Transcript Details

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Personalizing Systemic Treatment in Atopic Dermatitis With a Noninvasive Skin Test

Graham Litchman:

How are you doing everyone? My name is Graham Litchman. I'm a practicing dermatologist and researcher out in Las Vegas, Nevada. Happy to be with you here today. So we've really come a long way with atopic dermatitis. As everyone knows, obviously when we were using topical medications that we still use today, sometimes those were really the only things that we had. And then moving on and we had to escalate care to some of these more severe sounding immunotherapies and systemic therapies that really don't have a lot of place in today's clinic, some of the things like methotrexate, which in some cases people are using a lot of, but I think for the most part are kind of falling by the wayside because we have so many other absolutely terrific systemic therapeutics that are available.

So nowadays, as people are trying to decide where they want to go across the various options of systemic agents, once they've moved past their topical medications, they've outgrown them, so to speak, because they just keep on flaring, the question is, how do you decide which one to go with? I mean, you have a number of biologics and also oral medications. In between those two, it can be difficult to decide. And we haven't really had a great way to help us to decide prior to now. And now we actually have something that can be very, very helpful and it's in the form of a very, very simple, and that's probably the best way to describe it, scrape test that we can use. It's non-invasive, doesn't hurt, easy to use. Just about anyone can do it in all of the 20 or 30 seconds and doesn't change much of what happens within the room in that moment.

Other than that, it gives you a lot of great information and it's really kind of a starting point where you can have a much larger discussion with your patient about not only the management of atopic dermatitis, but what we're doing to really personalize this treatment regimen for everyone in the room. It's a great question. I like that you use the word impact because this is certainly what it's going to have for all of the players involved in this scenario. It's greatly going to impact the patient in the sense that we're going to able to get them the correct medication. And by correct, what I really mean is best because they're all great medications, but what's the best medication for the patient sitting in front of you?

And we don't always know that just by looking at them, right? So we need these additional tools to help us shorten the time interval that it takes us to get the great medication for the patient that works best for them, right? Otherwise, we're kind of doing this trial and error medicine, which we don't love doing. It wastes time. Quite frankly, it wastes dollars to the system, to the healthcare system, and it can really strain the relationship between the patient and the provider, right? We want to make sure that we're building that trust from the very beginning and having someone try a number of medications over the course of 6 to 12 months is not a great way to establish trust.

So what I'd like to do is kind of dive into a few different ways on how this actually can impact everyone in the room. The first way is that you get to have a really nice discussion about what you're doing to help provide personalized care, meaning that you're going to match the correct treatment option or the best treatment option in the sense for the patient in front of you. And so you can mention to them, "Hey, look, we're going to do a quick little test. It's a skin scraping, non-invasive, doesn't hurt. It's going to give us some great information that'll help lead us in the direction for the medication that'll work best for you." So that's how it really helps the patient.

The second impact is that it's going to help the person who's prescribing because you don't have to have this really, really tough and sometimes cumbersome conversation about all the different medicines in the huge armamentarium that we have for atopic dermatitis. And instead you can focus on what's most relevant for the patient in front of you. And so if you have a dichotomous test that leads you in one way versus the other, if you're using a biologic versus a small molecule like a JAK inhibitor, you don't have to cover all of them. You can cover one group or the other, and you can do that after you have the test results.

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And the third way that it impacts is for everyone in the room all together in the sense that that first visit, you can briefly describe exactly what's going on with their situation, with the pathophysiology behind atopic dermatitis, take the test, have them come back. And then in that second visit, you get to have a much more targeted conversation about exactly what you recommend for them. Now, in the meantime, over the course of that four to six weeks before they come back, they can be trying and failing topical medications like a topical corticosteroid and a topical calcineurin inhibitor, which is almost essential to try and fail prior to starting a more advanced therapeutic. The plus here is if it works for them, that's great, right? And so you found a winning combination. If it doesn't work for them, you've set them up for success in the following meeting.

Now, the extra part to this that is really great is it can help the way that you structure your entire day. And so as you're doing the skin scrape test, you can do it as you're explaining or you can go off and see another patient and then come back at that time before you end the encounter. So there's lots of ways that everyone in the room benefits from doing something like this. I've been using this test since its inception and I was one of the early adopters, also was part of the clinical trials here. And the one thing that I found to be really exciting is that not only was it so easy to use and the results were so very informative and it helped both myself and the patient understand exactly what's going on with them and what would be the best path forward, but I also found that it really helped me to become more efficient throughout my day.

And I see a ton of eczema patients, and I'm sure you guys do too. Certainly here in the very airy climate of Las Vegas, you have lots of people who are moving in from more moist climates like California or from the East Coast, and they really are not used to this dry weather and it can set off a flare. So where they might have had more mild eczema, now they have some really serious atopic dermatitis that they're dealing with. And it's been really nice to have those patients come in and I can say, "Hey, you know what? This is what you're dealing with. Let me help you get the absolute best medication possible for you. I don't want you to have to be suffering through months and months of trial and error."

I get that stuff ready for them. My MA comes into the room, I see another patient, and as everything gets prepped, I come back in, we scrape, and then they're off. And when they come back for their second follow-up visit, then I'm able to go over exactly what we're doing. And it really creates this really nice dialogue between the patient and myself and really helps establish this trust and this rapport where I said, "Hey, look, this is what we're going to do." And then we went ahead and did it. And hopefully in that third visit, they're already feeling a lot better. So within three visits in a very short amount of time, maybe over the course of two or three months, we've found out what their issue is, got them diagnosed and got the correct advanced therapeutic on board, and now we have them feeling a lot better. So hopefully this was helpful and it was great to talk to you guys today.

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