GETTING HANDSY: CHE, AD, CONTACT DERM, PALMAR HYPERHIDROSIS AND WARTS

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Disclosures

- Speaker
  - Abbvie
  - Arcutis
  - Dermavant
  - Galderma
  - Incyte
  - Janssen
  - Lilly
  - Pfizer
  - Sanofi-Regeneron
  - Verrica

- Consultant (Ad Boards)
  - Abbvie
  - Alphyn
  - Arcutis
  - Boehringer Ingelheim
  - Castle
  - Dermavant
  - Galderma
  - Incyte
  - Janssen
  - Leo
  - Lilly
  - Novan
  - Pfizer
  - Sanofi-Regeneron
  - Verrica

CHRONIC HAND ECZEMA

Chronic Hand Eczema

- Affects about 10% of the population
- Heterogeneous group of disorders
- Vesicles, fissures, scaling, erythema, and hyperkeratosis
- Causes itchiness and pain
- Can be broadly separated into 3 main categories
  - Irritant Contact Dermatitis
  - Allergic Contact Dermatitis
  - Atopic Hand Eczema- accounts for up to 50% of cases
- Often occupational- health care workers, hairdressers, cooks, cleaners, etc
  - Up to 82% of patients have to make a job change because of it

Dubin C et al. "Drugs for the treatment of chronic hand eczema: Successes and key challenges." Ther Clin Risk Manag. 2021 Mar 18; 17:233.

Chronic Hand Eczema Treatments

- Consider patch testing
- Basically everything that we try for atopic dermatitis
- Topical steroids
- TCIs
- Topical ruxolitinib
- Roflumilast
- Tapinarof
- A couple things to focus a bit on:
  - Dupilumab
  - Delgocitinib

Dupilumab treatment improves signs, symptoms, quality of life, and work productivity in patients with atopic hand and foot dermatitis: Results from a phase 3, randomized, double-blind, placebo-controlled trial

Eric L. Simpson, MD, MCR,[a] Jonathan I. Silverberg, MD, PhD, MPH,[b] Margitta Worm, MD,[c] Golara Honari, MD,[d] Koji Masuda, MD, PhD,[e] Ewa Syguła, MD,[f] Marie L. A. Schuttelaar, MD, PhD,[g] Eric Mortensen, MD, PhD,[h] Elizabeth Laws, PhD,[i] Bolanle Akinlade, MD,[h] Naimish Patel, MD,[j] Jennifer Maloney, MD,[h] Heather Paleczny, BS,[h] Dimittri Delevry, PharmD,[h] Jing Xiao, PhD,[h] Ariane Dubost-Brama, MD,[k] and Ashish Bansal, MD, MBA[h]

JAAD June 2024

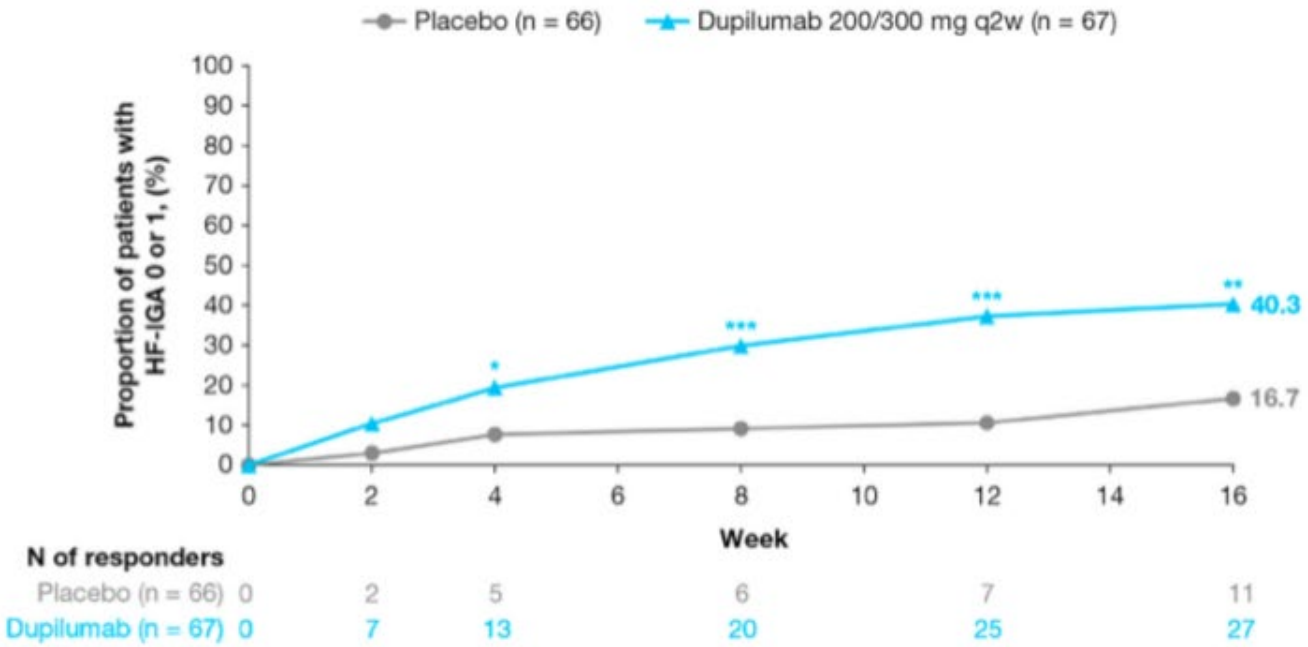


Fig 1. Hand and/or foot atopic dermatitis. Proportion of patients achieving HF-IGA 0/1 over time through week 16. Values after first rescue treatment used are set to missing. Patients with missing values at each visit were considered nonresponders. Differences between dupilumab groups and placebo are based on the Mantel-Haenszel method and are stratified by age (adults vs adolescents), disease severity of IGA hand and foot (3 vs 4), and geographic region (USA vs Japan vs EU). *P* values were derived by the Cochran-Mantel-Haenszel (*CMH*) test stratified by the same factors. *HF-IGA*, Hand and foot Investigator's Global assessment. $^{*}P < .05$; $^{**}P < .01$; $^{***}P < .001$.

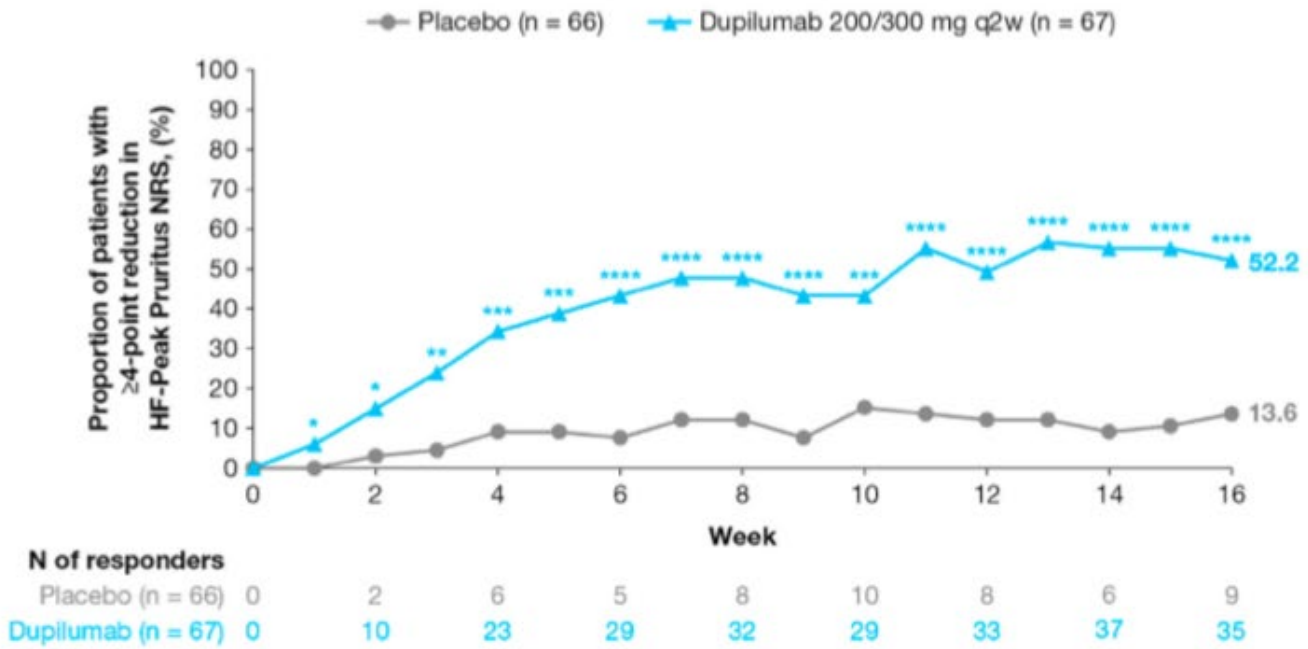


Fig 2. Hand and/or foot atopic dermatitis. Proportion of patients with ≥4-point improvement from baseline in HF-Peak Pruritus NRS over time through week 16. Values after first rescue treatment used are set to missing. Patients with missing values at each visit were considered nonresponders. Differences between dupilumab groups and placebo are based on Mantel-Haenszel method and are stratified by age (adults vs adolescents), disease severity of IGA hand and foot (3 vs 4), and geographic region (USA vs Japan vs EU). *P* values were derived by Cochran-Mantel-Haenszel (*CMH*) test stratified by the same factors. *HF*, Hand and foot; *IGA*, Investigator's Global assessment; *NRS*, Numerical Rating Scale. $^{*}P < .05$; $^{**}P < .01$; $^{***}P < .001$; $^{****}P < .0001$.

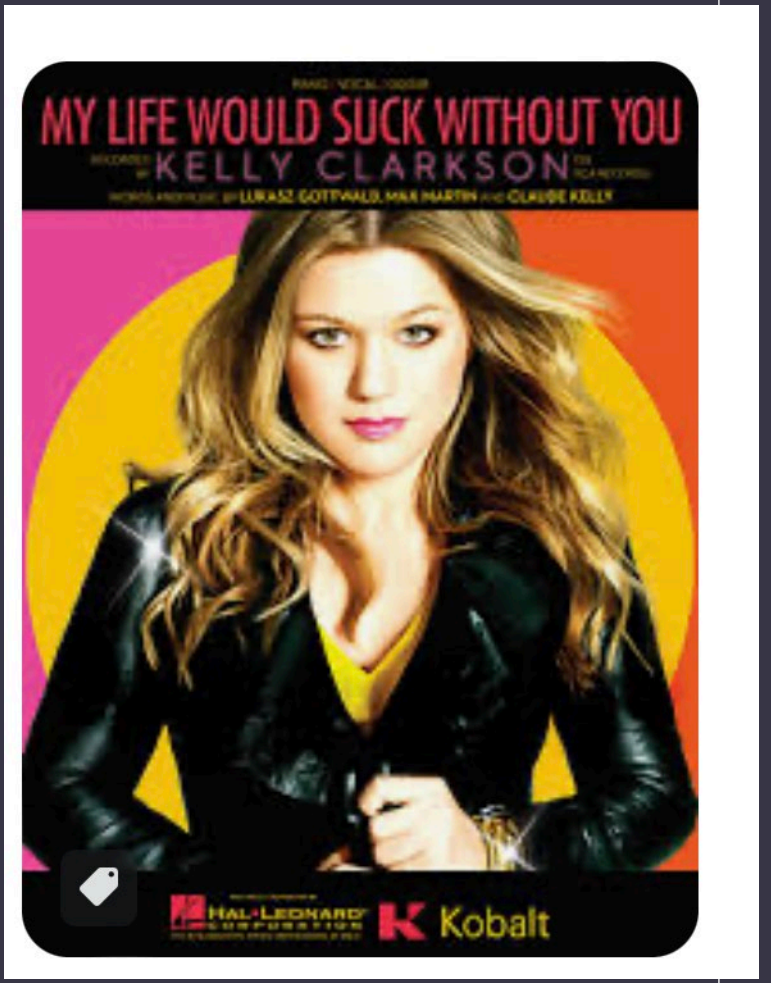
Dupilumab

- Works on the inside to treat the eczema on the outside
- NOT a steroid
- NOT an immunosuppressant
- NO need for blood work
- Works in a focused way to decrease the inflammation of eczema
- **Approved all the way down to 6 months old**
- It's a S-H-O-T and it's either once or twice a month depending on a patient's age and weight
- **It turns the eczema into something you are thinking about once or twice a month instead of every single day multiple times a day**

My Life

My Life Would Suck

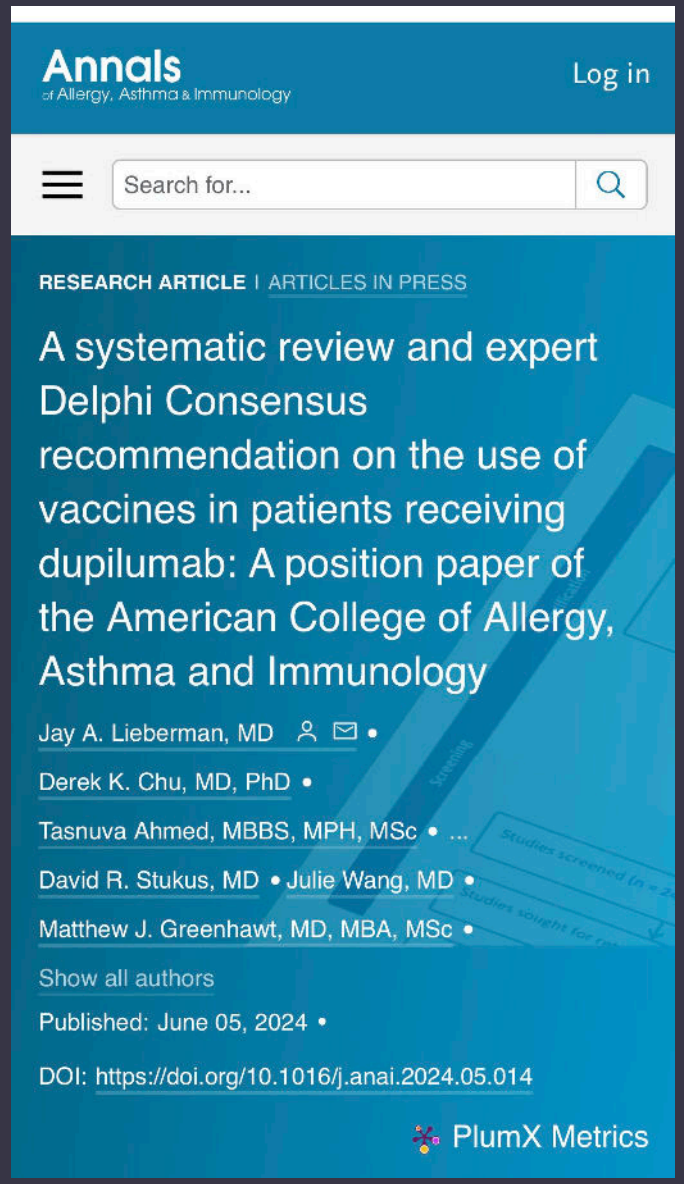
My Life Would Suck Without You




Think qPCR.
Think Thermo Scientific

What's the Deal with Vaccines for these Kiddos?

- Per FDA label, live vaccines are to be avoided
  - Non-Live vaccines are safe, and studies show they are effective
- MMR and Varicella are the 2 most common live vaccines
  - Nasal flu is also live; not always available
- Typically given age 1-2 and again age 4-5
- What do we do?
  - No solid answer
  - In the trials, they stopped Dupi for 12 wks, did the vax, then waited 4 wks to restart
  - A lot of peds derms are giving dupi, a month later giving the vax, then waiting a month and restarting dupi (just skipping 1 shot)



Results

The available literature on patients who received vaccinations while using dupilumab overall suggests that live vaccines are safe and that the vaccine efficacy, in general, is not affected by dupilumab. The expert Delphi panel agreed that the use of vaccines in patients receiving dupilumab was likely safe and effective.

Conclusion

Vaccines (including live vaccines) can be administered to patients receiving dupilumab in a shared decision-making capacity.

My Dupilumab Schpiel for Kiddos

- Turns the eczema into something they are thinking about once or twice a month rather than every single day multiple times a day
- That 5 seconds of ouch is worth feeling better all the other seconds of all the other days
- It is getting to the root of the inflammatory process

Dr Swanson Personal Experience

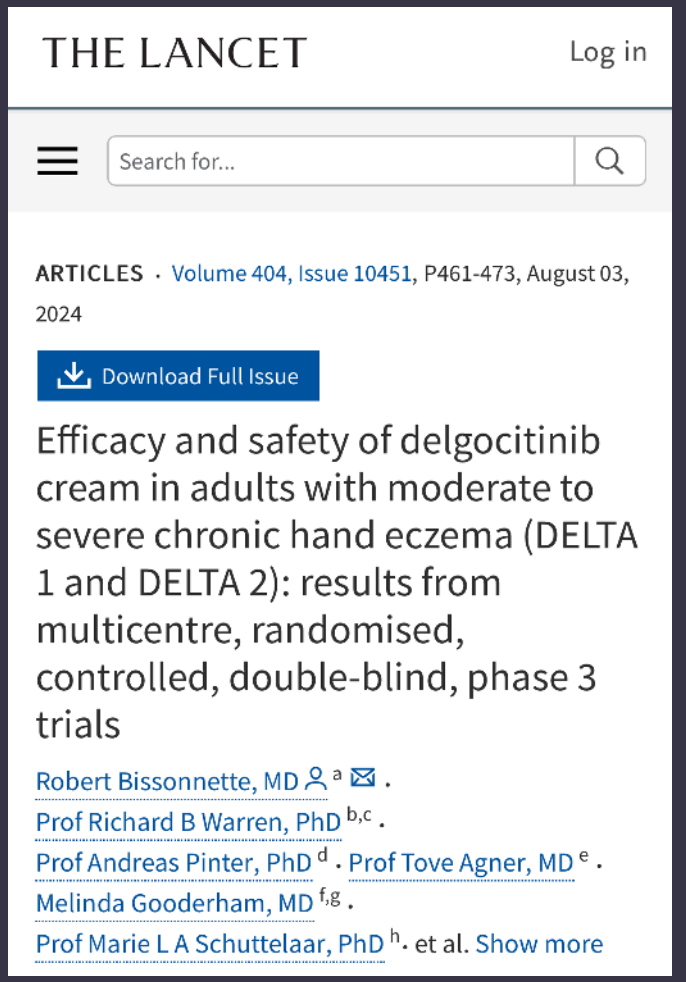
My Dupilumab Schpiel for Kiddos

- Turns the eczema into something they are thinking about once or twice a month rather than every single day multiple times a day
- That 5 seconds of ouch is worth feeling better all the other seconds of all the other days
- It is getting to the root of the inflammatory process
- It balances the cutaneous ecosystem and restores homeostasis in the skin

Dr Swanson Personal Experience

Delgocitinib Cream

- Topical pan-JAK inhibitor
- Twice a day application
- At week 16:
  - IGA Success- 25% compared to 8%



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Efficacy and safety of delgocitinib cream in adults with moderate to severe chronic hand eczema (DELTA 1 and DELTA 2): results from multicentre, randomised, controlled, double-blind, phase 3 trials

Robert Bissonnette, MD [a] · Prof Richard B Warren, PhD [b,c] · Prof Andreas Pinter, PhD [d] · Prof Tove Agner, MD [e] · Melinda Gooderham, MD [f,g] · Prof Marie L A Schuttelaar, PhD [h] · et al. Show more

Allergology International
Volume 73, Issue 1, January 2024, Pages 137-142

Original Article

Safety, efficacy, and pharmacokinetics of delgocitinib ointment in infants with atopic dermatitis: A phase 3, open-label, and long-term study

Hidemi Nakagawa [a], Atsuyuki Igarashi [b], Hidehisa Saeki [c], Kenji Kabashima [d], Tomomi Tamaki [e], Hironobu Kaino [e], Yasushi Miwa [e]

ATOPIC DERMATITIS

Atopic Dermatitis on the Hands of Kids and Teens

- Several very common situations to consider:
  - Young children putting their hands in their mouth
  - Dyshidrotic eczema
  - Psoriasis/ Eczema overlap

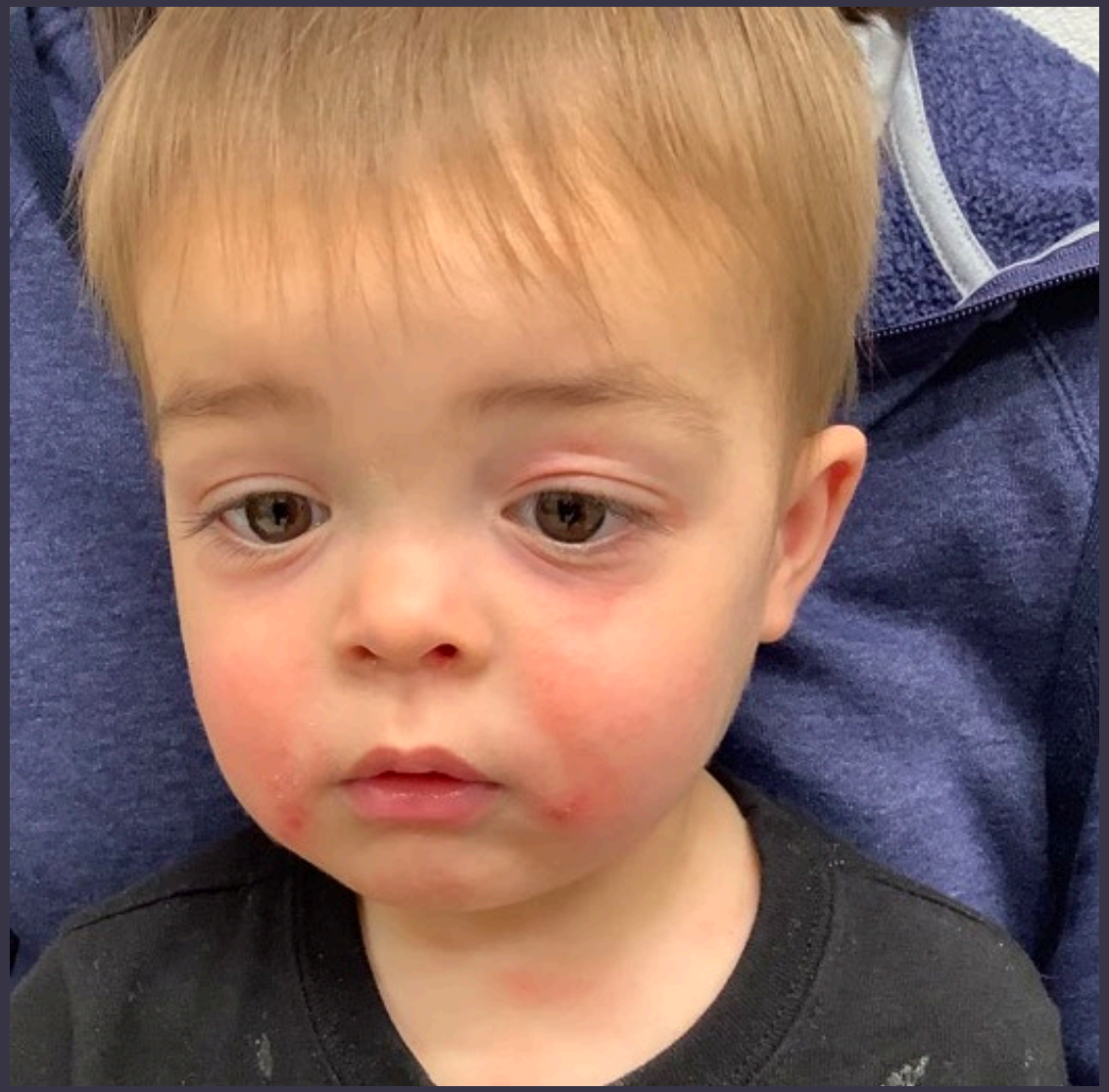
Young Children with Hand in Mouth Behaviors

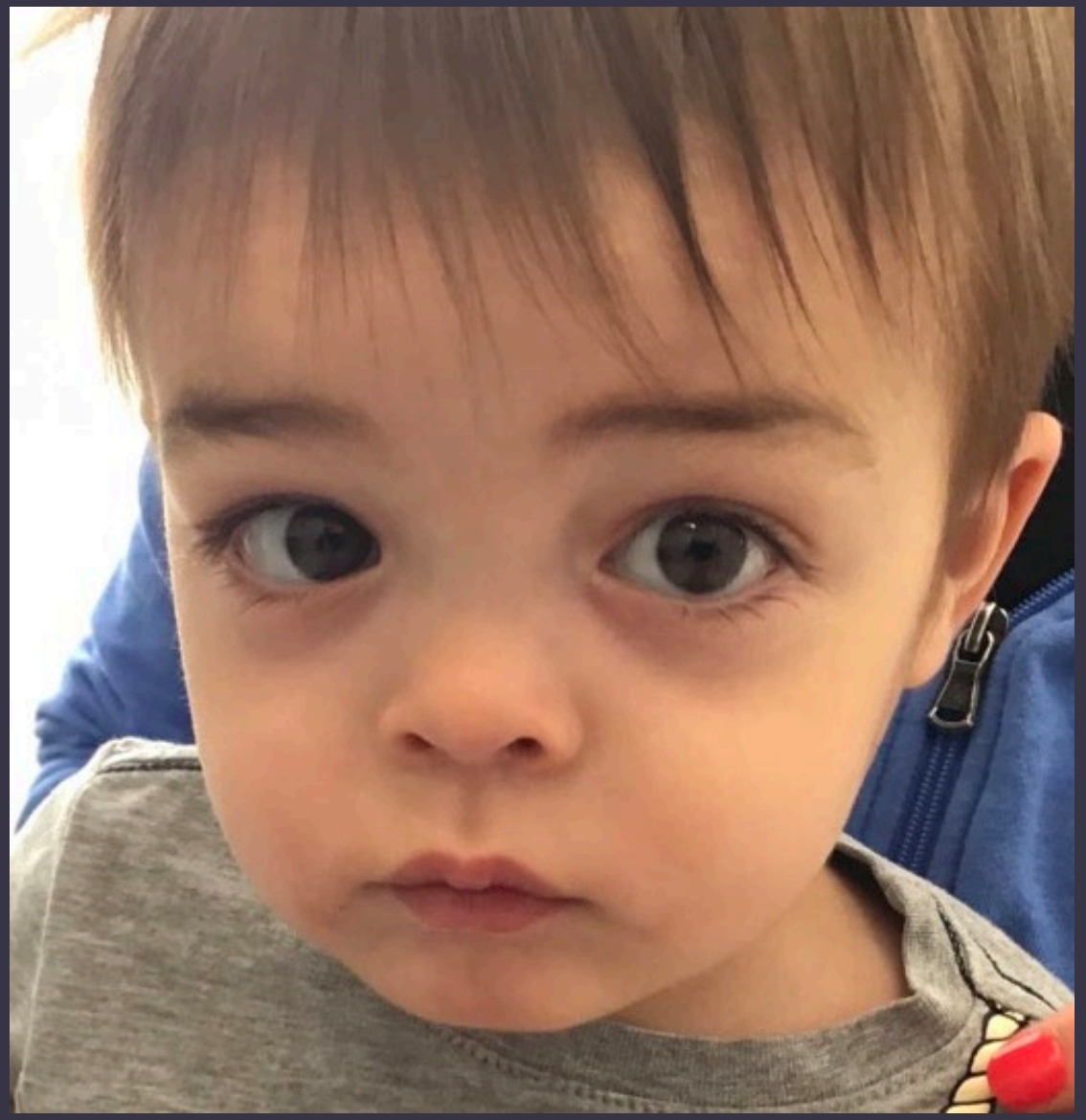
- Aron Regimen
- Topical Tapinarof

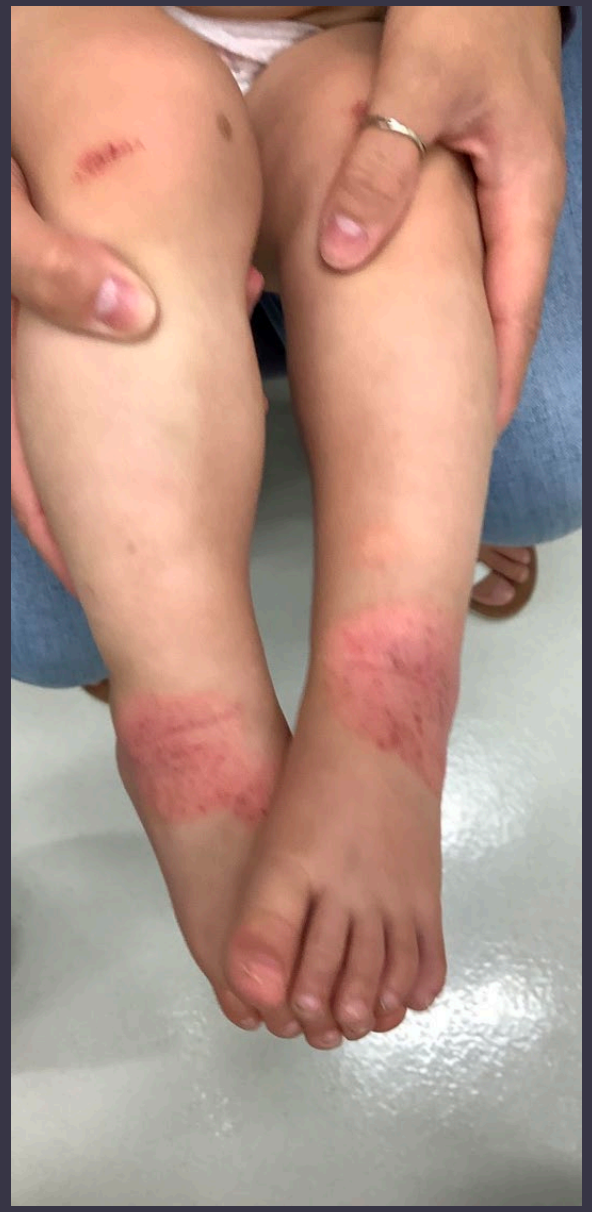
Aron Regimen

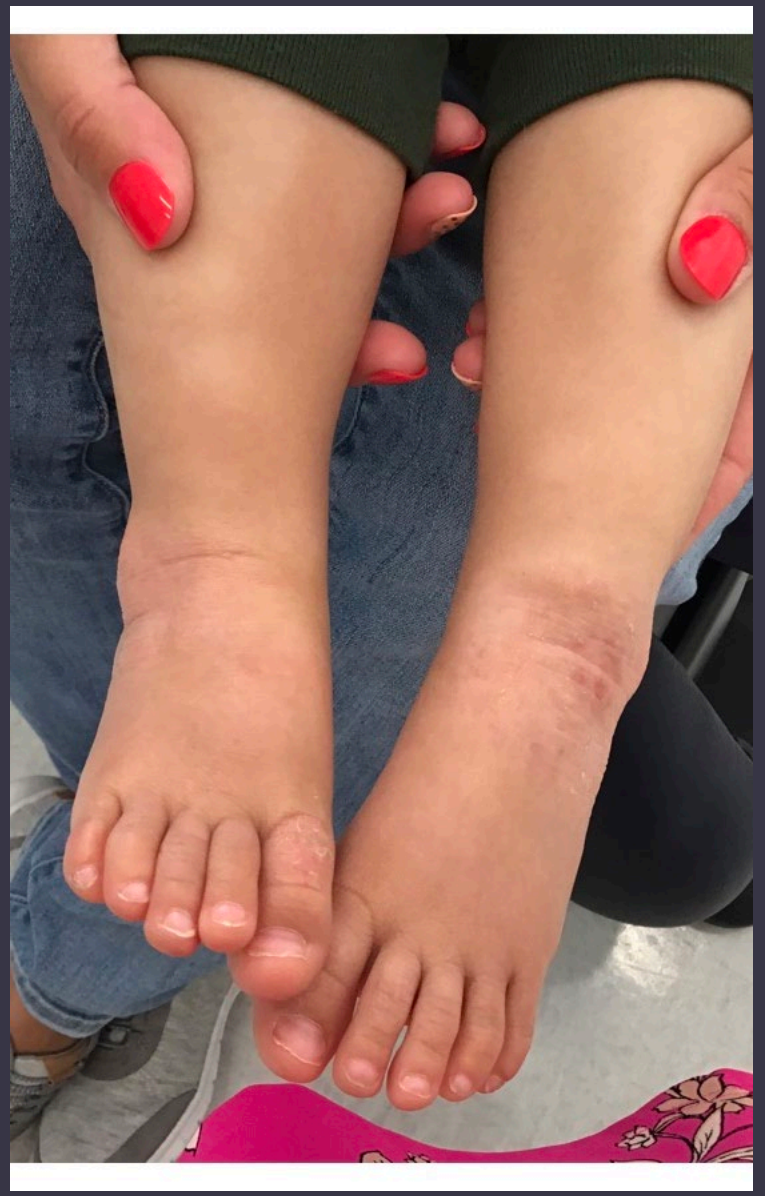
- Created by Dr Aron in the UK decades ago
- Dr Peter Lio in Chicago brought it back into relevance
- Compounded product
  - 15 grams of betamethasone valerate 0.1
  - 12 grams of mupirocin cream
  - 200 grams of vanicream or plastibase
  - Makes a HALF pound tub
- Can be applied 5 times a day for flares and then taper with improvement
- I really like it for babies/toddlers with really bad and persistent facial eczema
- PRESCRIBING THE COMPONENTS SEPARATELY AND HAVING THE FAMILY MIX IT IS NOT THE SAME AND NOT NEARLY AS EFFECTIVE

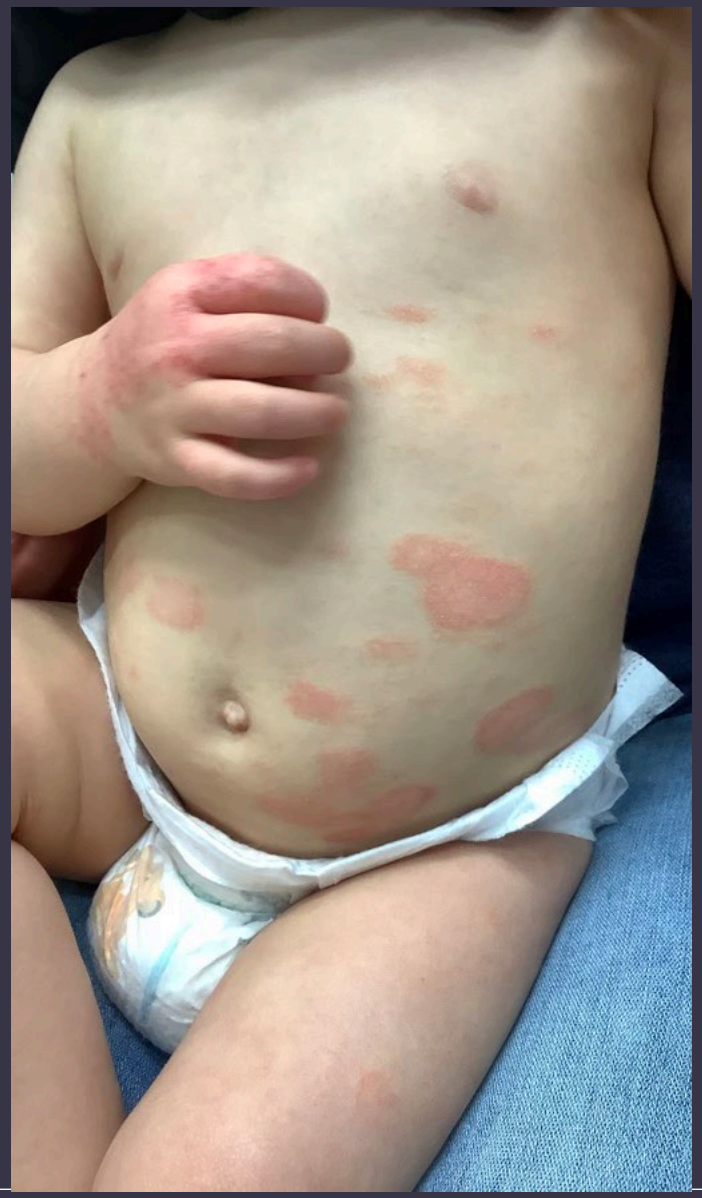
Fatima Lakhani, et al. "Case Series Study of the Efficacy of Compounded Antibacterial, Steroid, and Moisturizer in Atopic Dermatitis." Ped Derm. Vol 34 No 3 322-325, 2017.

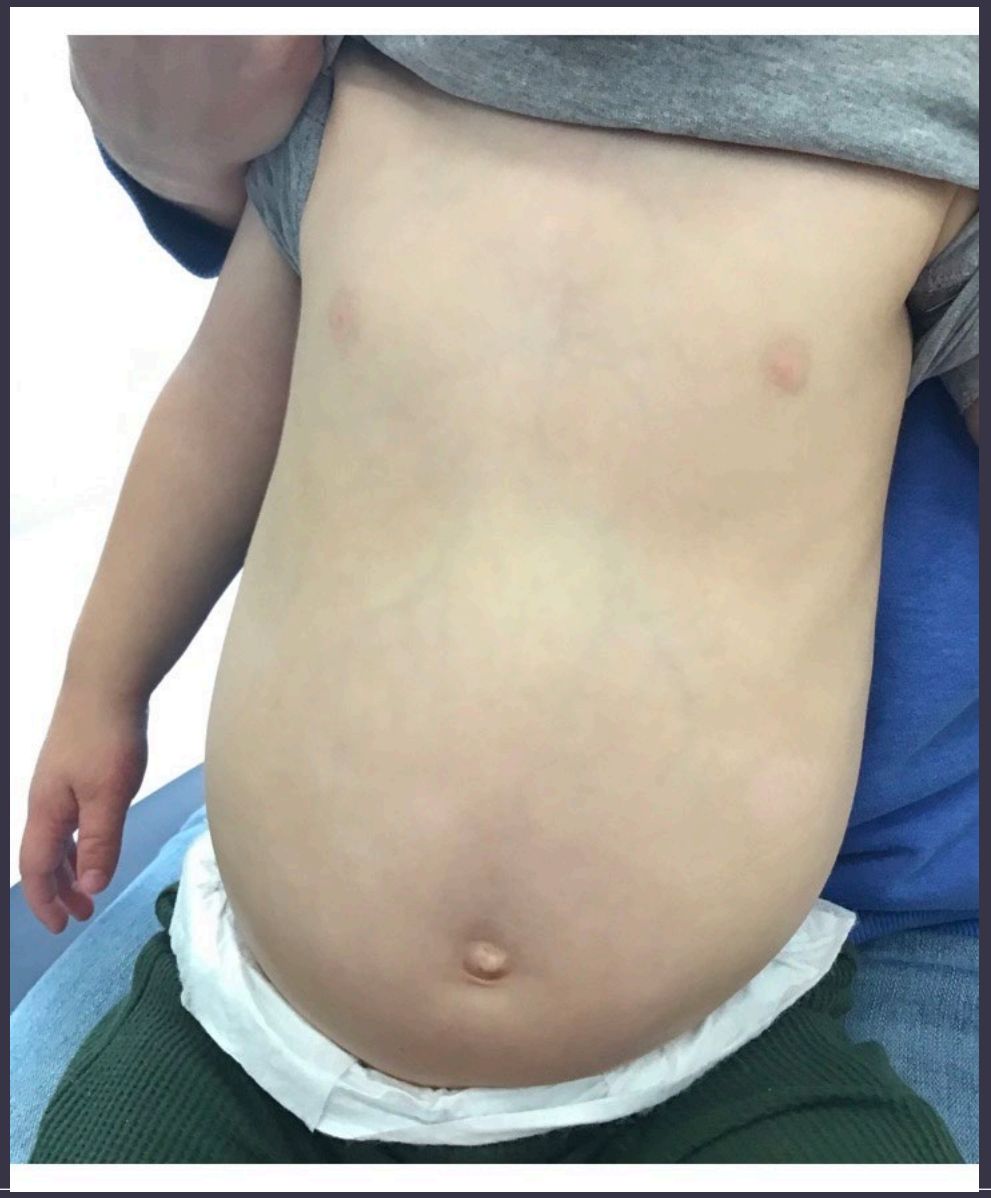


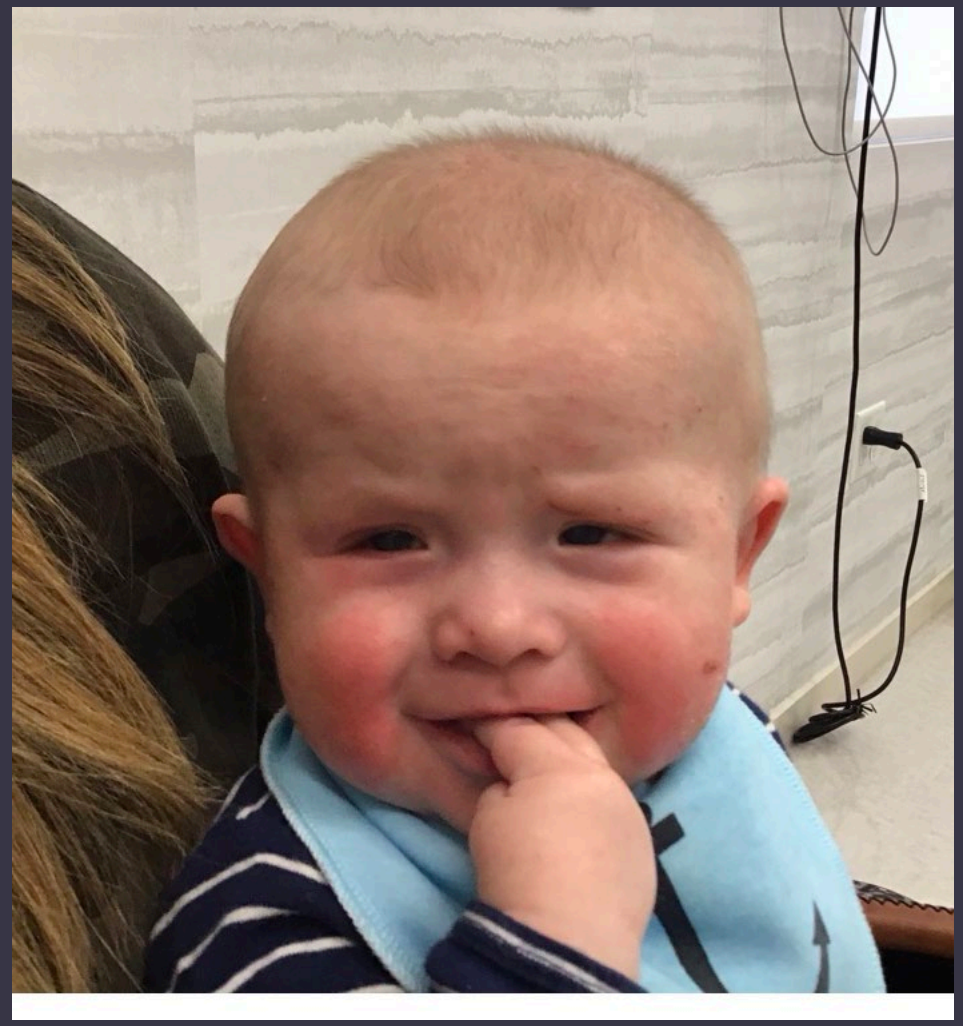


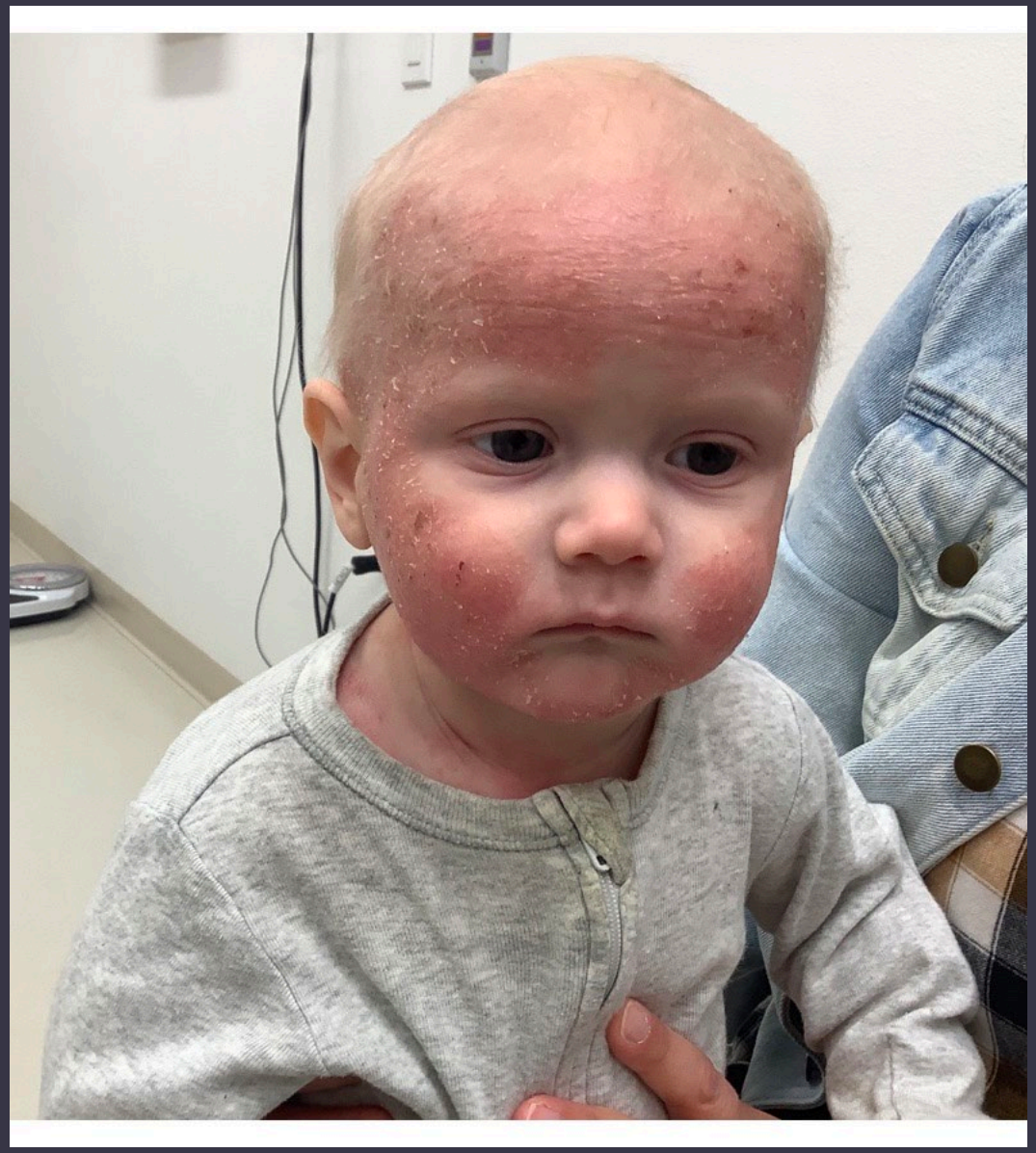


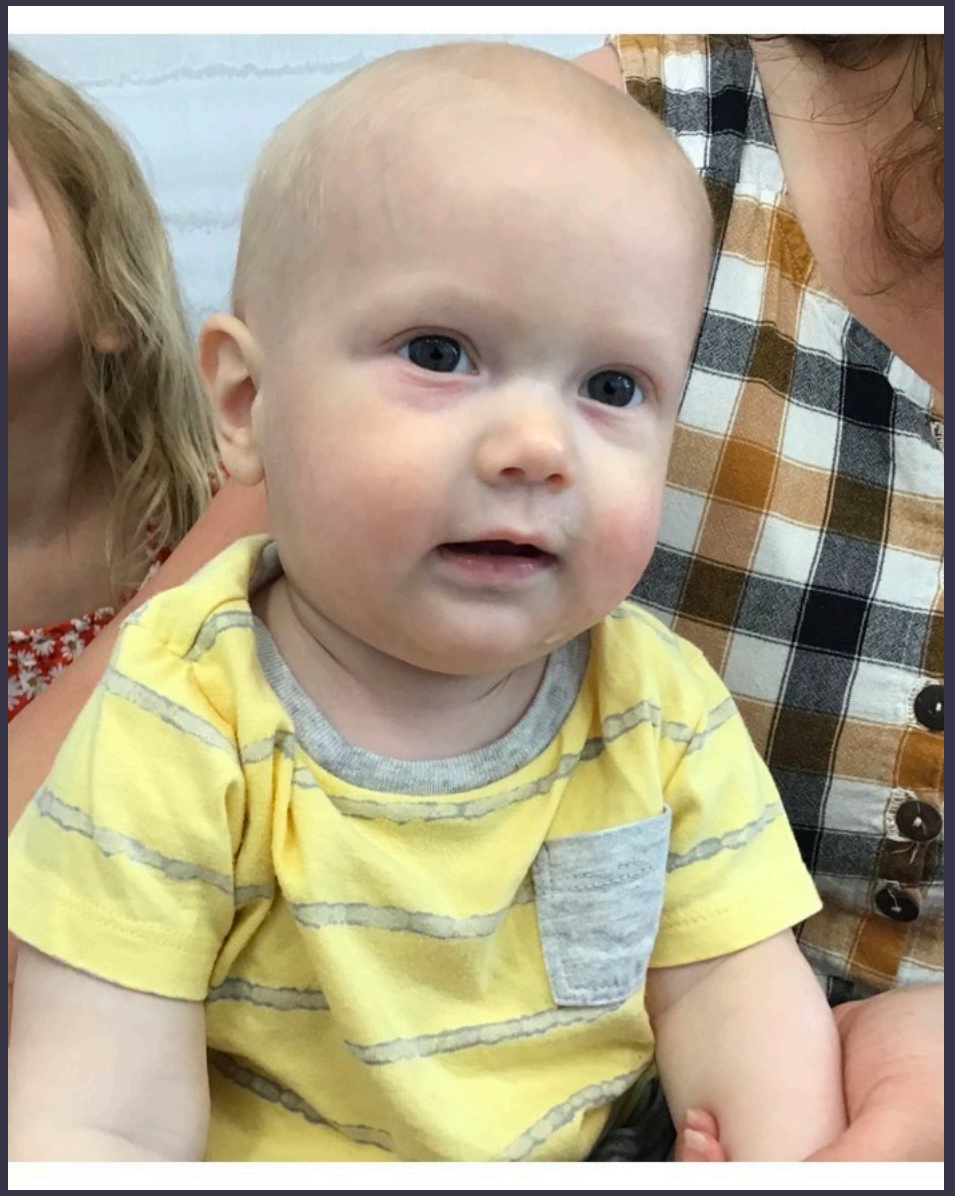


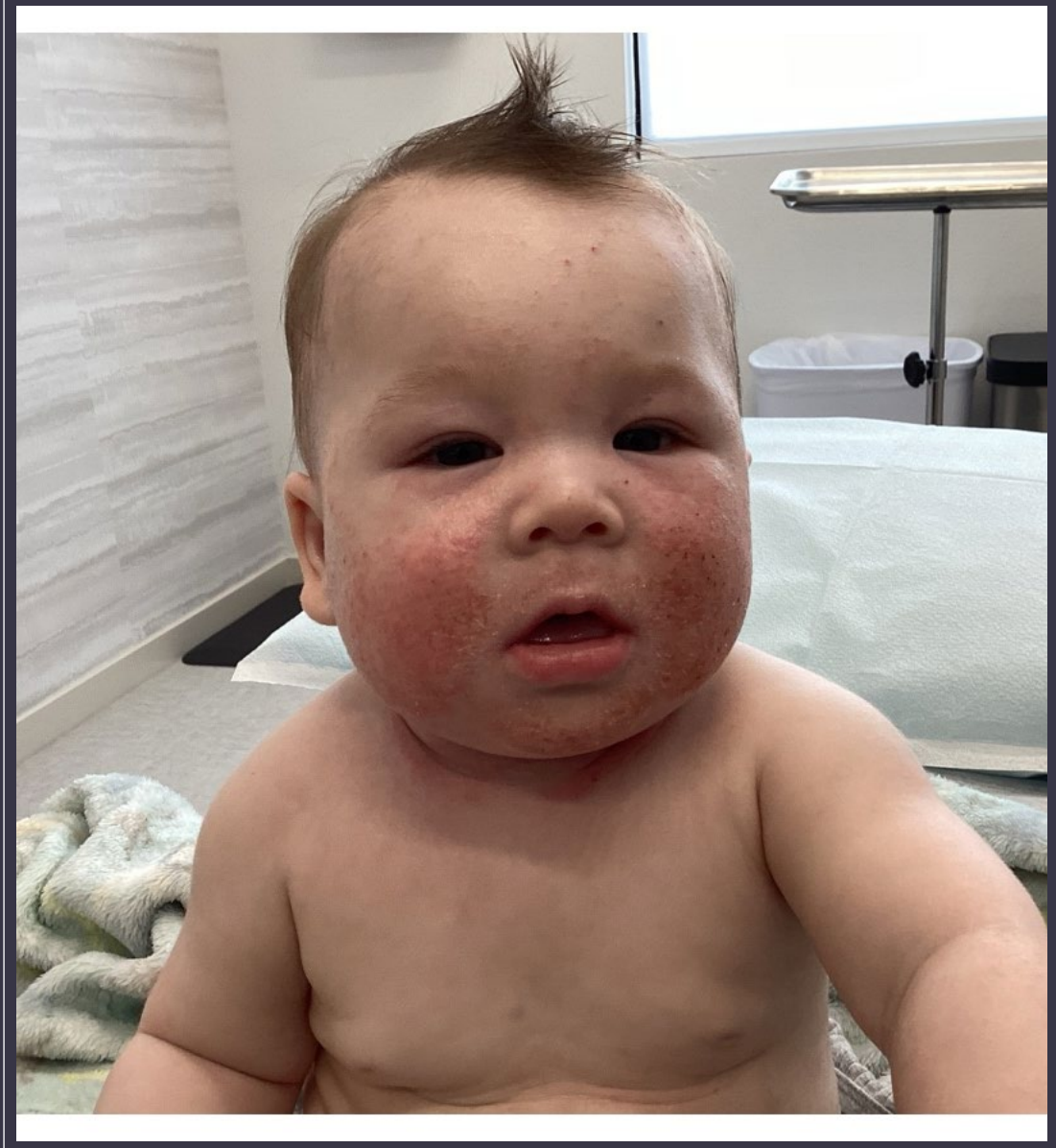


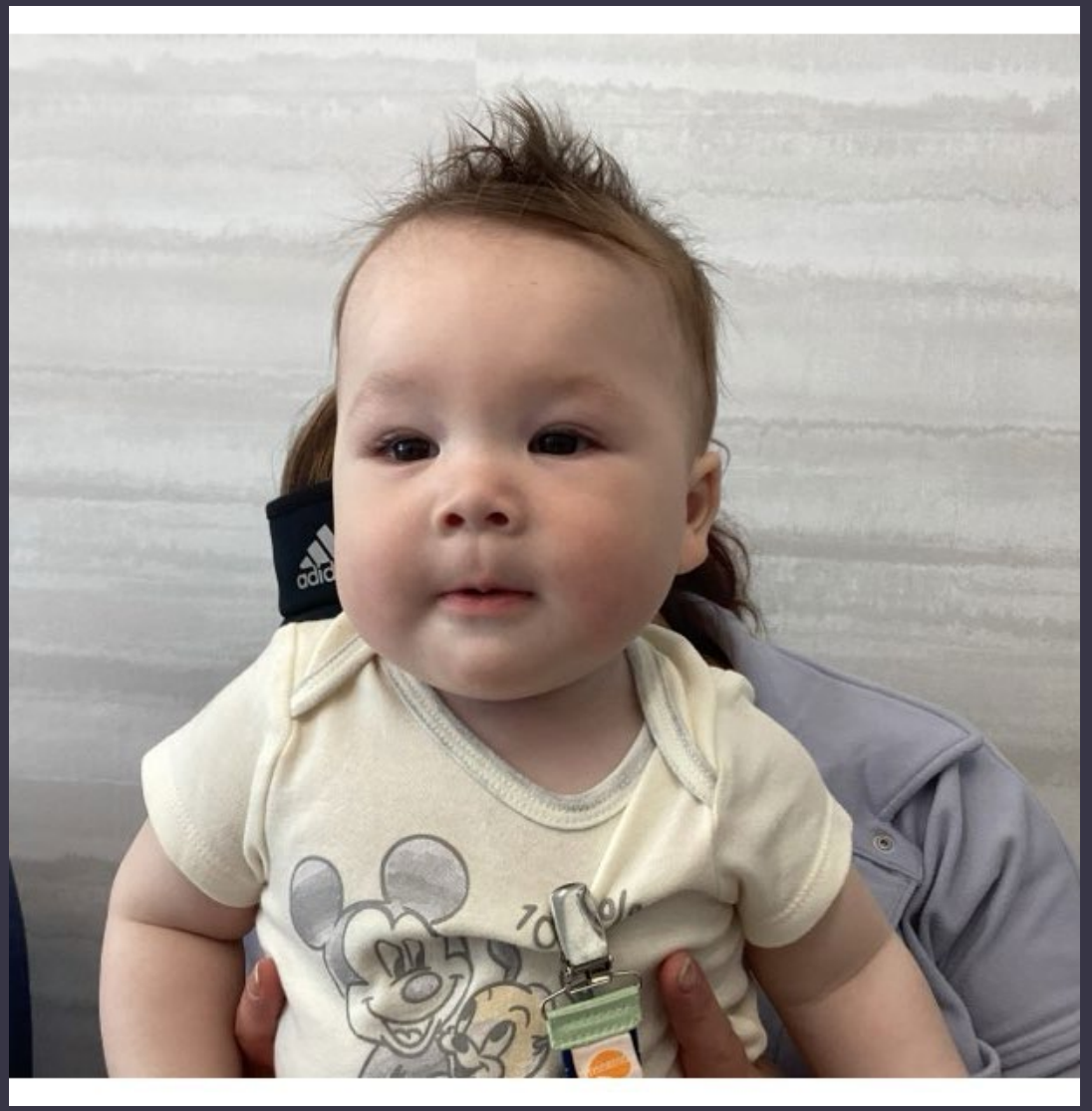










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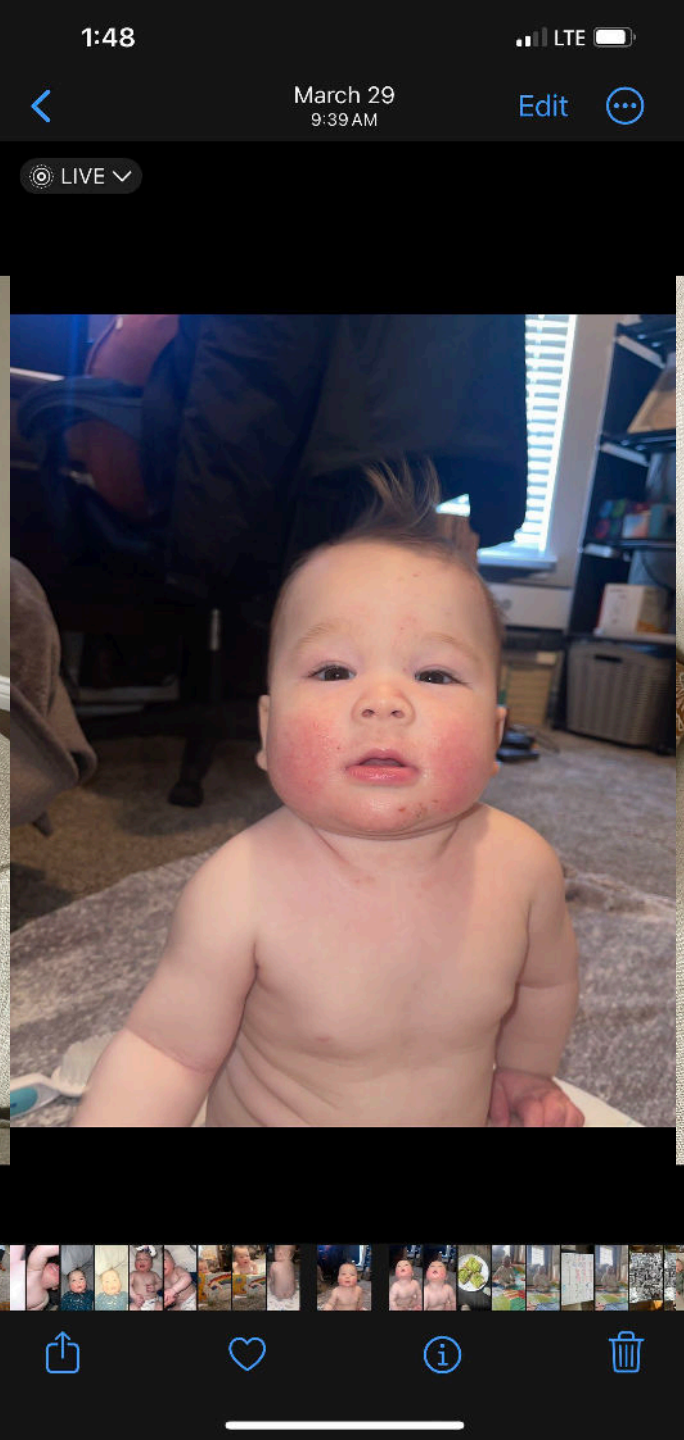
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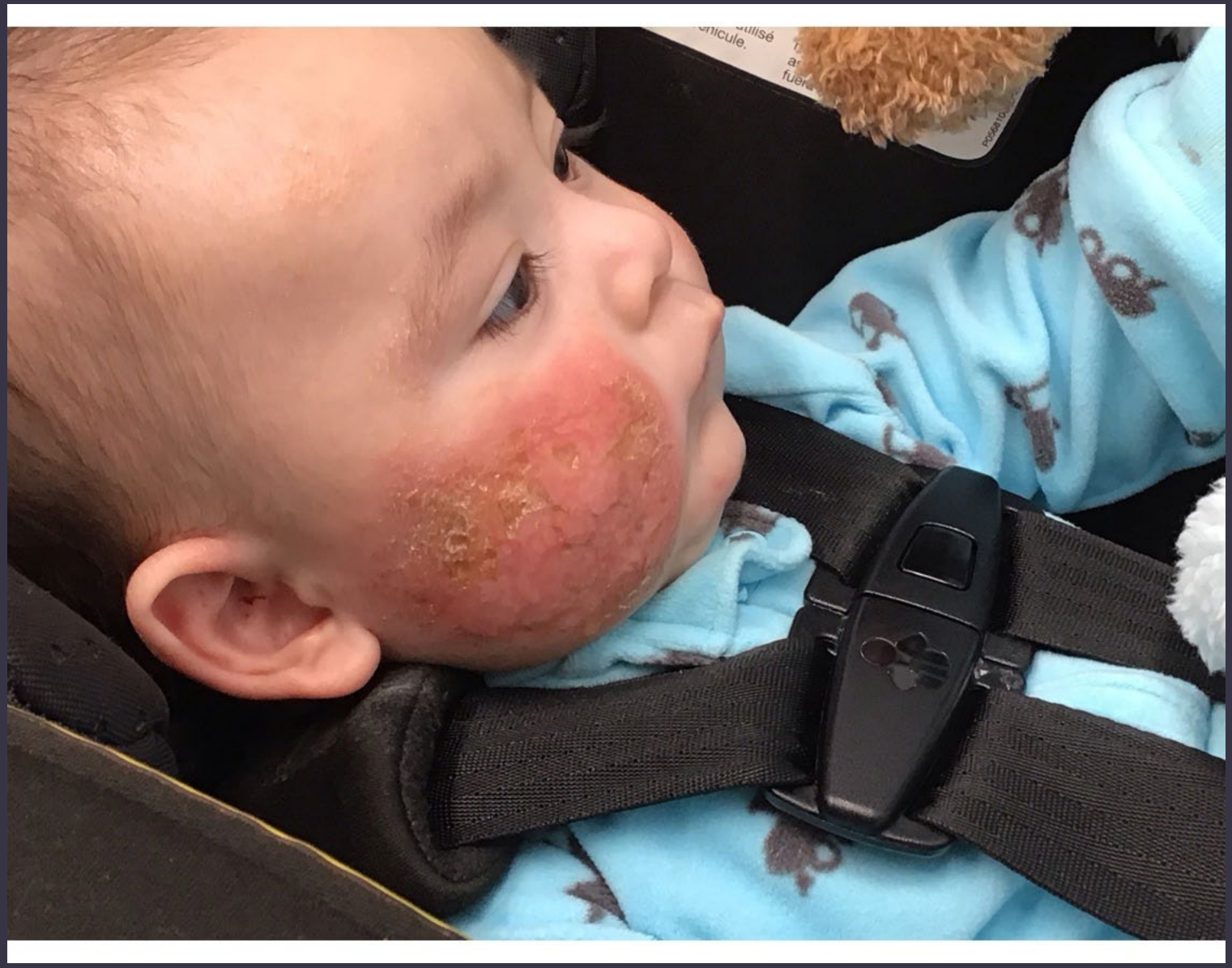
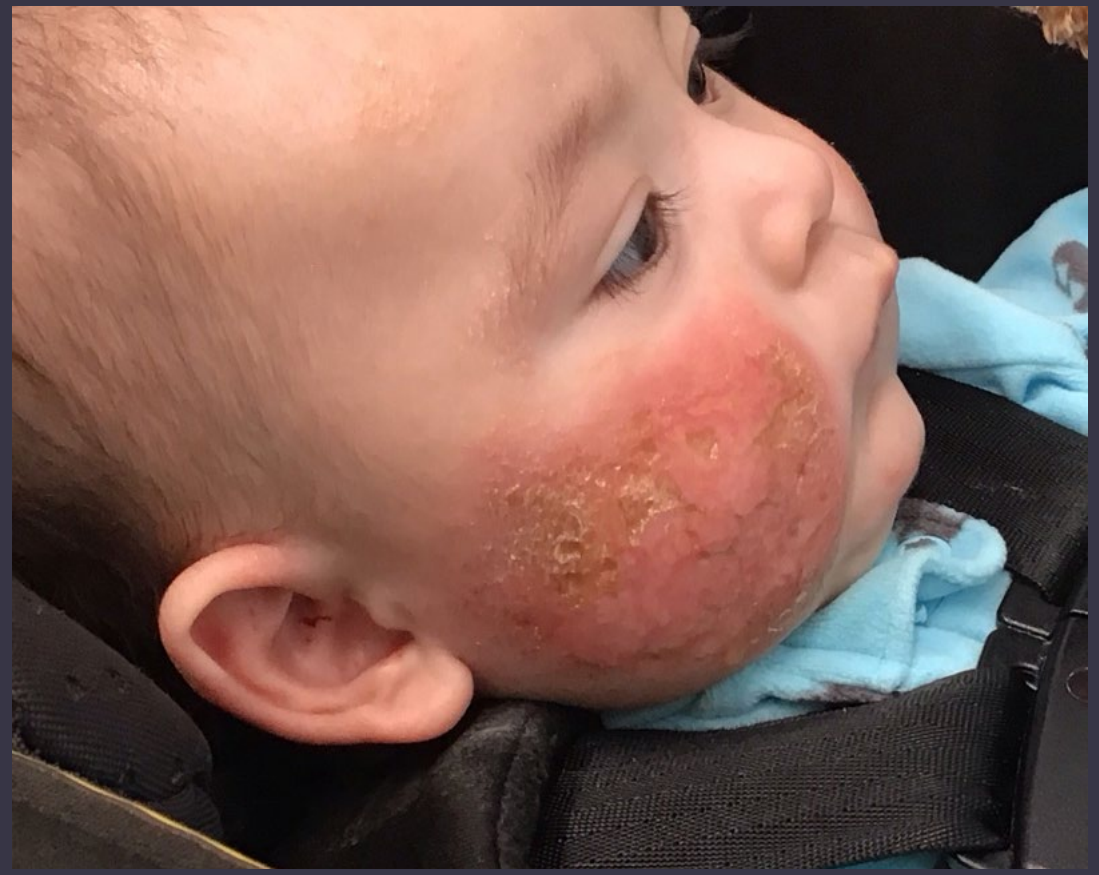
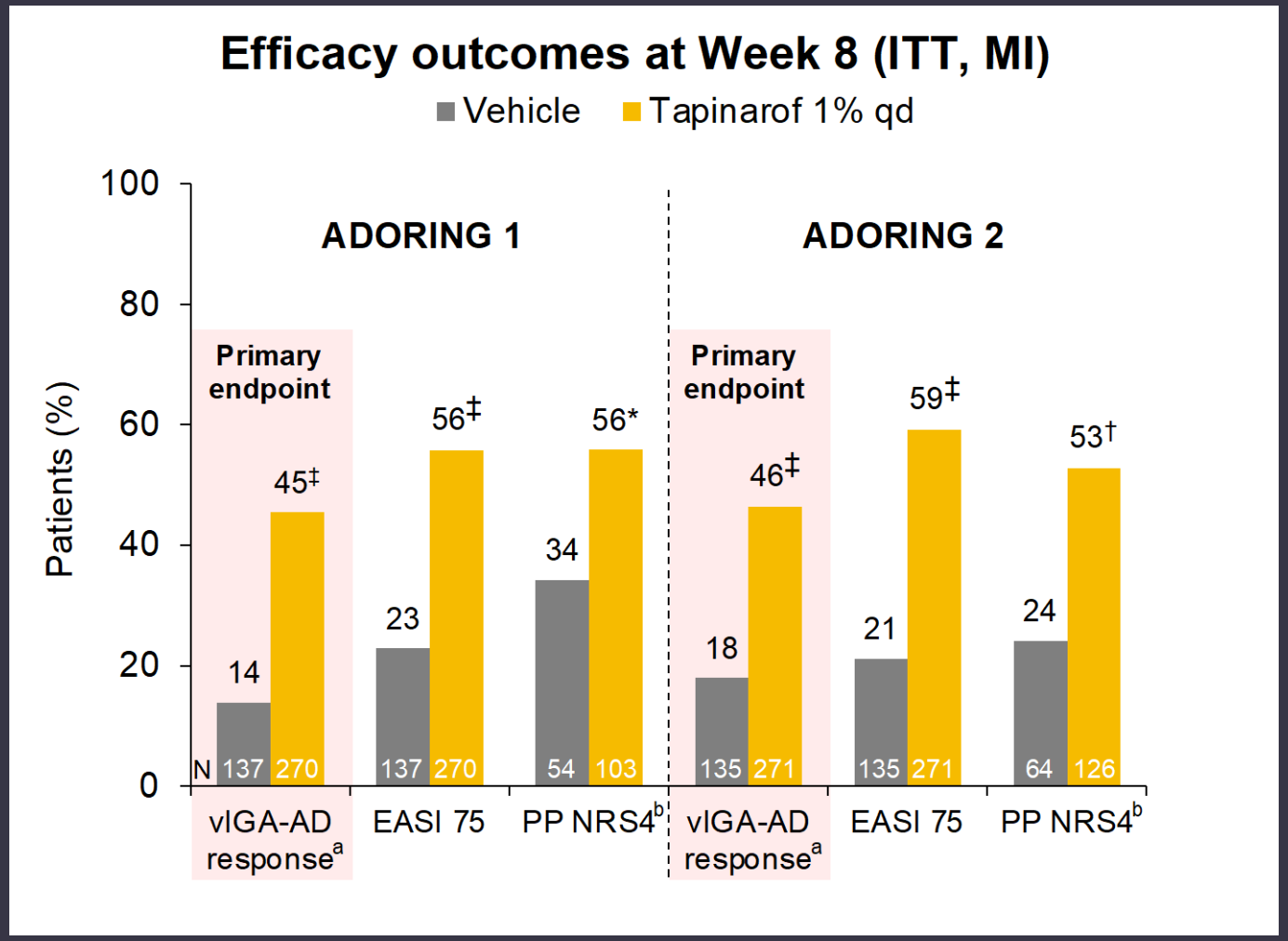




Topical Tapinarof

- Approved age 2 and up for atopic dermatitis in Dec 2024
- Impressive efficacy data
- Nonsteroidal
- Once daily application
- Excellent safety
  - Folliculitis
  - Apply a thin layer at bedtime
- In studies required by the FDA, they could not induce systemic absorption even when giving huge doses orally to rats

Topical Tapinarof 1% Cream

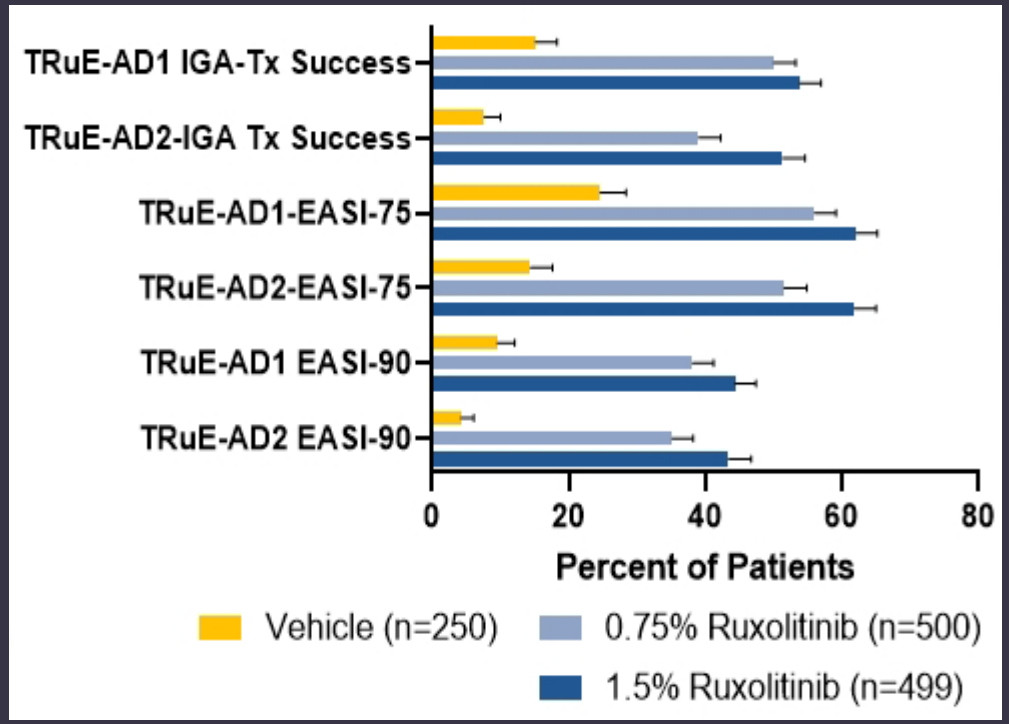


Dyshidrotic Eczema

- Often requires stronger potency agents
- Potent topical steroids
- Topical ruxolitinib

Topical Ruxolitinib 1.5% Cream

- Predominantly JAK1/2 inhibition
- TRuE-AD1 and 2 consisted of more than 1200 patients age 12 and up
- Endpoints at 8 weeks
- Studied in 0.75 and 1.5% strengths
- Approved in 1.5% cream
- BID as needed use



Topical Ruxolitinib 1.5% Cream

Abstract #6746
Presented at the 32nd European Academy of Dermatology and Venereology (EADV) Congress
11–14 October 2023, Berlin, Germany

A Phase 3 Study of Ruxolitinib Cream in Children Aged 2–<12 Years with Atopic Dermatitis (TRuE-AD3): 8-Week Analysis

Lawrence F. Eichenfield, MD,[1] Linda F. Stein Gold, MD, PhD,[2] Eric L. Simpson, MD, MCR,[3] Andrea L. Zaenglein, MD,[4] April W. Armstrong, MD, PhD, MPH,[5] Megha M. Tollefson, MD,[6] Weily Soong, MD,[7] Lara Wine Lee, MD, PhD,[8] Alim R. Devani, MD,[9] Seth B. Forman, MD,[10] Dareen D. Siri, MD,[11] Brett Angel, MD,[12] Howard Kallender, PhD,[12] Qian Li, PhD,[12] Amy S. Paller, MD[13]

[1]University of California San Diego, San Diego, CA, USA; [2]Henry Ford Health System, Detroit, MI, USA; [3]Oregon Health & Science University, Portland, OR, USA; [4]Penn State/Hershey Medical Center, Hershey, PA, USA; [5]David Geffen School of Medicine at University of California at Los Angeles, Los Angeles, CA, USA; [6]Mayo Clinic, Rochester, MN, USA; [7]AllerVie Health, Birmingham, AL, USA; [8]Medical University of South Carolina, Charleston, SC, USA; [9]Dermatology Research Institute, Calgary, Alberta, Canada; [10]ForCare Clinical Research, Tampa, FL, USA; [11]Midwest Allergy Sinus Asthma SC, Normal, IL, USA; [12]Incyte Corporation, Wilmington, DE, USA; [13]Northwestern University Feinberg School of Medicine, Chicago, IL, USA

Safety

- Virtually no stinging/burning
  - Especially great for AD patients with tactile sensitivities
- Maybe a little bit of HSV and zoster (JAK Inhibition)

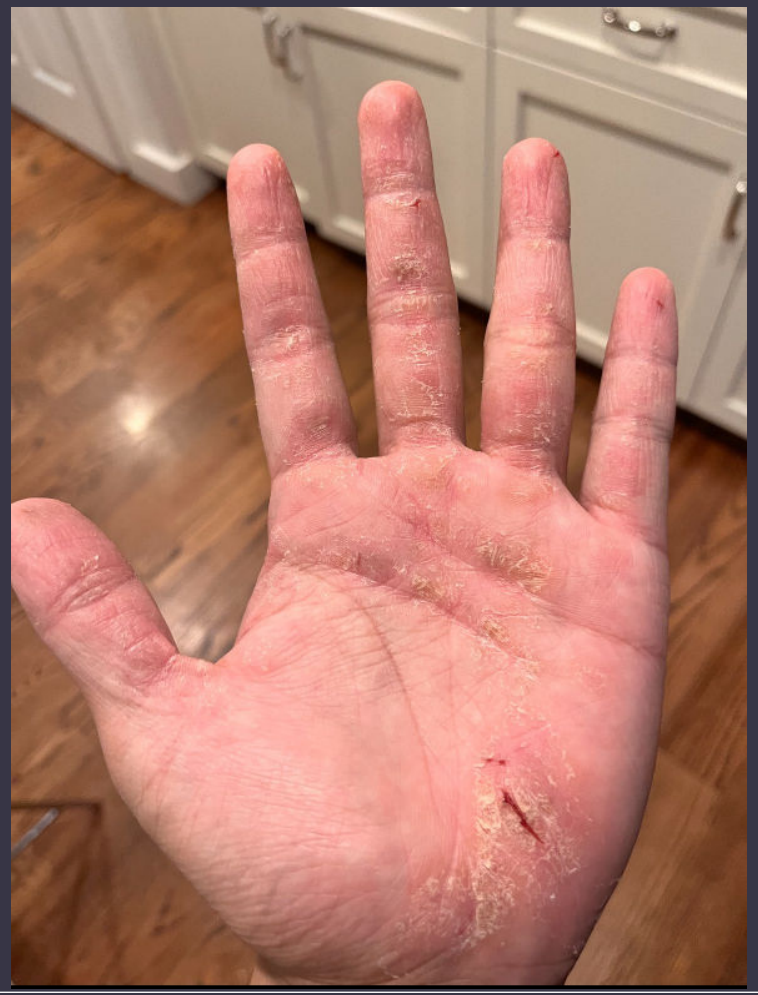
Topical Ruxolitinib

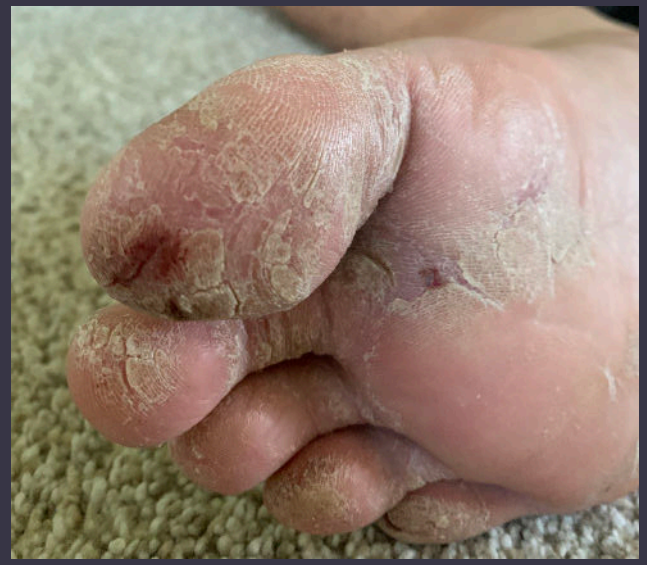
- 2 Things that are special:
  - **<20% BSA**
  - Black Box Warning

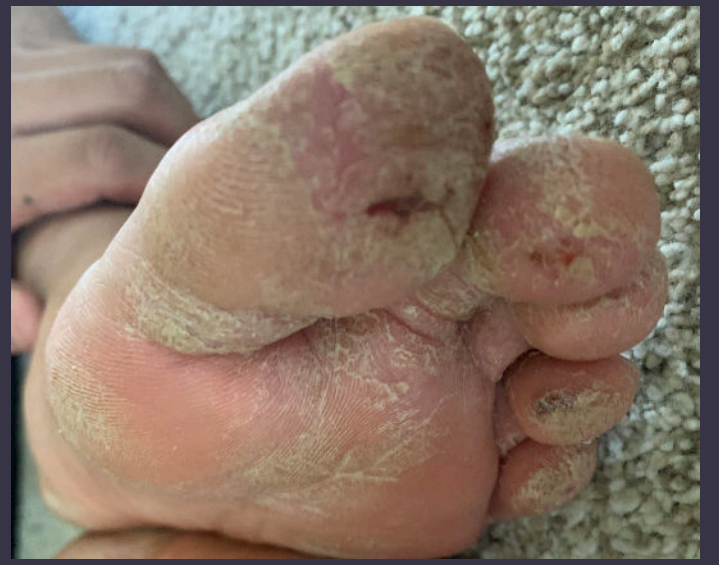
Topical Ruxolitinib

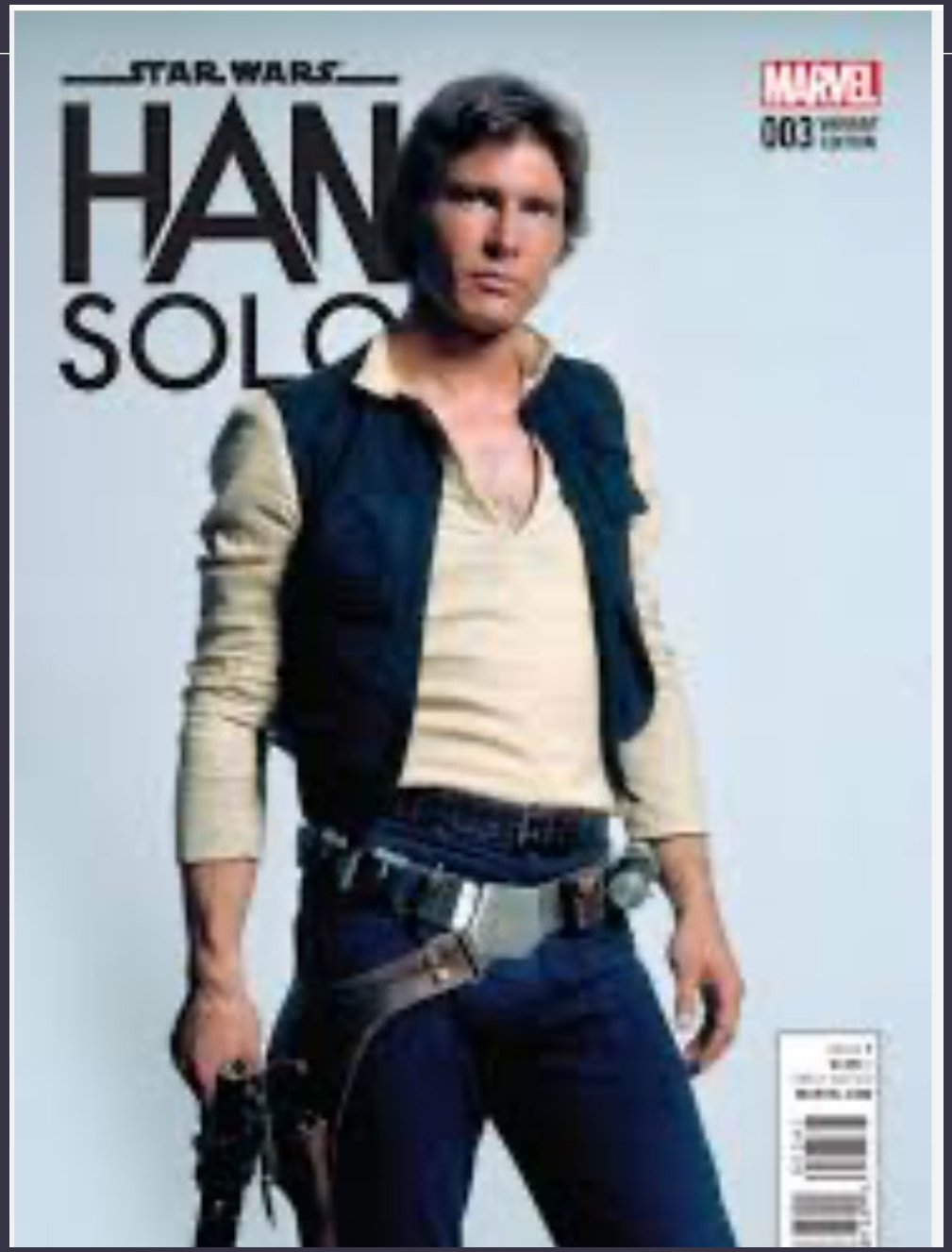
- 2 Things that are special:
  - <20% BSA
  - **Black Box Warning**

Psoriasis / Eczema Overlap





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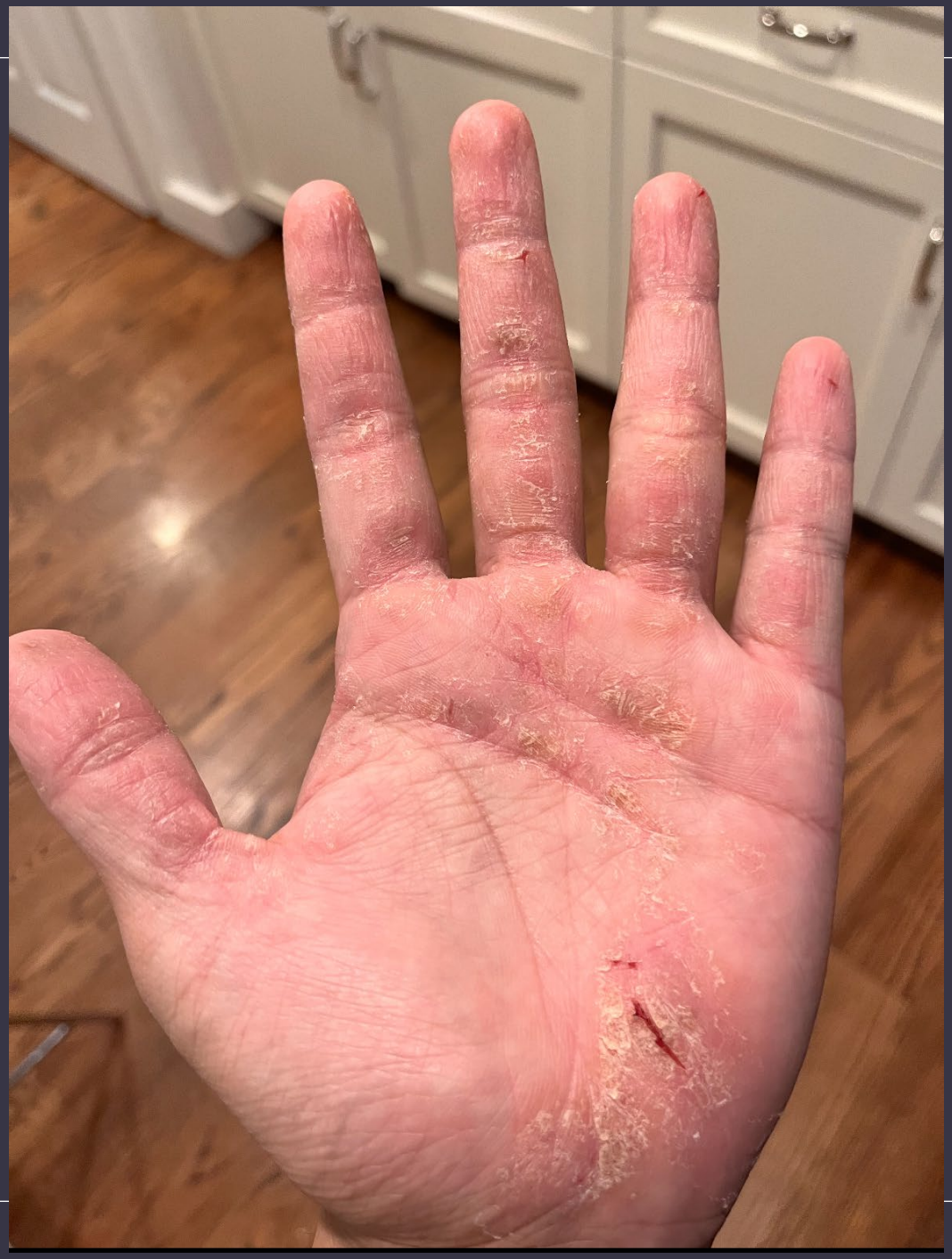
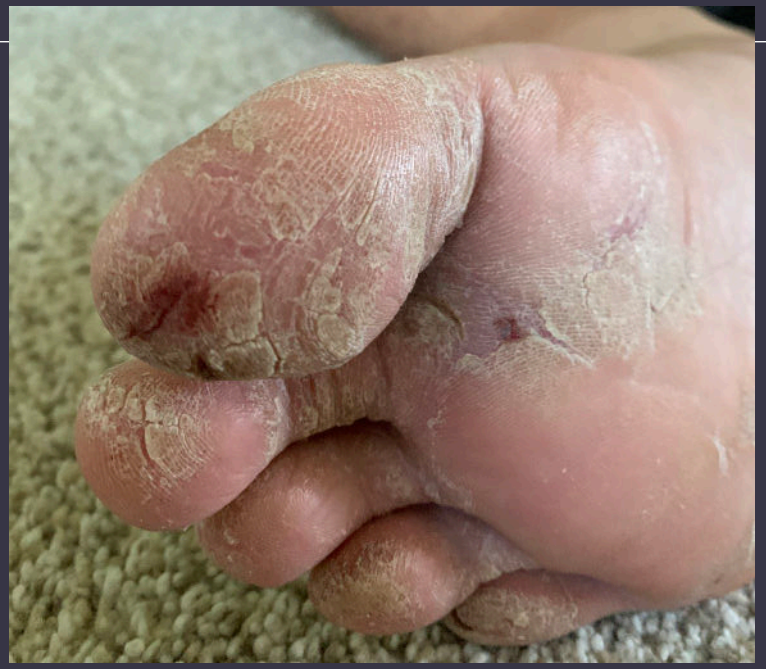
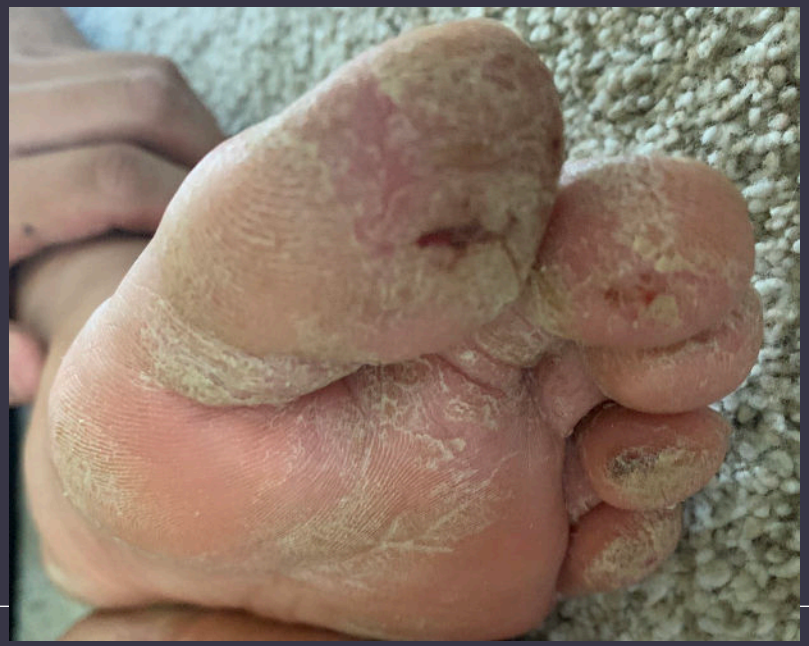
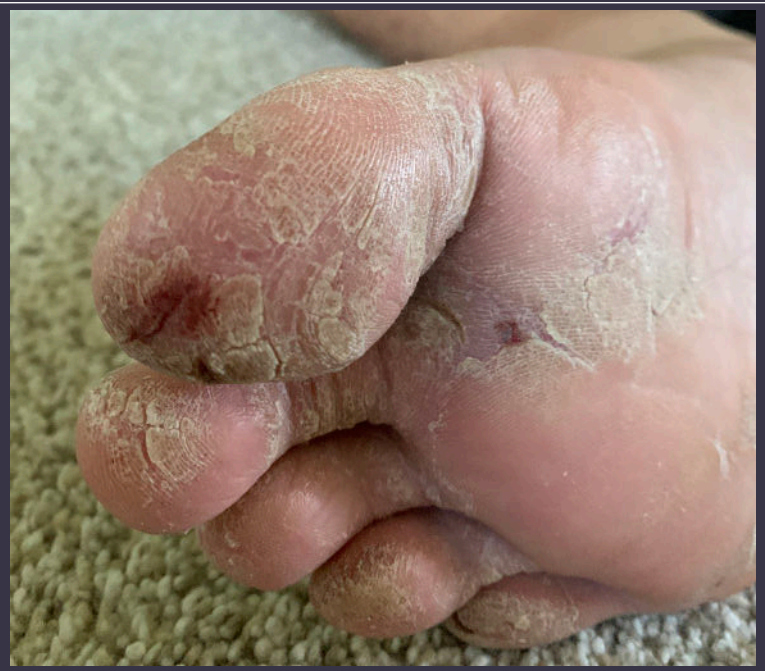
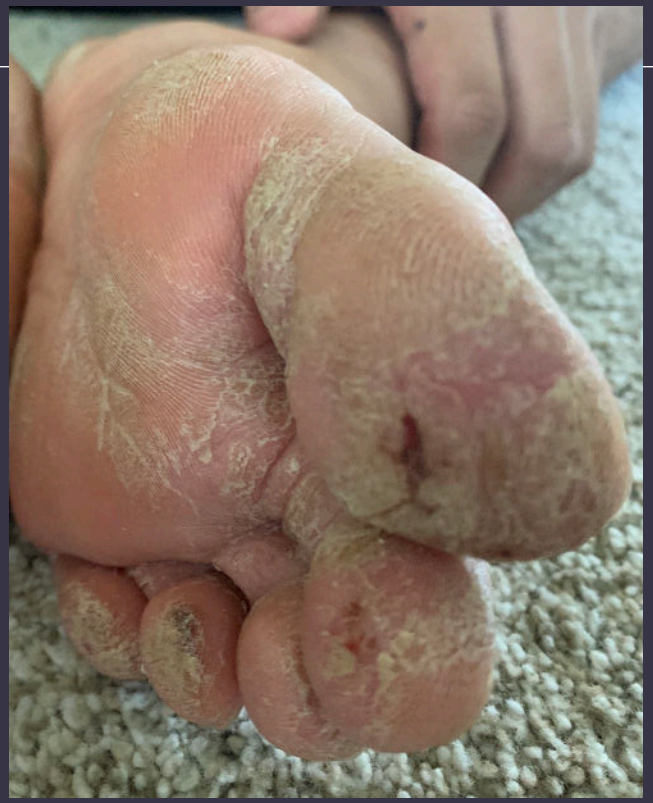
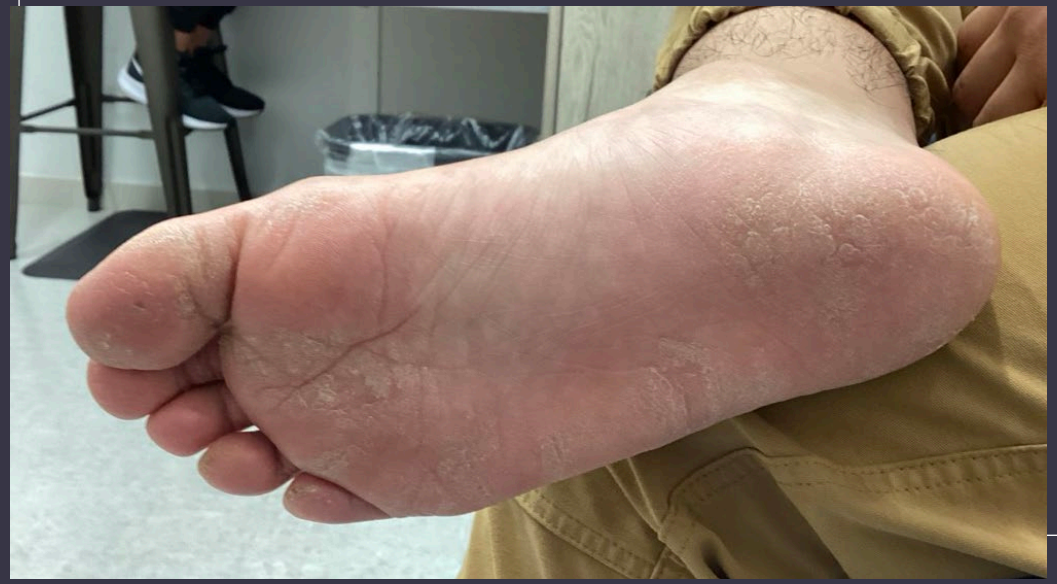


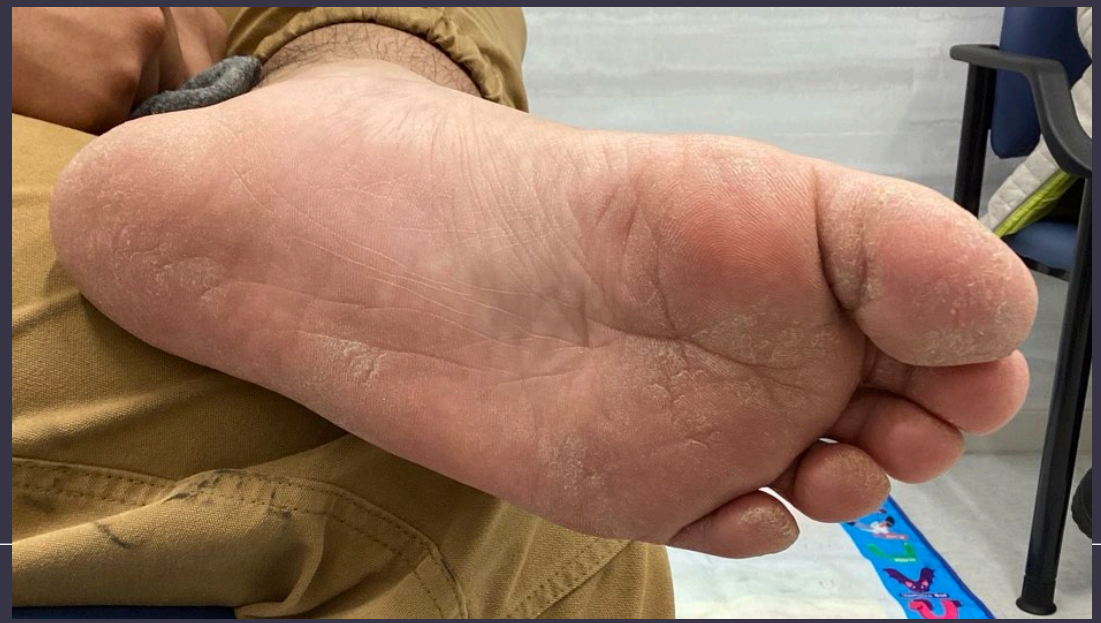


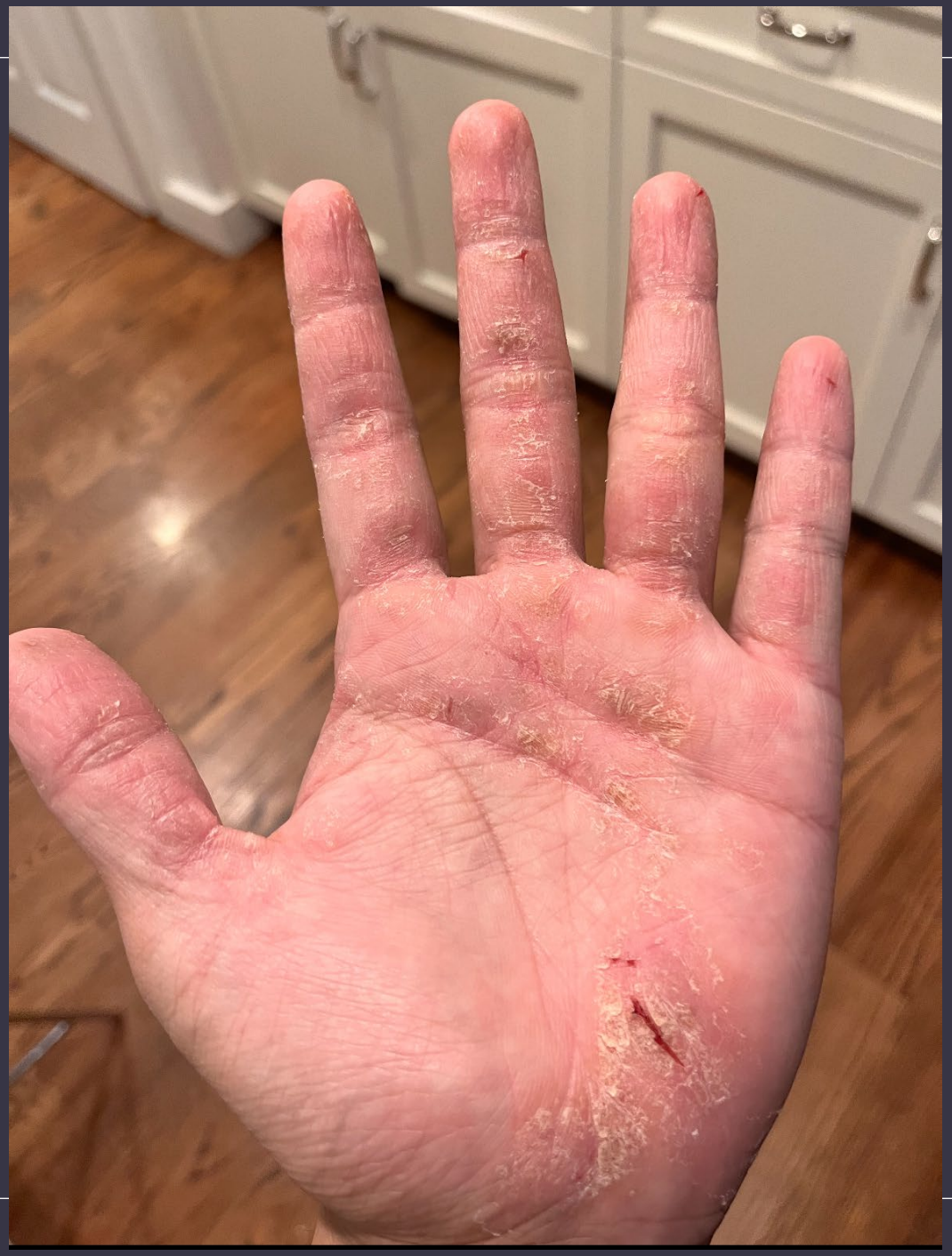


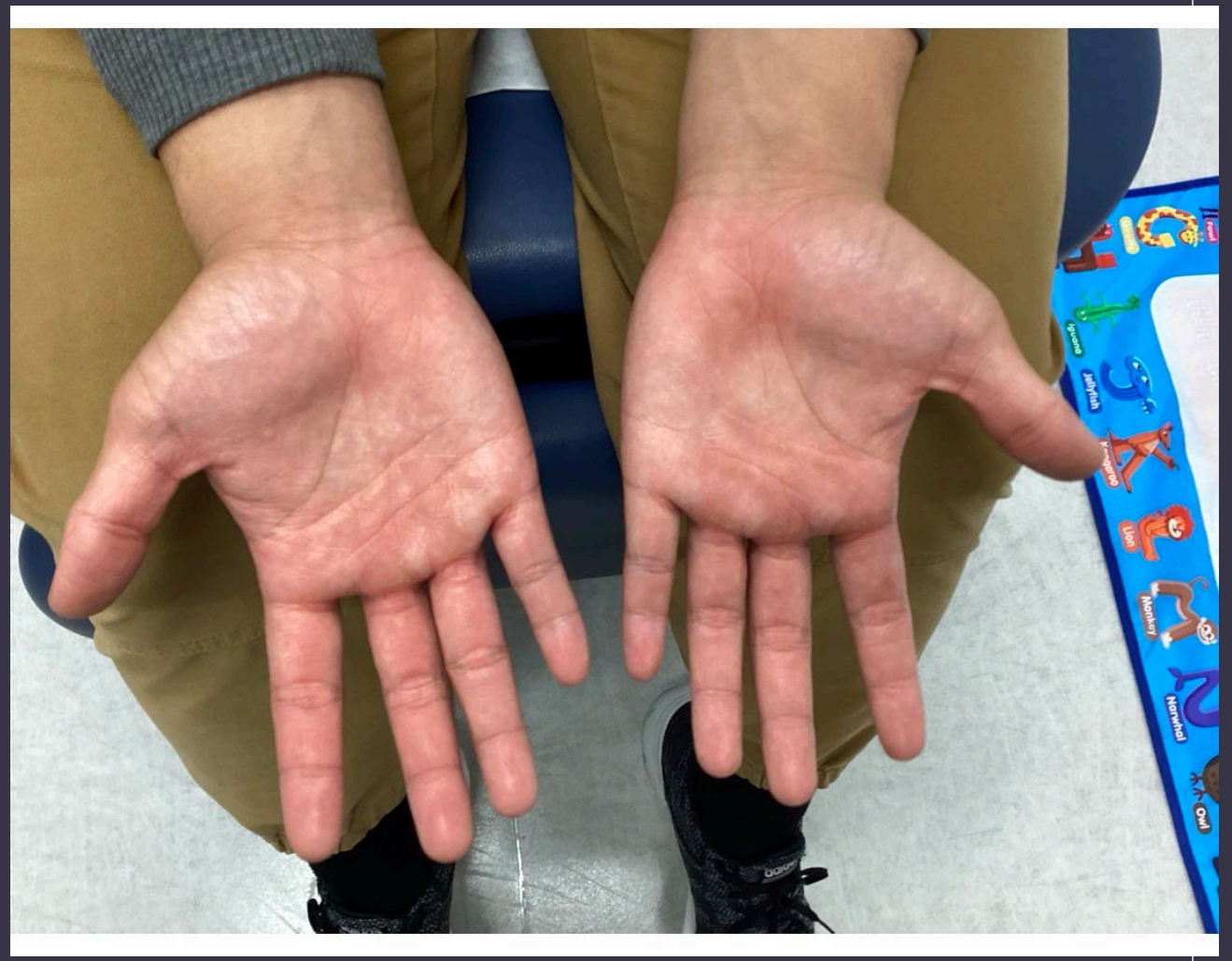


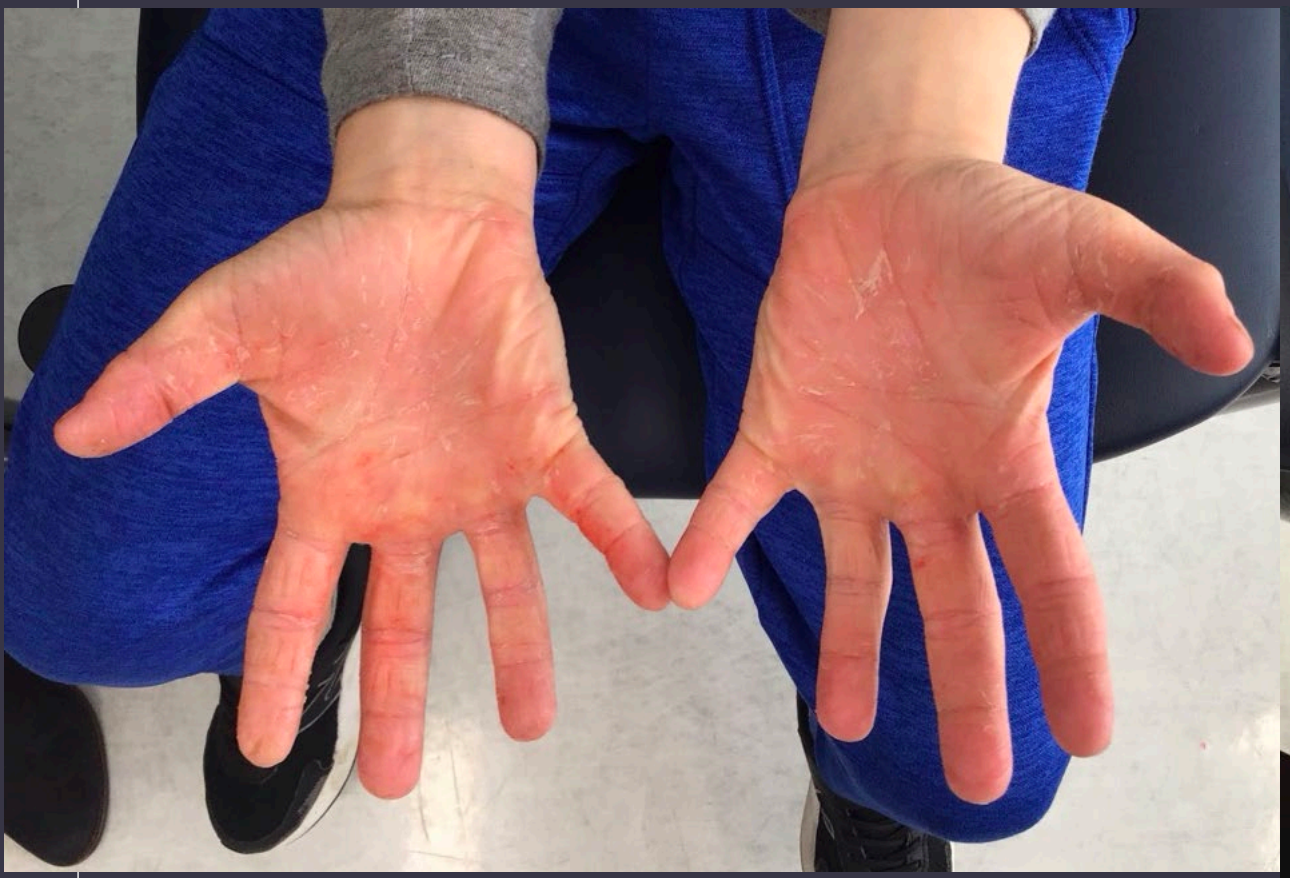


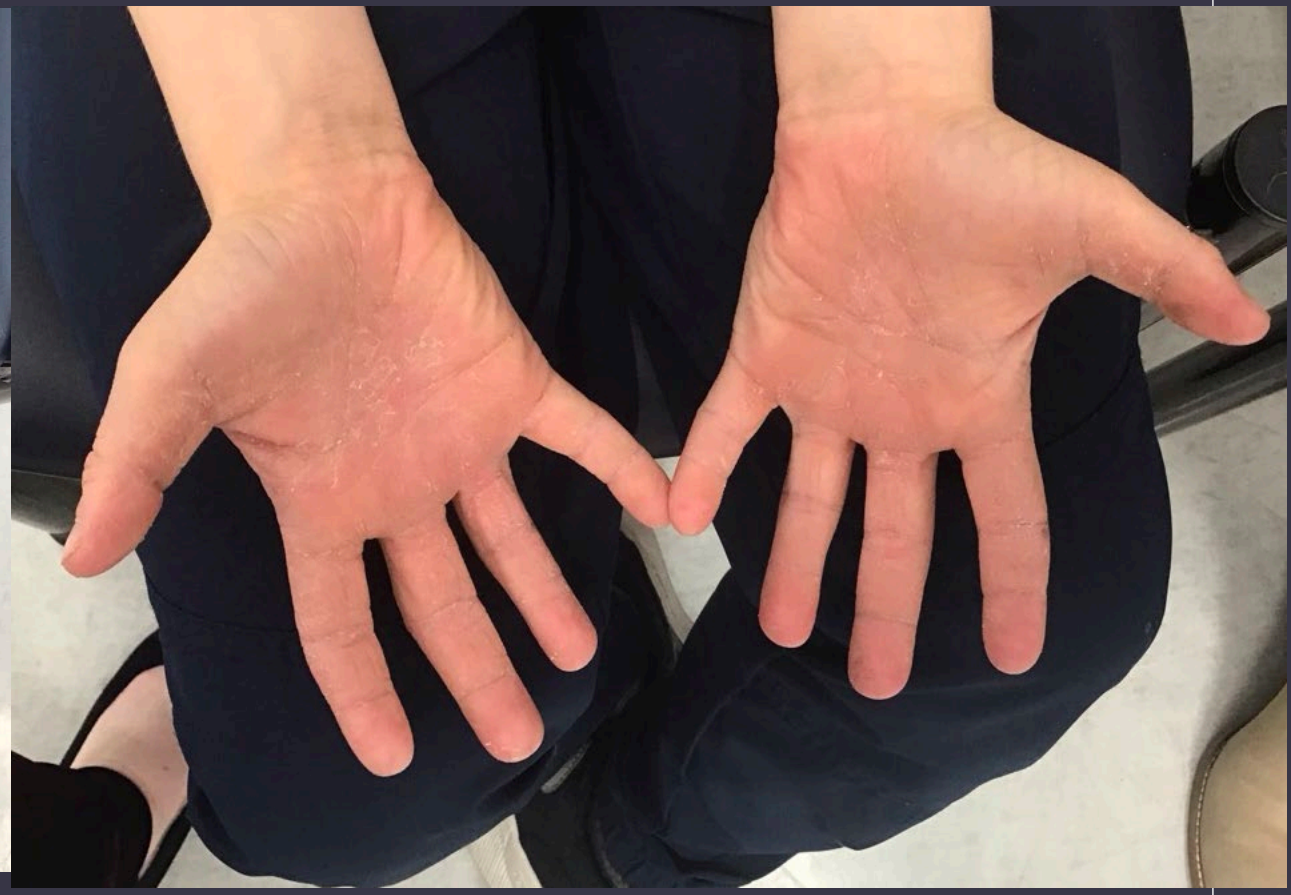







Jellyfish
Lion
Monkey
Narwhal
Owl





Boxed Warnings on JAK Inhibitors

- Serious Infections
- Mortality
- Malignancy
- Thrombosis
- MACE Events

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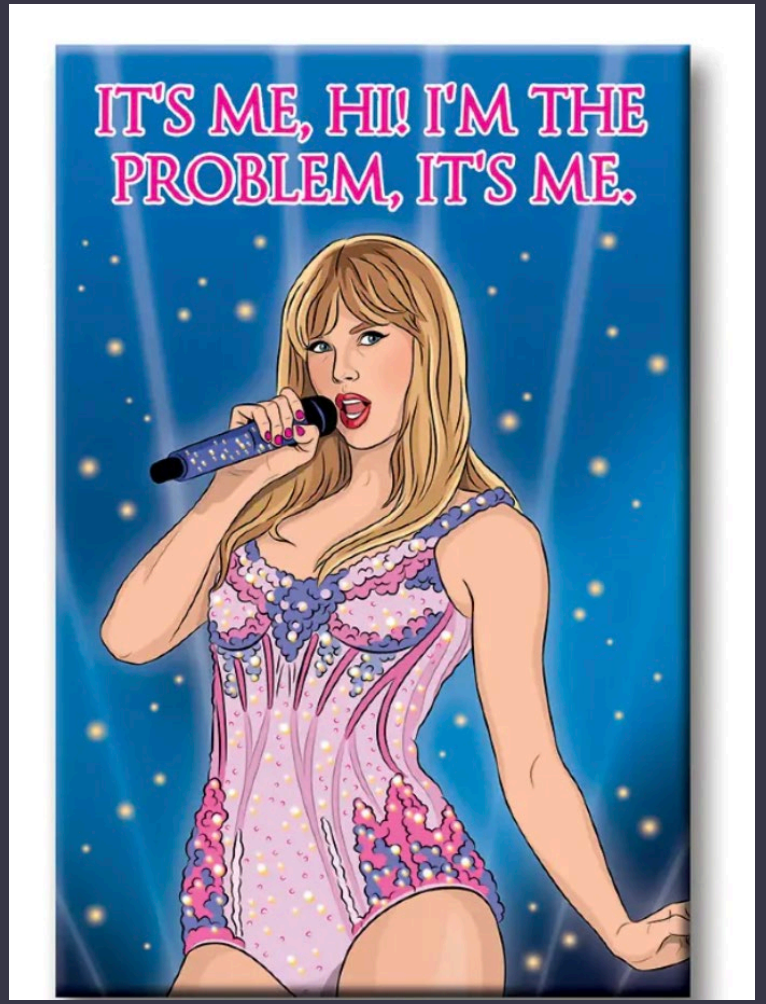
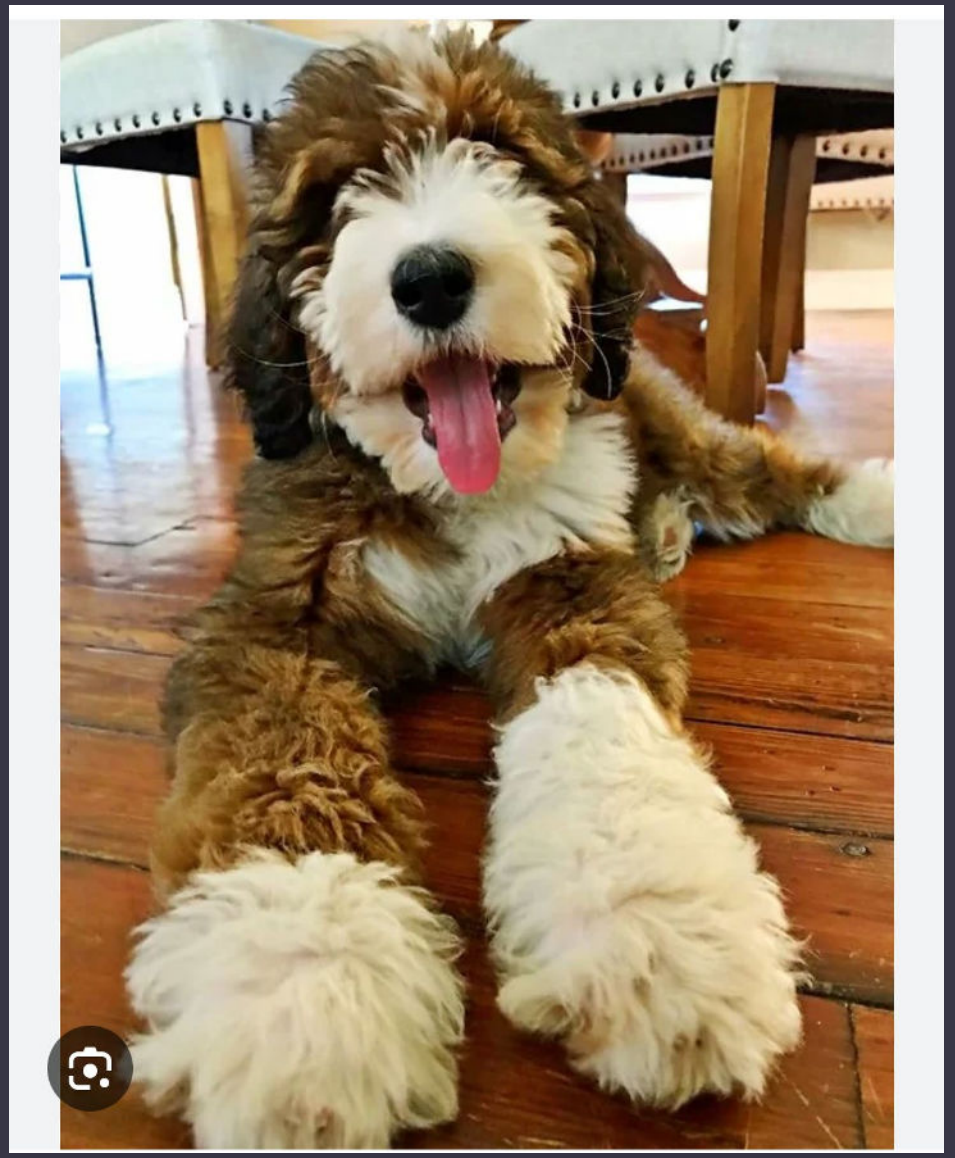


My Safety Schpiel- Oral JAKs

- These meds are wonderful but they have a little safety baggage that can be summed up in 3 statements:
  - We have to do labs
    - Quantiferon, Hep B, Hep C at baseline
    - CBC, CMP, Lipid panel at baseline, then 1 month later, then 3 mos after that, then 6 mos after that, then every 6-12 mos
  - Increased risk of cold sore virus and shingles
    - H/o of cold sores? Consider suppression
    - Interested in the shingles vax?
  - Boxed Warning

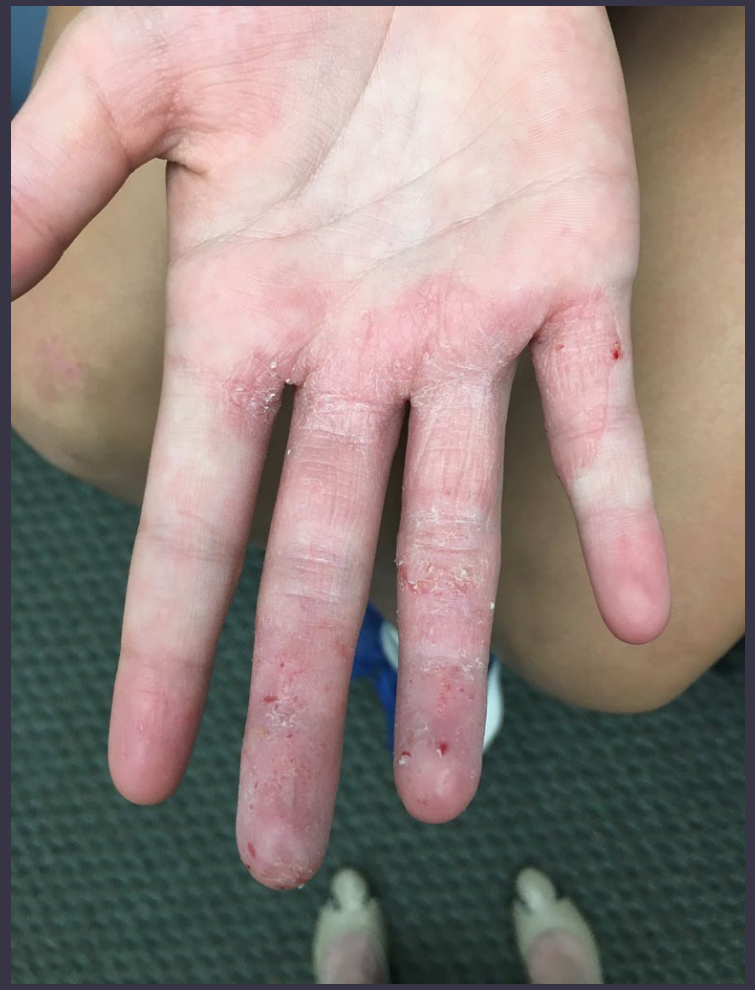


CONTACT DERMATITIS

Handwashing

- Handwashing plays a big role in contact dermatitis (irritant and allergic) in kids
- Soaps at schools and daycares are a common culprit
- Recommended an alternative can be helpful

Slimer's Dermatitis



Slimer's Dermatitis

- Making slime has become quite the trend
- The ingredients in slime are all irritating- borax, glue, soap
- Produces a rash on the palms that looks like dyshidrotic eczema with red scaly patches and sometimes teeny vesicles
- Typically extends into webspaces from squeezing the slime

PALMAR HYPERHIDROSIS

Palmar Hyperhidrosis

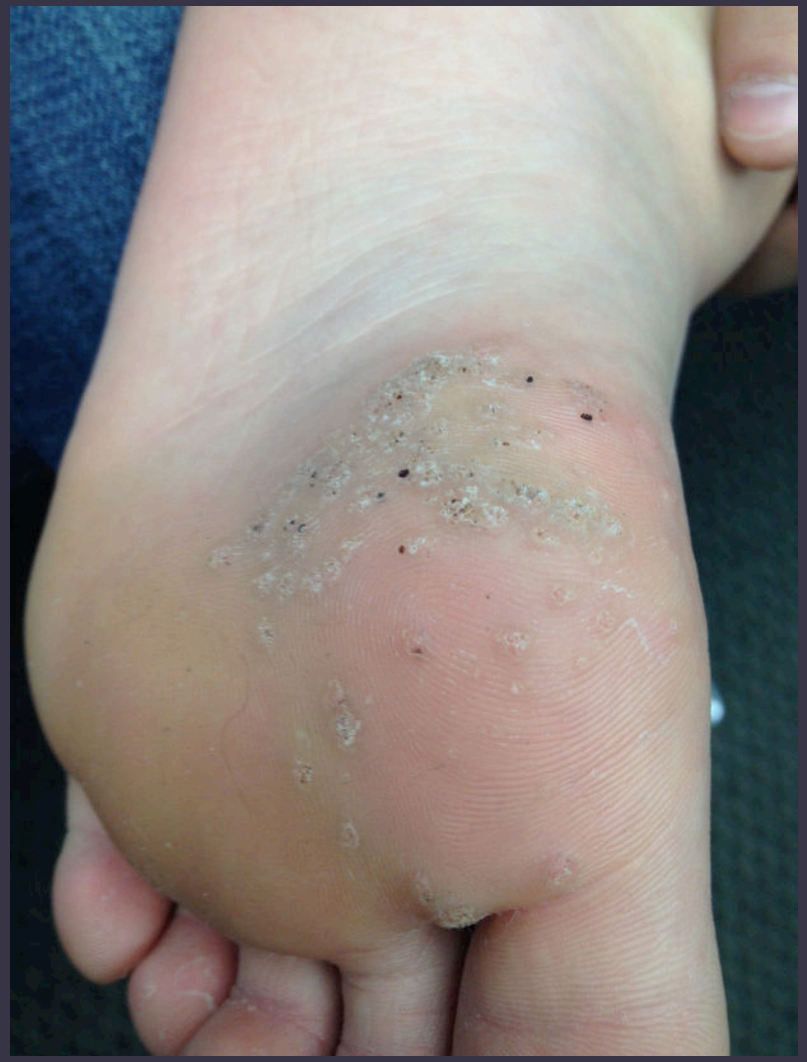
- Very common
- Often runs in families
- High burden of disease

Treatment Options

- Topicals
  - Aluminum Sesquichlorohydrate 15%- OTC
  - Aluminum Chloride Hexahydrate- can be irritating
  - Topical glycopyrronium cloths- don't want to touch your eyes or mouth
- Oral agents
  - Glycopyrrolate
  - Oxybutynin
- Iontophoresis
- Botulinum Toxin

WARTS

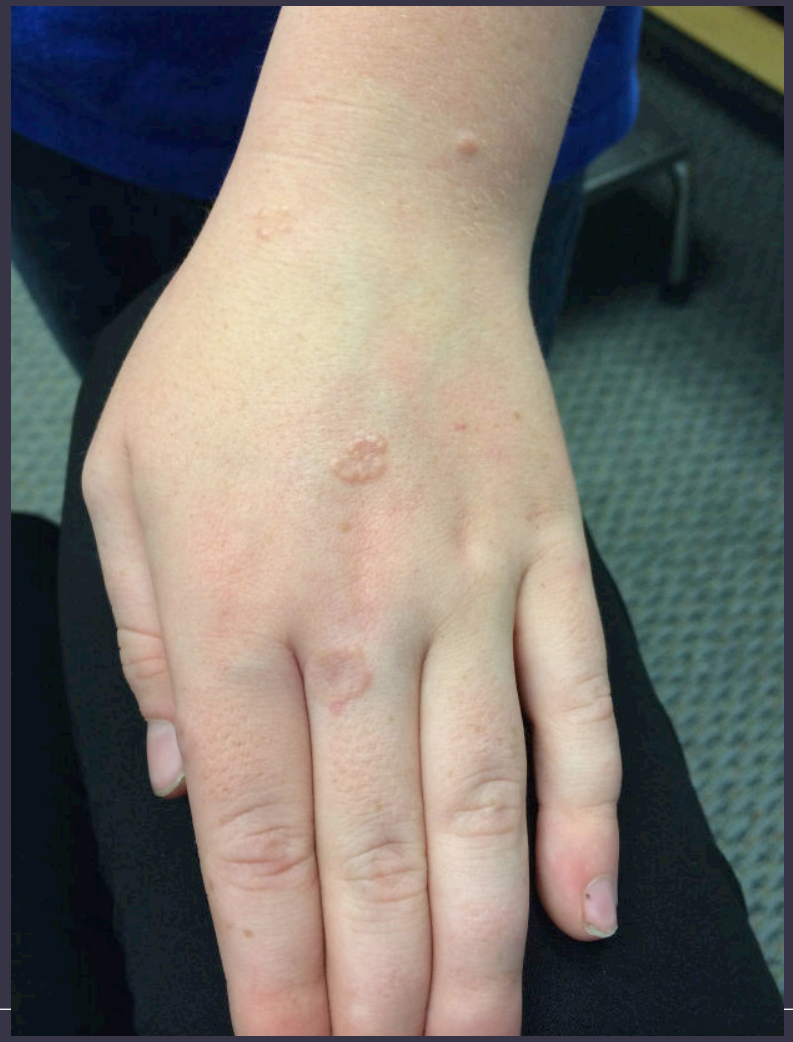
Warts

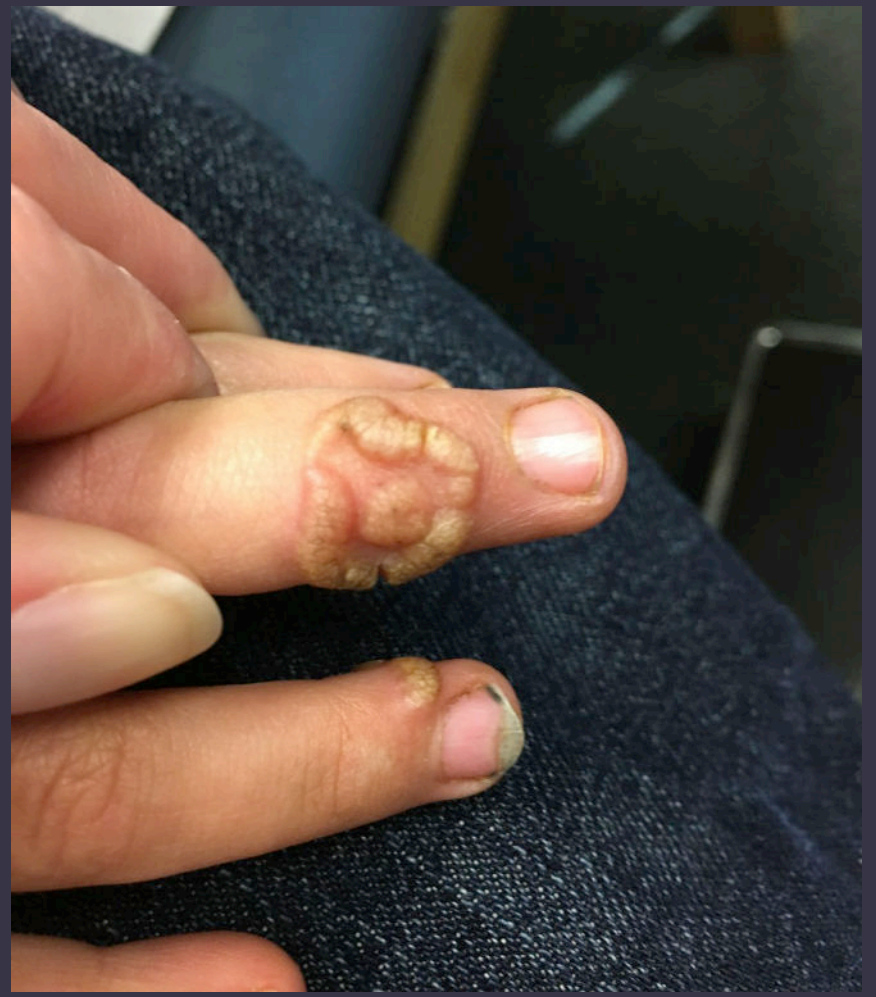


Warts vs Corns- A Handy Trick

- Press on top of it
  - If it hurts, it is a callus/corn
- Press on the sides of it (squeeze it)
  - If it hurts, it is a wart

Warts- Ring Phenomenon





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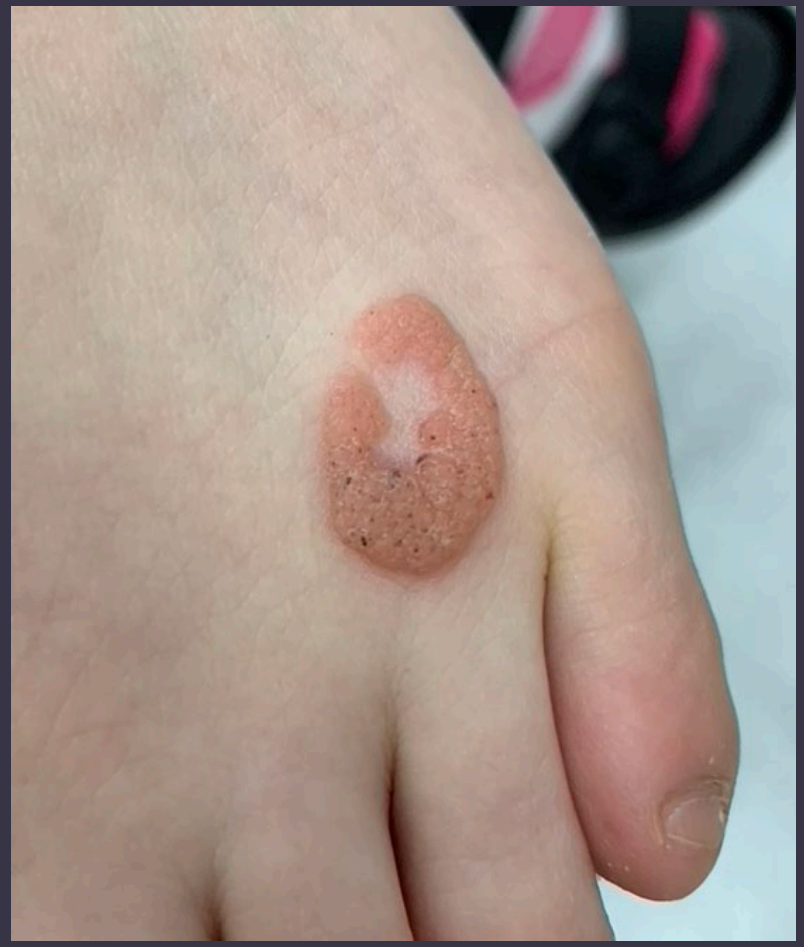

Warts

- Countless treatment options
  - Liquid nitrogen
  - Cantharidin
  - Laser
  - Bleomycin
  - A couple special things to discuss:
    - Pinto Beans!
    - Candida
    - Topical 5FU/ Sal Acid in proprietary medium
    - HPV vaccine

Pinto Bean Pressure Wraps: A Novel Approach to Treating Digital Warts

Katie L. Kanaan, BS; Mark G. Cleveland, MD, PhD

Identifying an optimal treatment method for verruca vulgaris can be a frustrating challenge for clinicians. We describe the use of a pinto bean pressure wrap to induce ischemic change in digital warts. This novel technique provides a low-cost, low-risk, and nearly pain-free home-based treatment option with response rates similar to those of other commonly employed methods.

Practice Gap

Verruca vulgaris is a common dermatologic challenge due to its high prevalence and tendency to recur following routinely employed destructive modalities (eg, cryotherapy, electrosurgery), which can incur a considerable amount of pain and some risk for scarring.[1,2] Other treatment methods for warts such as topical salicylic acid preparations, topical immunotherapy, or intralesional allergen injections often require multiple treatment sessions.[3,4] Furthermore, the financial burden of traditional wart treatment can be substantial.[4] Better techniques are needed to improve the clinician's approach to treating warts. We describe a home-based technique to treat common digital warts using pinto bean pressure wraps to induce ischemic changes in wart tissue with similar response rates to commonly used modalities.

Technique

Our technique utilizes a small, hard, convex object that is applied directly over the digital wart. A simple self-adhesive wrap is used to cover the object and maintain constant pressure on the wart overnight. We typically use a dried pinto bean (a variety of the common bean *Phaseolus vulgaris*) acquired from a local grocery store due to its ideal size, hard surface, and convex shape (Figure 1). The bean is taped in place directly overlying the wart and covered with a self-adhesive wrap overnight. The wrap is removed in the morning, and often no further treatment is needed. The ischemic wart tissue is allowed to slough spontaneously over 1 to 2 weeks. No wound care or dressing is necessary (Figure 2). Larger warts may require application of the pressure wraps for 2 to 3 additional nights. While most warts resolve with this technique, we have observed a recurrence rate similar to that for cryotherapy. Patients are advised that any recurrent warts can be re-treated monthly, if needed, until resolution.

What to Use and How to Prepare—Any small, hard, convex object can be used for the pressure wrap; we also have used appropriately sized and shaped plastic shirt buttons with similar results. Home kits can be assembled in advance and provided to patients at their initial visit along with appropriate instructions (Figure 1A).

Effects on the Skin and Distal Digit—Application of pressure wraps does not harm normal skin; however, care should be taken when the self-adherent wrap is applied so as not to induce ischemia of the distal digit. The wrap should be applied using gentle pressure with patients experiencing minimal discomfort from the overnight application.

Indications—This pressure wrap technique can be employed on most digital warts, including periungual warts, which can be difficult to treat by other means. However, in our experience this technique is not effective

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The authors have no relevant financial disclosures to report.
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PEARLS

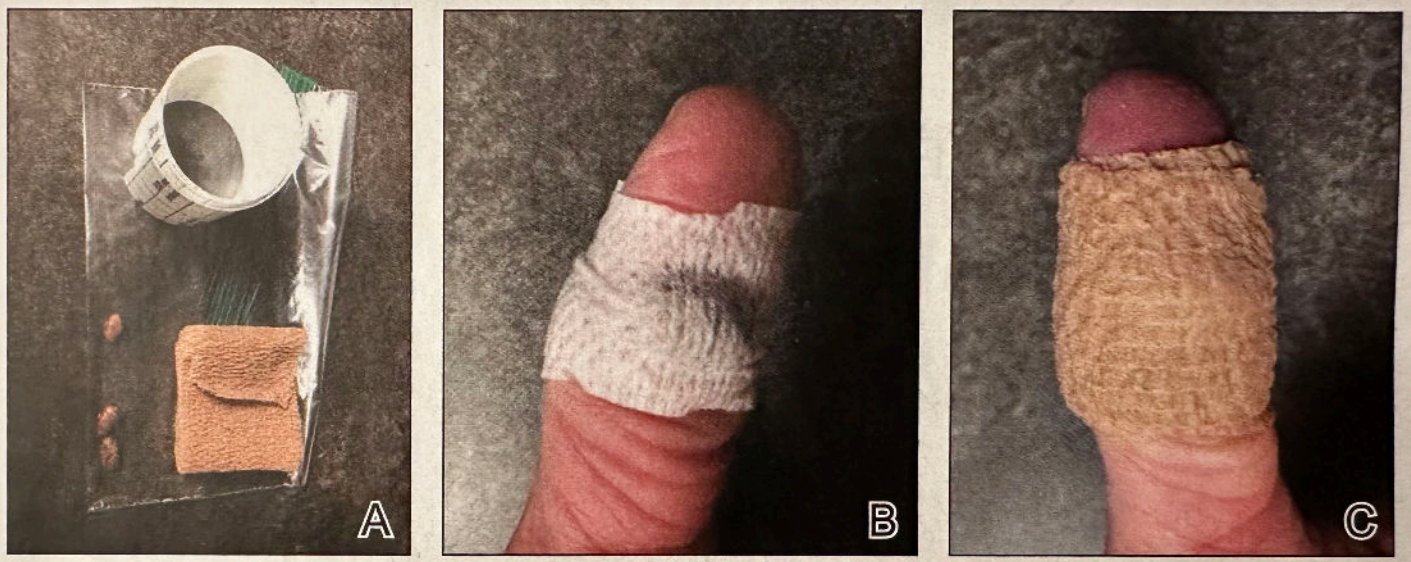
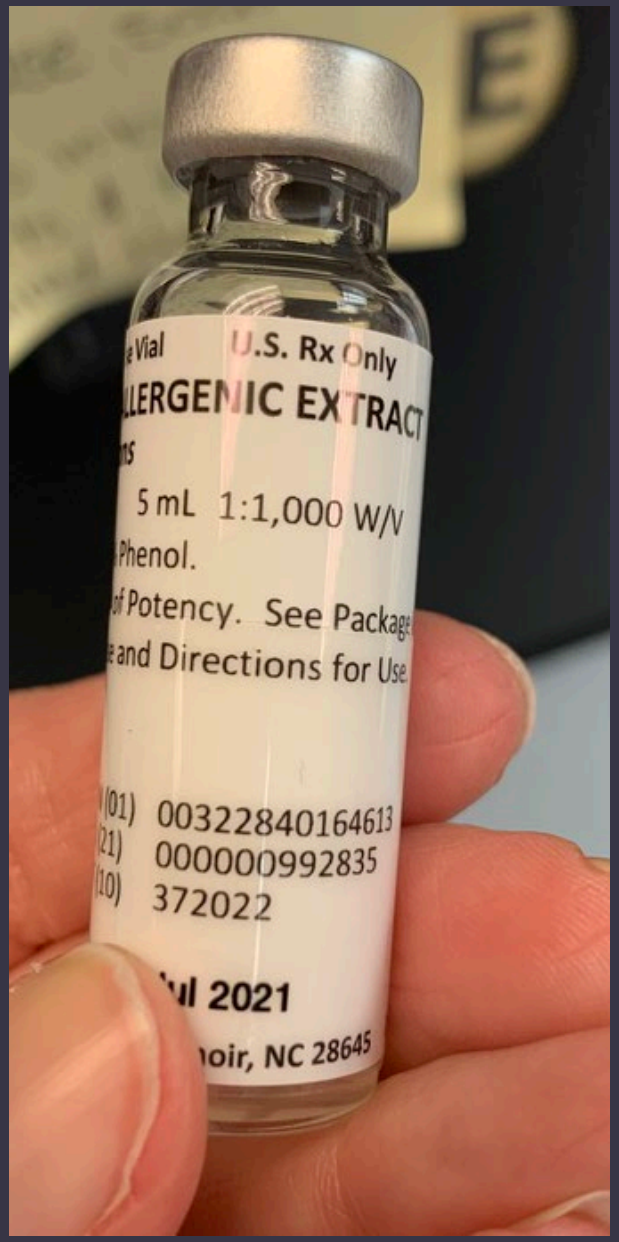


FIGURE 1. A, The home pressure wrap kit includes pinto beans, stretch tape, and a self-adherent wrap. B, A pinto bean is taped in place directly over the wart. C, The self-adherent wrap is applied to augment the pressure of the secured bean.

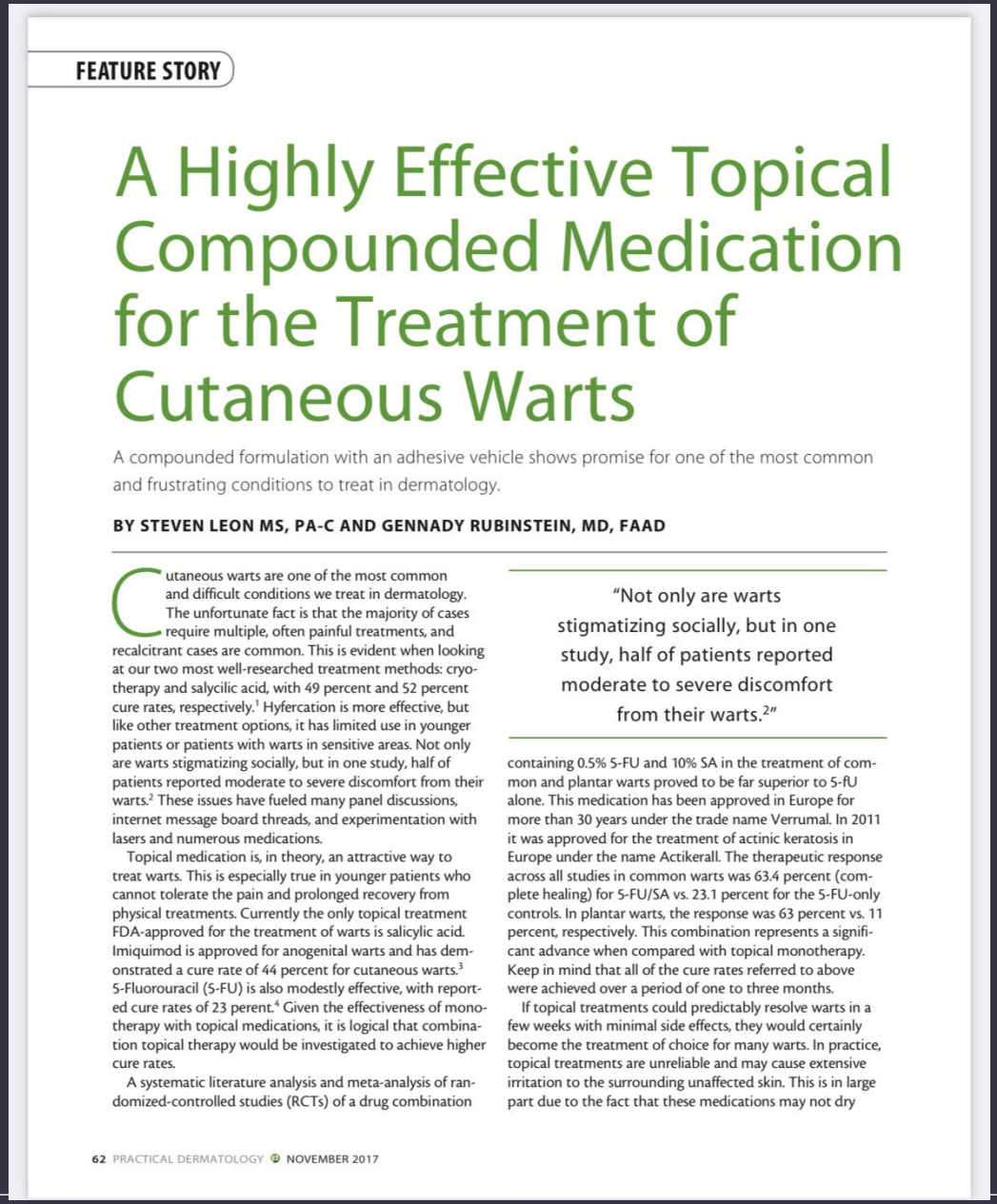

Sterile Multiple Dose
Candida albicans
Item: M15A13
Preservative 0.4%
No U.S. Standard of
for Contents, Dose
GTIN
S/N
LOT
EXP (17)


U.S. Rx Only
LERGENIC EXTRACT
5 mL 1:1,000 W/V
Phenol.
Potency. See Package
and Directions for Use
(01) 00322840164613
(21) 000000992835
(10) 372022
2021


buzzyshots.com

Warts

- Sal acid + 5FU in a proprietary medium
- Magic in a bottle
- Applied at bedtime under "sticky tape"
- $99 and worth every penny!



FEATURE STORY

A Highly Effective Topical Compounded Medication for the Treatment of Cutaneous Warts

A compounded formulation with an adhesive vehicle shows promise for one of the most common and frustrating conditions to treat in dermatology.

BY STEVEN LEON MS, PA-C AND GENNADY RUBINSTEIN, MD, FAAD

Cutaneous warts are one of the most common and difficult conditions we treat in dermatology. The unfortunate fact is that the majority of cases require multiple, often painful treatments, and recalcitrant cases are common. This is evident when looking at our two most well-researched treatment methods: cryotherapy and salycilic acid, with 49 percent and 52 percent cure rates, respectively.[1] Hyfercation is more effective, but like other treatment options, it has limited use in younger patients or patients with warts in sensitive areas. Not only are warts stigmatizing socially, but in one study, half of patients reported moderate to severe discomfort from their warts.[2] These issues have fueled many panel discussions, internet message board threads, and experimentation with lasers and numerous medications.

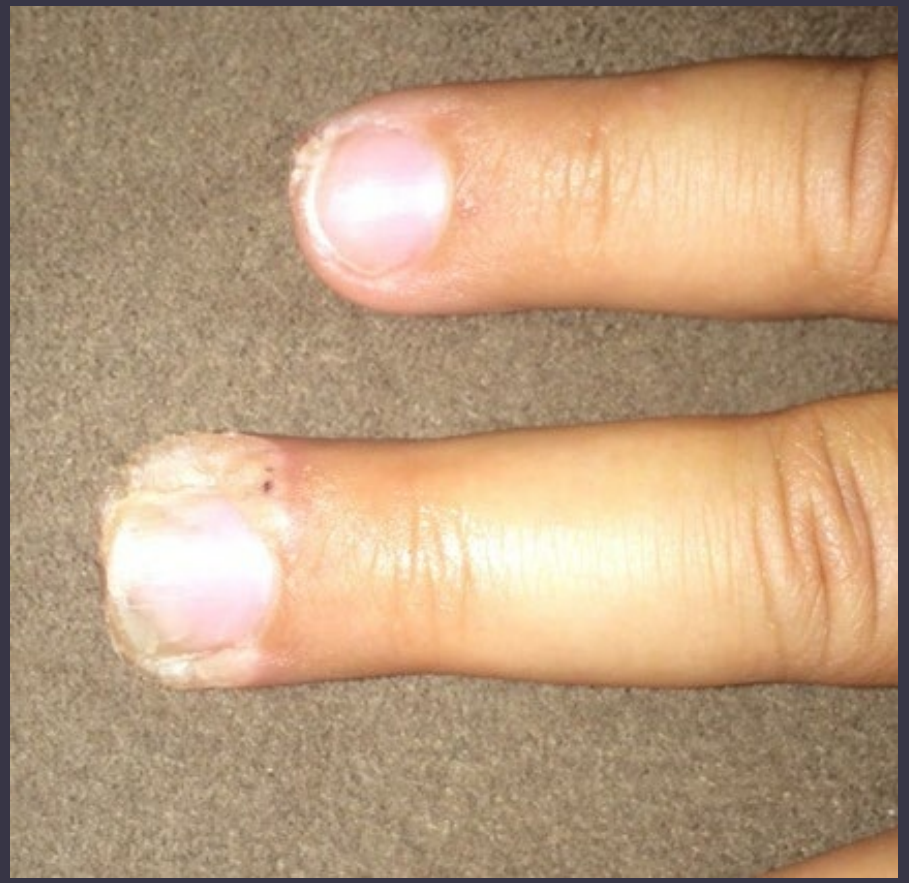
Topical medication is, in theory, an attractive way to treat warts. This is especially true in younger patients who cannot tolerate the pain and prolonged recovery from physical treatments. Currently the only topical treatment FDA-approved for the treatment of warts is salicylic acid. Imiquimod is approved for anogenital warts and has demonstrated a cure rate of 44 percent for cutaneous warts.[3] 5-Fluorouracil (5-FU) is also modestly effective, with reported cure rates of 23 perent.[4] Given the effectiveness of monotherapy with topical medications, it is logical that combination topical therapy would be investigated to achieve higher cure rates.

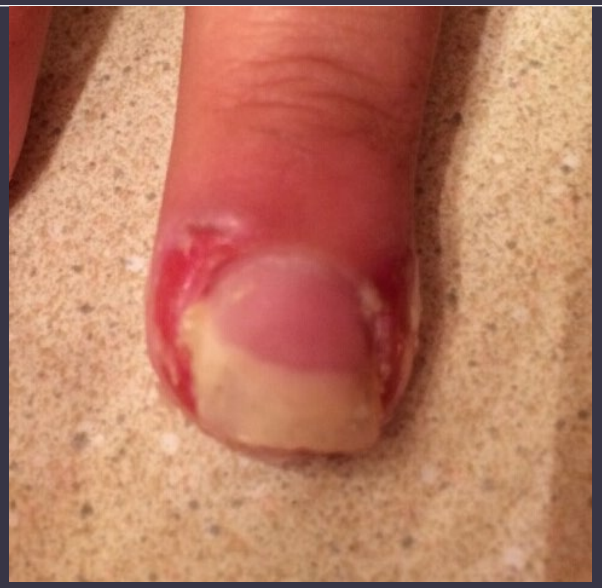
A systematic literature analysis and meta-analysis of randomized-controlled studies (RCTs) of a drug combination

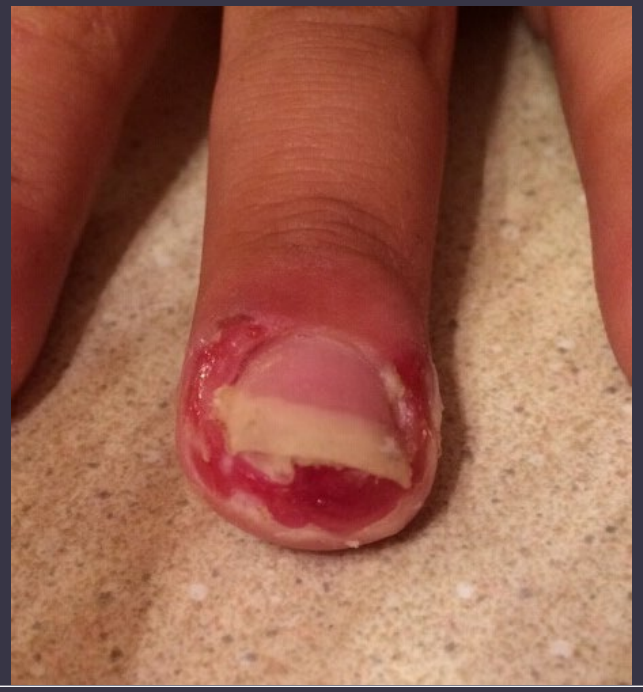
> "Not only are warts stigmatizing socially, but in one study, half of patients reported moderate to severe discomfort from their warts.[2]"

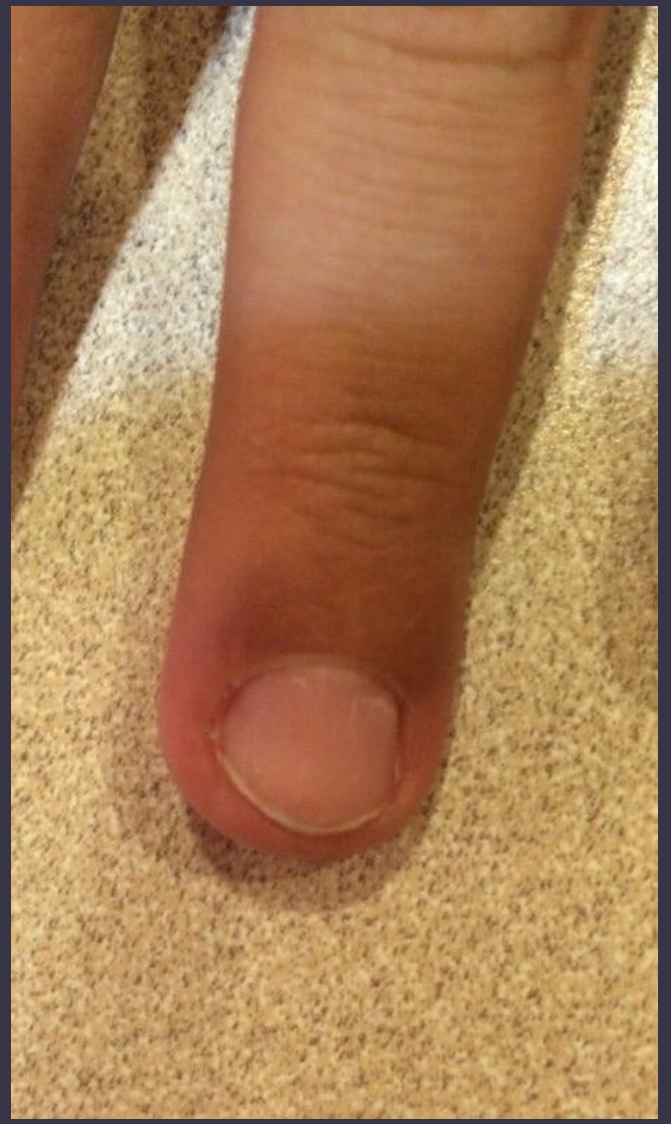
containing 0.5% 5-FU and 10% SA in the treatment of common and plantar warts proved to be far superior to 5-fU alone. This medication has been approved in Europe for more than 30 years under the trade name Verrumal. In 2011 it was approved for the treatment of actinic keratosis in Europe under the name Actikerall. The therapeutic response across all studies in common warts was 63.4 percent (complete healing) for 5-FU/SA vs. 23.1 percent for the 5-FU-only controls. In plantar warts, the response was 63 percent vs. 11 percent, respectively. This combination represents a significant advance when compared with topical monotherapy. Keep in mind that all of the cure rates referred to above were achieved over a period of one to three months.

If topical treatments could predictably resolve warts in a few weeks with minimal side effects, they would certainly become the treatment of choice for many warts. In practice, topical treatments are unreliable and may cause extensive irritation to the surrounding unaffected skin. This is in large part due to the fact that these medications may not dry









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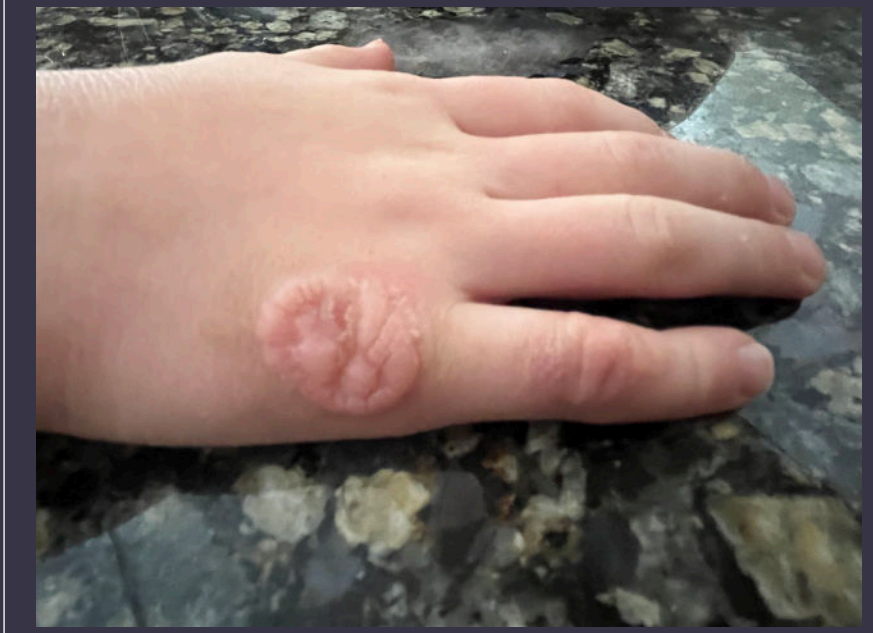

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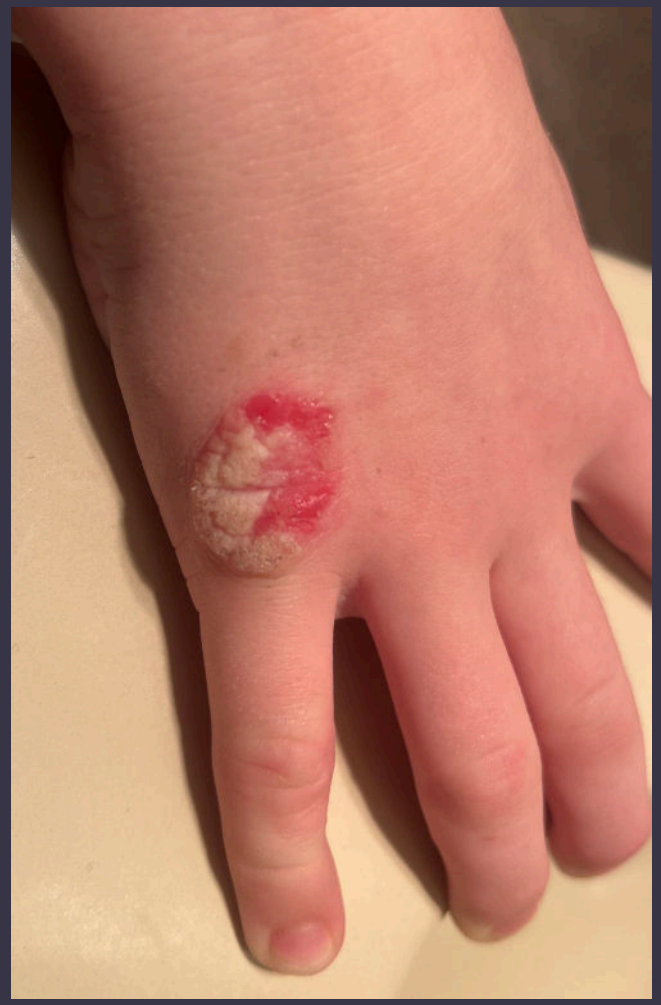

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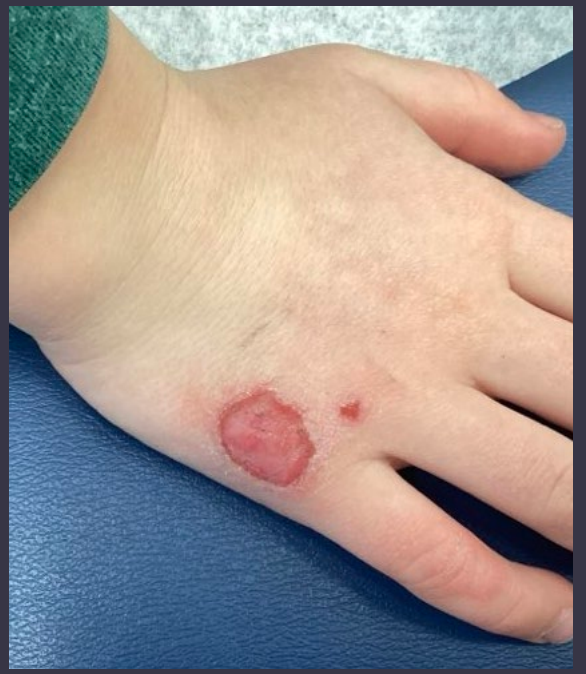
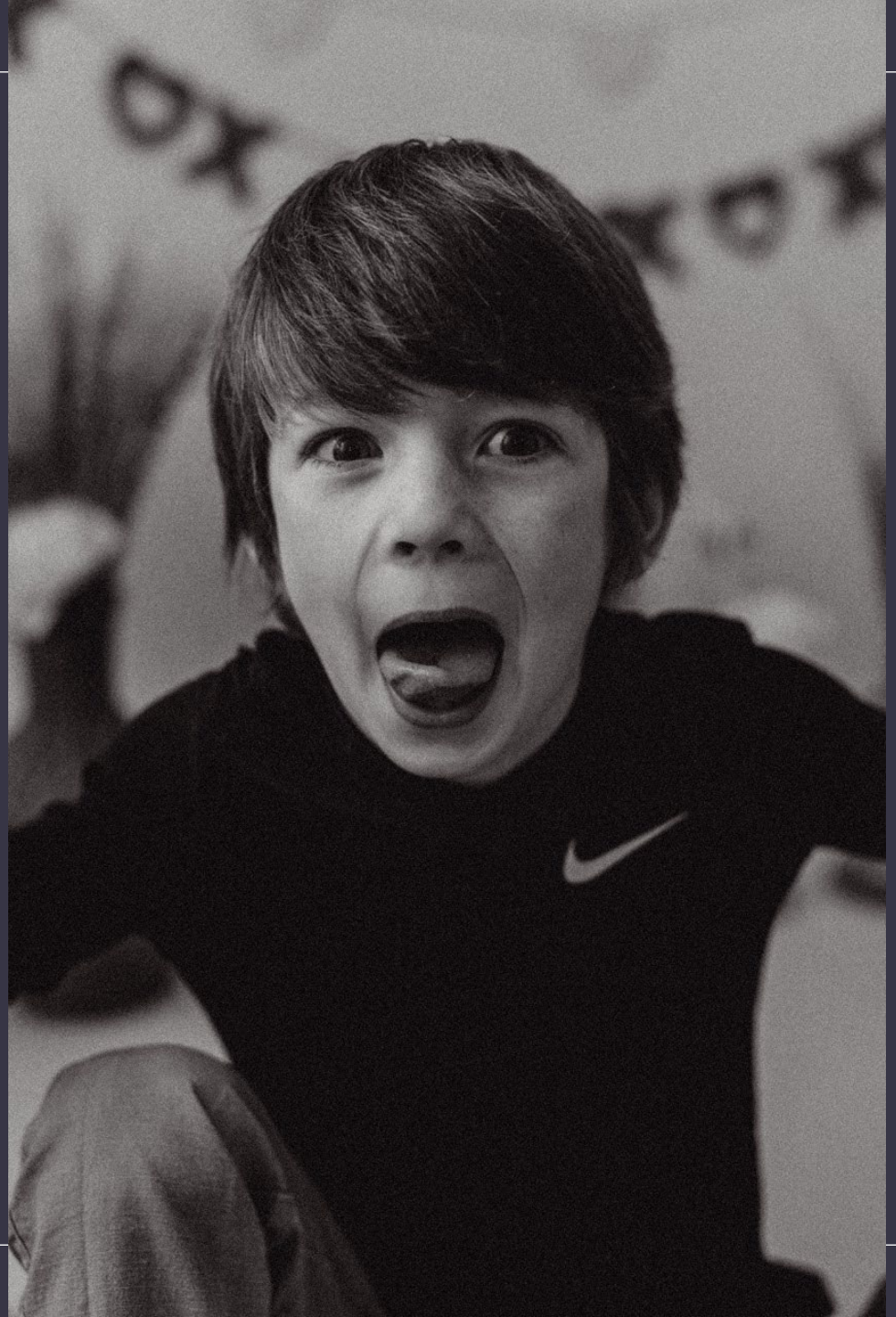




5FU + Sal Acid in a Proprietary Medium

- You don’t have to treat each and every one
- Treating a few typically triggers immune system response

Slow Simmer

- If a patient comes in and says it didn't work, I ask them how the treatment went and what exactly happened
- Often it seems to work, but then pt stops it because a) they think the wart is gone or b) it starts being irritating
- My theory- these are the destructive properties of the product working so fast that the immune system hasn't had a chance to respond and complete the process
- So I recommend a "Slow Simmer" approach of applying it MWF at bedtime instead of every night

Warts and HPV Vaccine JAAD Jan 2020 Nofal et al

- 44 adult patients
- 22 were treated with IM 0.5 ml HPV bivalent vaccine at months 0, 1, and 6
- 22 were treated with 0.1-0.3 ml of HPV vaccine into largest wart at 2 wk intervals until clearance or max of 6 sessions
- Results
  - IM vaccine- 63.3% showed complete clearance, 6 pts had partial response
  - IL treatment- 81.8% showed complete clearance, 2 pts partial response; faster

HPV Vaccine and Warts- JAAD Nov 2023 (Nofal et al)

- Looked at intralesional HPV vaccine for warts
- Compared quadrivalent vaccine to bivalent vaccine to saline
- 50 patients randomized 2:2:1
- 0.1 ml into largest wart every 2 weeks for max of 5 sessions
- 90% of patients receiving IL quadrivalent vaccine were clear
- 30% of patients getting IL bivalent vaccine were clear
- 0% of patients getting saline were clear
- Note- quadrivalent vaccine not available in US; have to do 9-valent

HPV Vaccines

- Quadrivalent - HPV 6, 11, 16, 18
- Bivalent - HPV 16, 18
- 9 Valent - 6, 11, 16, 18, 31, 33, 45, 52, and 58

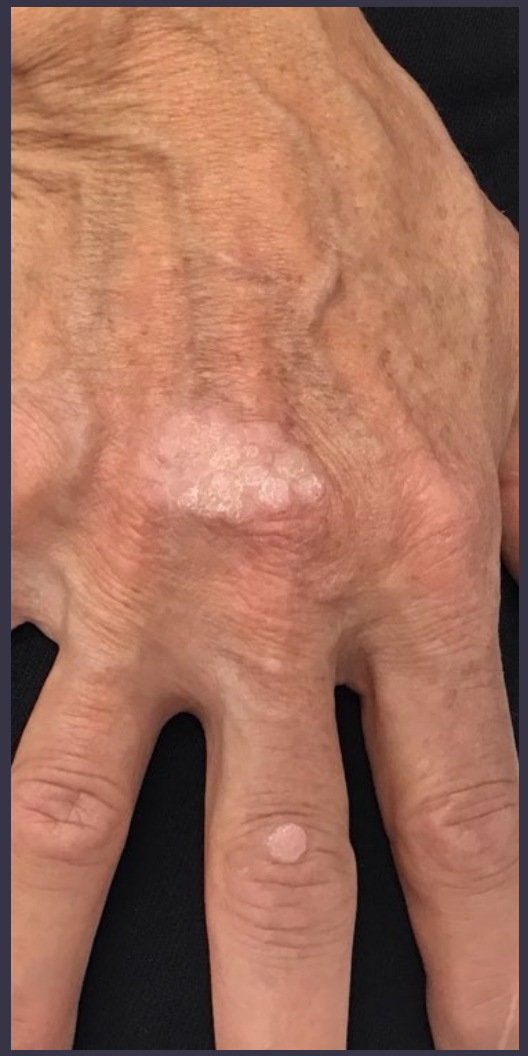
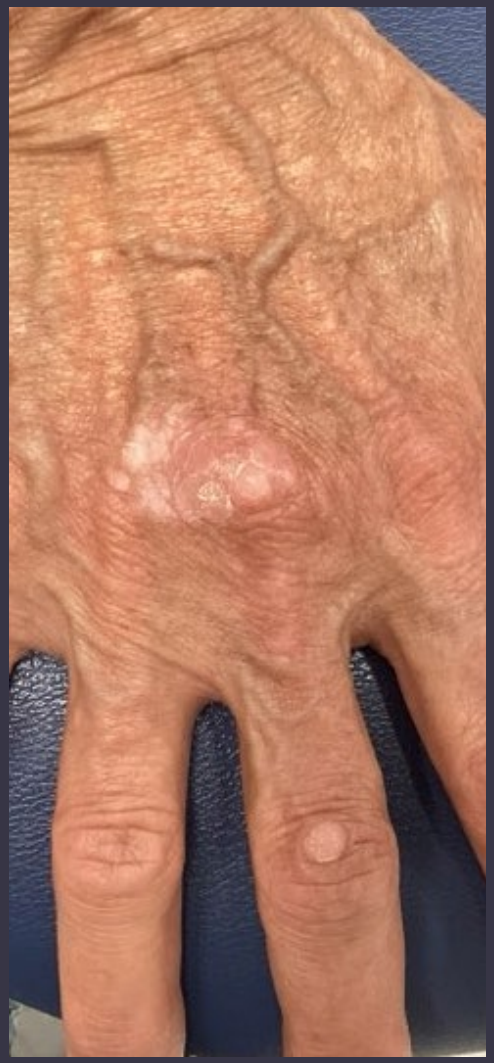
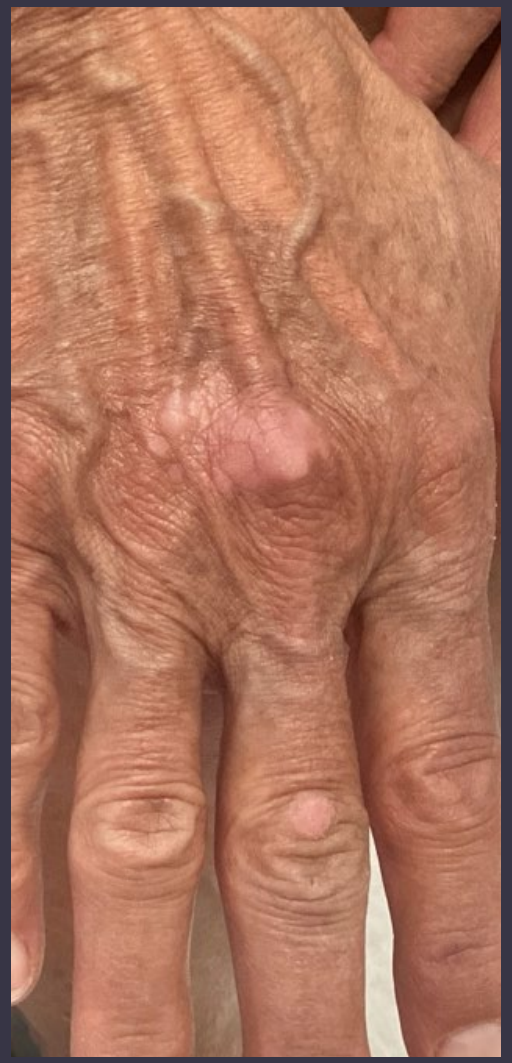
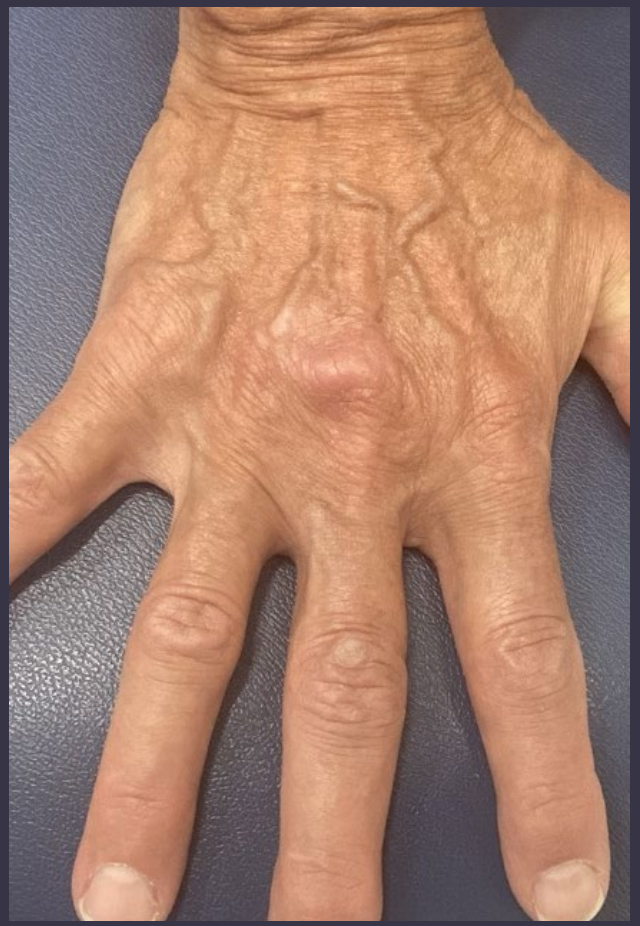
RESEARCH

Versions Of HPV Vaccine Show Promise In Treating Warts

A Feature article in this month's Dermatology World (9/1, Margosian) edition said that while "warts are one of the most common skin disorders worldwide," they can be "among the most challenging to treat." But "a new treatment option is beginning to emerge, showing potential as a valuable tool in physicians' arsenal against common cutaneous warts." The article added, "While the human papilloma virus (HPV) vaccine is typically used as a preventative measure rather than a treatment for existing infections, versions of the vaccine have shown promise for the treatment of warts." Dermatologists "discuss the latest research, with practical considerations for patients and physicians."

Difficult Case

- 64-year-old plastic surgeon with recalcitrant warts on hands and feet x years
- On Oral Ruxolitinib (Jakafi) for Polycythemia Vera; Hem/Onc says they can't take a break
- Tried and failed:
  - Salicylic acid and 5-fluorouracil, regular and slow simmer
  - Liquid nitrogen
  - Candida antigen
  - Beetlejuice
  - Cimetidine
  - Squaric acid and DPCP
  - Acitretin
  - Compounded cidofovir
  - IM HPV Vaccine series

Thank You!
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