescent behaviour.

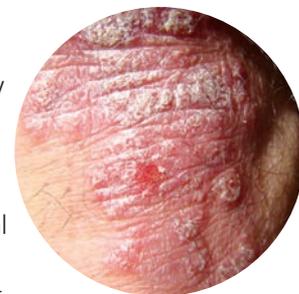


Continuous risankizumab treatment is efficacious and safe in adults with moderate to severe plaque psoriasis

Risankizumab is a biological treatment that targets proteins involved in plaque psoriasis, and has shown high efficacy in clinical trials. The aims of this study were to look at whether continuous risankizumab therapy is efficacious and safe in those with moderate to severe plaque psoriasis, and to determine the effects of risankizumab withdrawal and re-treatment.

Researchers evaluated the safety of risankizumab compared with placebo (or treatment withdrawal) in individuals with plaque psoriasis.

Ultimately, the researchers found that a significantly greater proportion of participants treated with the biological agent achieved a positive treatment response versus those receiving placebo over the course of the trial. Participants who experienced a relapse of their plaque psoriasis during treatment withdrawal regained their improved response after being re-treated with risankizumab. [CS](#)



The CSPA receives funding from the manufacturer of risankizumab. The CSPA is responsible for all editorial decisions related to the magazine.

Irma Shaboian holds bachelor of science and law degrees, and is currently articling in Ottawa.



Hey Kids!

Take this pumpkin and turn it into a scary jack-o-lantern!

Send your creation to us at info@canadianskin.ca by November 30, 2020, and you could WIN a \$25 Indigo gift card!



When the leaves begin to change that means only one thing—it's time for ghosts and goblins and werewolves...oh my!

Trick or treating is a fun activity, but it is always important to be safe. Follow these tips for a BOOtiful night!

- ✓ Make sure your parents check your candy before you eat it.
- ✓ Wear a light-coloured costume or carry a flashlight.
- ✓ Masks can block your vision. Don't wear one (try some scary and safe face paint instead) or watch your step if you do.



- ✓ If possible, always choose a route with sidewalks.
- ✓ Don't trick or treat alone—go with a parent or guardian. It's always more fun in a group.
- ✓ Never go into a stranger's house.
- ✓ Most costumes are flammable. Never carry an open flame and give candles a wide berth.



Fall Funnies

How do you fix a broken pumpkin?

With a pumpkin patch!

Who won the skeleton beauty contest?

No body!

Why do birds fly south in the fall?

Because it's too far to walk!

Living with epidermolysis bullosa

By Deanna Molinaro



We are all born naked, but some of us are rawer than the rest. However, it is our innermost self, no matter how unique our outer appearance may be, that shines brightest and defines our legacy.

My name is Deanna Molinaro and I am an emerging contemporary artist from Hamilton, Ontario. When I was born I was diagnosed with recessive dystrophic epidermolysis bullosa (RDEB). For those who don't know, epidermolysis bullosa (EB) is a rare, blisteringly painful and incurable genetic skin condition. Children born with RDEB do not produce collagen-7, a protein that "glues" the skin's layers together. As a result, my skin lacks elasticity and is extremely fragile; the slightest touch causes my skin to shear and blister, leaving behind wounds equivalent to those created by third-degree burns.

DEBRA Canada

In 1992, when I was born, there was very little knowledge in Canada—let alone professional guidance—about treating EB. My parents took it upon themselves to seek support elsewhere and discovered DEBRA, a medical research charity that is dedicated to curing the condition.

After a few years, my parents became the founding members of DEBRA's Canadian chapter. In 1999,

DEBRA Canada was born—and I became Canada's first voice for many EB patients.

Today, DEBRA Canada's mission is to stand together for Canadians affected by EB. We raise awareness and provide for the community through programs, services, education, advocacy and research. The organization also works hard to support patients and the medical community dedicated to caring for those with EB. As a result, families can now connect with Canadian EB specialists and be supported in navigating the challenges of living life with this incurable condition.

My life

As an adult with EB, my body is almost 70% covered in open wounds. I am fully dependent on a wheelchair and am unable to complete the most menial of tasks without help. It is not only my determination to achieve success in the arts, but also the unyielding support of my family and wonderful friends that has helped me to push through the numerous challenges life has thrown my way. My journey includes countless routine

medical appointments and surgical procedures, the most gut-wrenching being my late-stage diagnosis of squamous carcinoma (a harsh reality faced by many living with RDEB), which resulted in my dominant right forearm being amputated.

It has been a rough road, yet I have never let my EB define me. I have graduated with an advanced diploma in Visual and Creative Arts, started my own freelance business as an independent artist and am working toward staging a solo gallery exhibition.

I am delighted to report that I am presently cancer-free and sit as a director on the DEBRA Canada board as a determined patient voice. It is true, often, that having EB is unbearable—but it has made me the strong, resilient person I am today. I wouldn't wish it on anyone, but I am better for it. 

Deanna Molinaro is an emerging contemporary artist, doterra wellness advocate and Director of DEBRA Canada, living with Recessive Dystrophic Epidermolysis Bullosa. @deannamolinaro.

October 25–31, 2020, is International EB Awareness Week

To find out how you can get involved with this and other fundraising events, visit the DEBRA Canada website: www.debracanada.org.

Follow DEBRA Canada on social media (Facebook/Instagram/Twitter/LinkedIn): @DEBRACanada.



Understanding Psoriasis and Hidradenitis Suppurativa



During COVID-19

By Khalad Maliyar and Muskaan Sachdeva

The COVID-19 global pandemic has impacted many skin patients' treatments, especially the management of several immune-mediated skin diseases, such as psoriasis and hidradenitis suppurativa (HS).

Immunomodulators and immunosuppressant therapy are often used by skin patients to manage their disease. Scientists from the Centre for Disease Control have announced that individuals with a weakened immune system (immunosuppressed individuals) have a higher risk of contracting the virus. Many patients taking immunosuppressant medications and their healthcare providers were initially concerned about their risk of contracting the virus and whether they would be sick faster or longer than others. However, the American Academy of Dermatology (AAD) provided guidance for the use of immunosuppressive, biologic agents during this time. This was shared by the Canadian Dermatology Association and the Canadian Skin

Patient Alliance on its COVID-19 resource page to guide skin patients in Canada.

Individuals who are currently on biologics and test negative for the virus should continue treatment due to the insufficient evidence of discontinuation, according to the guidance offered by the AAD and supported by Canadian dermatologists. Continuing on their treatment plan will help prevent any disease flareups and increased symptoms, which may contribute to increased patient burden, disability, poor quality of life, and healthcare usage. It is also important to know that stopping

treatment may reduce the efficacy of the medication if it is later restarted. However, those who test positive for the virus and are currently on biologics are recommended to reduce their dosage, discontinue or postpone biologic therapy until the patient has clinically recovered from viral symptoms. This decision should be made by the patient and physician together, as they must consider the risks and benefits of stopping, starting or changing the patient's treatment plan.



Individuals may also receive phototherapy to treat their skin condition. This treatment uses the therapeutic effects of specific light waves to treat skin diseases. However, phototherapy

machines in clinics and hospitals are used and touched by many people each day and require an extensive cleaning process so the operators must take extreme precautions in the context of COVID-19. Many clinics and hospitals only accepted select patients during the social / physical distancing period, resulting in many patients being switched to other treatments, such as topical therapy. This lack of access to phototherapy disrupted many patients' treatment plans and left several without equally effective treatment options.

Currently, there are many research initiatives and registries which are collecting data of patients with cutaneous immune-mediated diseases and COVID-19 to shed light on how skin patients are impacted by the virus and to ensure that patients have treatment plans based on the best available evidence. Two such registries are PsoProtect (for psoriasis) and the Global HS Registry, which are capturing information about COVID-19 patients who live with psoriasis and HS, respectively, in order to better understand the impact of the virus on these patients. Each registry collects information on the immunomodulator/immunosuppressant therapies patients were using when



they got the virus. They also have information such as age, sex, ethnicity, and other related diseases. This type of information will be beneficial for clinicians as they assess risk and treating patients with COVID-19 and psoriasis or HS.

PsoProtect also launched PsoProtectMe, which is open to all people living with psoriasis to share how they feel during the pandemic—including their experiences with treatments, healthcare, flares, and mental health. Importantly, this registry is open to all psoriasis patients, even those who have been feeling fine, and will provide

us with a global picture of how the pandemic is affecting people living with psoriasis.

Overall, COVID-19 has posed many questions for those with skin disorders. Patient organizations around the world—including the CSPA here in Canada—will be able to use data from research to create recommendations to healthcare systems to improve care and treatment for skin patients moving forward. Dermatologists are continuing to monitor these registries and other emerging research which continue to inform their clinical judgment and help patients to determine their best treatment plan. ^{CS}

Khalad Maliyar is a third-year medical student at the University of Toronto's Faculty of Medicine.

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Registries for Skin Patients with COVID-19

There are three other global registries to help us understand how skin patients are impacted by the virus:

Secure-Atopic Dermatitis Registry: An international registry for patients with Atopic Dermatitis (eczema) to learn how COVID-19 impacts patients with AD who are being treated with systemic immunomodulating medications.

Secure-Alopecia Registry: An international registry for patients with Alopecia to learn more about the impact of COVID-19 on patients with alopecia who are being treated with systemic immunomodulating medications.

COVID Acral Ischemia/Perniosis in Children: Led by the Pediatric Dermatology Research Alliance (PeDRA), this is a registry of all children who have developed acral ischemia, pernio or pernio-like lesions (such as "COVID toes") during the COVID-19 pandemic.

Learn more about COVID-19 and skin patients on CSPA's website: www.canadianskin.ca/education/covid-19.



CSPA in action: A spotlight on our latest activities, events and other information of importance to skin patients in Canada

Supporting skin patients through COVID-19

The COVID-19 pandemic has changed how we all work, parent and care for ourselves. During the physical distancing period, in-clinic visits and therapies delivered in clinic (including phototherapy) were significantly reduced. Patients returning to clinics and hospitals are faced with longer wait times, backlogs and uncertainties about whether these services will remain available in coming months if there is a subsequent wave of COVID-19.

To help patients get credible and up-to-date information, we created a COVID-19 resource page on our website, which includes:

- Frequently asked questions
- Changes to public drug plans
- Research into impact of COVID-19 on skin patient community—read more about these in the article Understanding Psoriasis and Hidradenitis Suppurativa During COVID-19.
- Affiliate Member & collaborator resources

The health system will now have to address patients' concerns as they are asked to start returning to clinics and hospitals for diagnostics, treatments, and care. Health system leaders will have to revise processes in place—and build new processes—to ensure that patients will be able to access the services they need come what may.

As CSPA reaches out to policymakers, we want to hear from you about your experiences:

- Using virtual care by phone, text, email, video or app
- Accessing medications
- Managing worsening symptoms or flares
- Getting diagnosed
- Managing feelings of anxiety or depression
- Whatever else is on your mind

Advocating for HS care and treatment

The CSPA is working to advance our recommendations to improve the care and treatment of hidradenitis suppurativa in our report *Scarred for Life: 2020 Update – A National Report of Patients' Experiences Living with Hidradenitis Suppurativa* (<https://www.canadianskin.ca/advocacy/hs-report>).

We have 11 recommendations to increase awareness and support, and improve diagnosis, treatment and care for HS patients in Canada.



Awareness Days

- World Urticaria Day – October 1, 2020
- World Psoriatic Arthritis Day – October 19, 2020
- EB Awareness Week – October 25-31, 2020
- World Psoriasis Day – October 29, 2020
- Eczema Awareness Month – November
- Bell Let's Talk Day – January 29, 2021

Clinical Trial

Currently enrolling—atopic dermatitis

The ARCADIA study is now enrolling at Canadians for a phase 3 clinical trial of an investigational medication for atopic dermatitis (also known as eczema). Study participants must be at least 12 years old and have had moderate to severe atopic dermatitis for at least two years. The study will compare injections of an active drug to placebo (a placebo looks like the study medication but contains no active drug). All study-related care and study medication will be provided free of charge, and reimbursement for time and participation may be available.

Visit www.arcadiastudy.com for more information. 

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Want to **WIN**
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Simply answer
this question:

How many global
COVID-19 registries
are there for skin
patients?

Submit your answer by November 15, 2020 to info@canadianskin.ca, along with your name and contact information. **Good luck!**



To subscribe today to this complimentary magazine, call **1-877-505-2772** or email us at info@canadianskin.ca



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AboutFace:
aboutface.ca

Acne and Rosacea Society of Canada:
acneaction.ca (acne)
rosaceaahelp.ca (rosacea)

Alberta Lymphedema Association:
albertalymphedema.com

Alberta Society of Melanoma:
melanoma.ca

BC Lymphedema Association:
bclymph.org

Camp Liberté Society
campliberte.ca

Canadian Alopecia Areata Foundation (CANAAF):
canaaf.org

Canadian Association for Porphyrria:
canadianassociationforporphyria.ca

Canadian Association of Scarring Alopecias:
casafiredup.com

Canadian Burn Survivors Community:
canadianburnsurvivors.ca

Canadian Psoriasis Network:
cpn-rcp.com

Canadian Skin Cancer Foundation:
canadianskincancerfoundation.com

DEBRA Canada (epidermolysis bullosa):
debracanada.org

Eczema Society of Canada:
eczemahelp.ca

Firefighters' Burn Fund:
burnfundmb.ca

HS Heroes
hsheroes.ca

Hidradenitis & Me
hidradenitisandme.ca

Melanoma Network of Canada:
melanomaneetwork.ca

Myositis Canada:
myositis.ca

Neurofibromatosis Society of Ontario:
nfon.ca

Save Your Skin Foundation:
saveyourskin.ca

Scleroderma Association of B.C.:
sclerodermabc.ca

Scleroderma Canada:
scleroderma.ca

Scleroderma Manitoba:
sclerodermamanitoba.com

Scleroderma Society of Ontario:
sclerodermaontario.ca

Stevens–Johnson Syndrome Canada:
sjscanada.org



The CSPA is proud to announce the Dermatologist of the Year 2019

Dr. Eunice Chow

Dr. Chow is sensitive, kind and empathetic to the needs of her patients. She is dedicated to ensuring that patients have access to leading care and technology.

Dr. Chow actively supports the Alberta Society of Melanoma and works with them to ensure that patients have timely access to new diagnostic tools.



The CSPA and our Affiliate Members would like to take this opportunity to thank all of the health care professionals who support our patients and the work of our organizations. We could not do this important work without your commitment!

Thank you!