








## EADVIRTUAL DAILY DEBRIEF

29<sup>th</sup> – 31<sup>st</sup> October 2020

## DAILY DASHBOARD


**10,945**  
No. of Attendees

**DEEP SCIENCE**

 1600	 200	 550
Abstracts approved	Scientific Sessions	Speakers
 28	 67	 700+
Virtual Booths	Industry Sessions	Lectures
		 3
		Plenary lectures

MEDIA COVERAGE CONTINUES TO GROW  
AND REQUESTS FOR EXPERT INTERVIEWS POUR IN  
POSTS FROM OUR SOCIAL MEDIA INFLUENCERS  
CREATE MOMENTUM WORLD-WIDE

ROVING REPORTERS UPDATE US ON THE DAY'S  
EXCITING LATE BREAKERS

## DAY THREE HIGHLIGHTS 31.10.2020

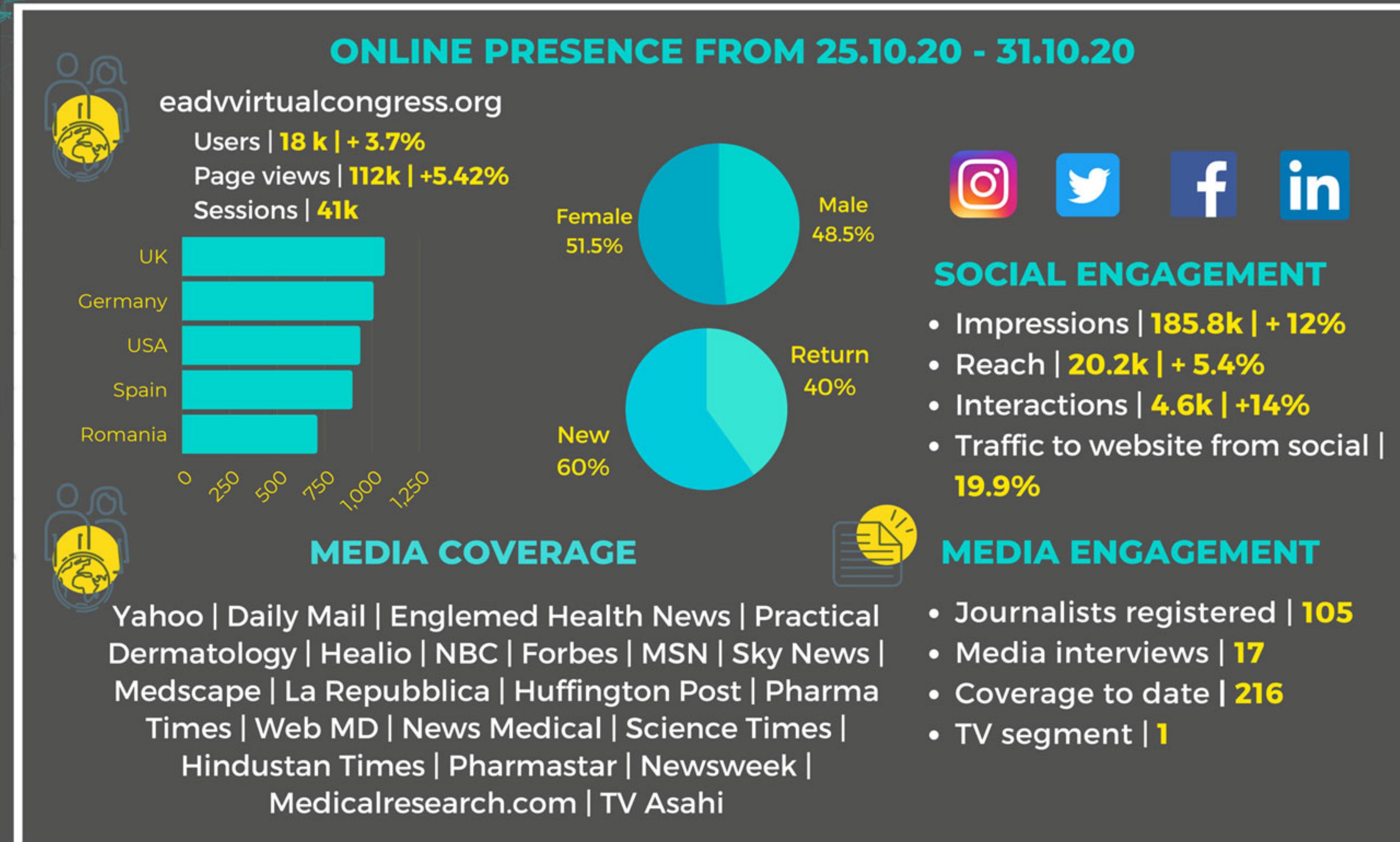
FROM YOUR ROVING REPORTERS: MARIE-ALETH RICHARD, DEDEE MURRELL, ASLI BILGIC, MARIANO SUPPA, STELLA SISKOU, PAOLA PASQUALI

10:00-11:00 | Autoimmune bullous diseases Nurse Day  
Chair: Rebecca Penzer Hick, United Kingdom

Under the leadership of Rebecca Penzer (UK) we heard the Nurse Day - Virtual: Leadership and global health. From Florence Nightingale. As a profession rated for the past 2 decades as one of the most trusted and ethical, the World Health Organization (WHO) has designated 2020 as the "International Year of the Nurse and the Midwife," in honour of the 200th anniversary of Florence Nightingale's birth. We need a standardised EU training programme; more advanced nursing roles as well as improvements in safety measures to prevent attacks on health workers.

10:15-10:30 | Oral prevention of skin cancer  
Dr. Yolanda Gilaberte Calzada, Spain

Dr Gilaberte (Spain) spoke on oral prevention of skin cancer. Several drugs were mentioned: Acitretin (20-25 mgr/day), aspirin (81 mg daily or 325 mg daily for 3 years and/or folic acid (1 mg daily for 6y); NSAIDs may prevent BCC; and nicotinamide (500 mg twice a day) to reduce AK and NMSC incidence. On the phytoceutical site, natural polyphenols, polypodium leucotomos are effective. For coffee fans, green tea results in cancer prevention are inconsistent while one cup of coffee daily reduces the risk of melanoma by 3%.



10:30-10:45 | New drug development in pemphigus  
Prof. Pascal Joly, France

Dr Pascal Joly (France) presented novel treatments for pemphigus, aiming to minimise corticosteroid use, shorten the delay of action, obtain more specific immunosuppression and look for new mechanisms of action. The first, immuno-absorption, stands as a more specific tool with a rapid action. It works by removing IgG from circulation and it is more specific than plasmapheresis. BTK inhibitors have shown a favourable effect in animal studies with disease control activity in 52% of patients, and with headache among the common side effects. CAAR-T cells is an extremely expensive drug which is showing some promising results.

"Great lecture from Prof Pascal Joly as always. He emphasised that doctors' convenience must not take priority over Bullous Pemphigoid patients prognosis when deciding the treatment option."



**Session ID D3T04.2 Hyperhidrosis****11:15-11:30 | Understanding the impact of hyperhidrosis, MD, PhD Carl Swartling, Sweden**

Dr Carl Swartling (Sweden) showed how hyperhidrosis is a silent handicap and a disease of shame which induces functional disturbances as well as low self-confidence and psychosocial alterations.

**11:45-12:00 | Interventional therapies for hyperhidrosis, Dr. Dee Anna Glaser, United States**

Dr Dee Anna Glaser (US) focused on new treatment options such as topical glycopyrronium cloth, botulinum toxin A injections and oral medications (anticholinergics, beta blockers and alpha adrenergic). She advocated combining them according to the different areas affected, patient expectations and event-drivers. Treatment needs to be repeated, apart from instrumental microwave thermolysis (for axillary hyperhidrosis only).

**12:00-12:15 | Emerging therapies, Dr. Tomas Toledo-Pastrana, Spain**

Dr. Tomas Toledo-Pastrana (Spain) focused on emerging therapies aimed to reduce side effects such as sofpironiumbromide, combo oxybutinin/pilocarpine and topical anti muscarinic or botulinic toxin. For more information visit [www.SweatHelp.org](http://www.SweatHelp.org)

**Late breaker: TAPINAROF CREAM 1% ONCE DAILY FOR THE TREATMENT OF PLAQUE PSORIASIS: EFFICACY AND SAFETY IN TWO PIVOTAL PHASE 3 TRIALS**

Dr Mark Lebwohl presented this first in class arylhydrocarbon receptor inhibitor in a 1% cream used once daily for 12 weeks vs vehicle for psoriasis. The mechanism of action is to reduce inflammatory cytokines by modulating gene expression and improving the skin barrier. The study met its primary endpoint – achieving a PGA of 0-1 and at least 2 degrees of improvement. In PSOARIN 1, 35% on Taparinoff achieved the primary EP vs only 6% on vehicle with a highly significant p value ( $p < 0.0001$ ) and similarly in PSOARIN 2. Tolerability was excellent with only mild to moderate side effects and less than 5% leading to discontinuations. Folliculitis was the most common in 15-24% of Taparinoff-treated patients but only 1.8% discontinued treatment. Contact dermatitis was the second most common, in around 4%, with only 1.5% of these discontinuing.

**Late breaker: EFFICACY AND SAFETY OF TOPICAL OLEOGEL-S10 FOR EPIDERMOLYSIS BULLOSA – RESULTS OF 3 MONTHS DOUBLE-BLIND TREATMENT DURING THE PHASE 3 STUDY "EASE"**

Prof. Dedee Murrell (Australia) gave us breakthrough results and hope with the EASE trial, which is the largest prospective RCT performed in epidermolysis bullosa (EB). 'This was the first phase 3 trial where the primary endpoint of the trial has been achieved,' said Prof Murrell. Oleogel active arm has achieved a significantly accelerated target wound healing by day 45. The best news is RDEB, which is the most debilitating form of EB, experienced even greater benefit.

**15:15-15:30 | Skin microbiome and its interplay with wound healing  
Dr. PhD Irena Pastar, United States**

Skin microbiome is an increasingly invested area of research. Irena Pastar (USA) shared her results regarding the skin microbiome and its interplay with chronic wound healing. She found intracellular Staph. Aureus due to the decreased perforin-2, which is an important factor in keratinocyte defence. On the other hand, commensal Staph.epidermidis induces perforin-2. She suggested that these findings could enable development of therapies against antibiotic resistant cutaneous pathogens.

**16:15-16:30 | Biofilm: New player in the management of atopic dermatitis  
Prof. Dr. Claudia Traidl-Hoffmann, Germany**

Prof. Dr. Claudia Traidl-Hoffmann (Germany) beautifully described the skin barrier as 'a symphony orchestra with many musicians: the microbiome, the chemical, the physical and the immune barrier'. The skin is colonised by many microbes - some beneficial, some harmful - all of which form the skin microbiome. A study in atopic patients showed that lesions of atopic dermatitis lacked microbial diversity and they were mostly colonised by Staphylococcus Aureus. "To restore skin homeostasis we have to go for a colourful diverse microbiome", commented Prof. Traidl-Hoffmann. Additionally, she highlighted the positive correlation of biofilm propensity with atopic dermatitis severity and the role of Staphylococcus Aureus both in the treatment of atopic dermatitis and as a prognostic marker. A new therapeutic approach with dual SYK/JAK inhibitor is being explored at the moment giving us hope that we will be able to intervene to the microbiome not only from the outside, but from the inside too.

**16:30-16:45 | Role of the microbiome in rosacea  
Prof. Elena Araviiskaia, St. Petersburg, Russian Federation**

Following the role of the biofilm in atopic dermatitis, Prof. Elena Araviiskaia explored the role of the skin microbiome in rosacea. Both symbiotic and potential pathogenic agents seem to be key players in rosacea. Demodex folliculorum has long been reported to be involved in the pathogenesis of the disease. Staphylococcus epidermidis, Bacillus oleronius, chlamydia pneumoniae and Helicobacter pylori are microbes recently thought to be involved in the disease. Comorbidities of rosacea may hinder a possible link between rosacea and systemic disorders through alterations in the microbiome. However, there are still diverse results from studies exploring this potential association. '*Gastrointestinal comorbidities of rosacea, good response to systemic antibiotics and positive effect of oral probiotics provide evidence that there is a relationship between rosacea and gut microbiota.*', commented Prof. Elena Araviiskaia. She therefore suggested that rosacea patients can benefit from a diet rich in fibers and supplemented by oral probiotics.

**16:30-16:45 | Impact of COVID-19 pandemic on Dermatologists' life and practices in Europe****Ass. Prof. Mariano Suppa, Belgium**

Prof. Mariano Suppa (Belgium) reported the results of a recent survey about the impact of the COVID-19 pandemic on 490 European Dermatologists, designed by the EADV Communication Committee (Chair: Prof. Marie-Aleth Richard, France). Participants were often involved directly in the fight against COVID-19 (48% performed COVID-tests; 35% saw suspected COVID-19 cases; 28% worked in COVID-units; 4% tested positive). Three in four participants reported a significant impact of the COVID-19 pandemic on professional life (income loss; teledermatology; priority face-to-face consultations); half reported negative (e.g. stress, anxiety) but also positive (e.g. more time, pride) effects on their personal life. The authors believe that these results might have implications for future pandemics, not necessarily linked to COVID-19.