Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.comhttps://practicaldermatology.com/conferences/maui-derm-hawaii-2025/skin-of-color-session-dr-harris/32683/

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Skin of Color Session: Dr. Harris

John Harris:
Hi, my name is John Harris, I'm at Maui Derm, talking about vitiligo. I can say that it's an incredibly exciting time for vitiligo. For thousands of years, we've recognized it and tried to treat it, and only within the past five to 10 have we really started to develop some exciting new treatments. In the past two and a half years, topical ruxolitinib, the first JAK inhibitor, the first FDA approved treatment to repigment vitiligo, was approved. Before that, we only had depigmenting creams, believe it or not. So that's pretty exciting. In addition, oral JAK inhibitors are in clinical trials. We have about four of them that are being tested. Look like they work because they're entering phase three. So a lot of promise, within the next few years, we'll have oral JAK inhibitors as well. Classically, we used topical steroids, topical calcineurin inhibitors. We can use oral dexamethasone for those who have active vitiligo, which is really important to recognize.

So if a patient comes into your clinic and has pretty stable disease, it hasn't changed in the past six months, no new spots, no growing spots, you can generally start slow with topicals and/or narrowband UVB. If it's active, if it's spreading, if you see signs of this activity like confetti depigmentation, trichrome depigmentation, koebnerization, which is vitiligo going to sites of injury, or inflammatory disease where you see a pink ring around the edge, that's active vitiligo and needs to be treated urgently or it'll spread very quickly. So we use oral dexamethasone to stabilize that. In the future, we'll probably use oral JAK inhibitors. In addition, we've recently learned what causes vitiligo to relapse. So if you take treatment, if patients get better, you stop that treatment, vitiligo comes back and it comes back in the exact same place it was before. The cause of that are immune cells called resident memory T-cells, and we've learned that those require IL-15, interleukin 15 for their survival.

So if you block interleukin 15, the cells disappear and we don't see relapse. So this is a promising new treatment that's finishing up phase one trials, hoping to go to phase two this year. In addition to that, there are even newer treatments that are being worked on, and those are innumerable. One of the ones that I talked about here was siRNA. So RNA therapeutics are relatively new; you know that happened during COVID. The COVID vaccine was an RNA therapeutic. You can actually turn off genes with RNA, called RNA interference or siRNA, and we're targeting JAK1 and other targets, to turn off inflammation in vitiligo. So that's probably pretty far down the road, but coming. And so as you can see, for thousands of years, we've recognized vitiligo, in the past five to 10, we've really understood better what causes it, and we've started to develop targeted therapies. Two and a half years ago, we had the first FDA approved therapy to repigment vitiligo called topical ruxolitinib, and there are many more coming in the future. So a pretty exciting time.