

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.com/programs/dermconsult/close-gaps-ad-treatment-lifespan/67069/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Closing Gaps in Atopic Dermatitis Treatment Across the Lifespan

Announcer:

Welcome to *DermConsult* on ReachMD. On this episode, we'll hear from Andrew Mastro, a board-certified physician assistant at the Illinois Dermatology Institute and DeNova Research in Chicago. He'll be talking about unmet needs in atopic dermatitis care. Let's hear from him now.

Andrew Mastro:

I think there's two large unmet needs. We have topicals now—branded targeted therapeutics, advanced therapeutics, however you want to say it—that we can use for young kids down to two. We can use them on any area: sensitive areas, high impact areas, eyelids, everywhere. We have topicals that we can just use indefinitely without having side effect potential. Now, we can buoy that with what we're using in terms of TCS and TCI. So we have a lot of these things covered, and we have ones that do really well for itch, skin clearance, et cetera. Access will always need to be expanded for these, because for our populations who have Medicare, it's very hard to get these therapies standardized across the States. And a lot of times, those are the patients who have difficulty getting therapies in their hand, which means that I'm going towards generic therapies like a TCS, or TCI. And ultimately, I believe that they are not working as efficaciously as what I could do with a targeted therapy. So access is always going to be that gap that we have to continue to work on.

And then for the lower age population, we have them out to two years, but ultimately, that three months to two years is an unmet need. Because now what are we actually using? Well, we do have another therapy called crisaborole, which we can use for the young kids, but it doesn't feel great, and it burns and stings.

And we're using the generics almost in the very early stages of life and in the later stages of life; the therapies are getting a little bit more diluted.

And then in this middle stage of life, we can get therapies that work well, but there's really suffering in the early and later stages of life. So that demographic is really tough because we've seen what these therapies have done for that 2 to 5- or 6-year gap with our patients. I mean, it's game-changing therapies. So ultimately, that demographic needs a lot of work, and if we can bring the same efficacy and the same low concern with safety in that demographic in that population that we are with the older kids than beyond adults, at that point, we are 100 percent switching the paradigm of how we're thinking about treatment.

So I would say, in summation, the older population, younger population, and then the access are still the pieces that we have to work on.

Announcer:

You just heard Andrew Mastro talking about unmet needs in atopic dermatitis treatment. To access this and other episodes in this series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!