



# CME FOUNDATION OF INDIA

Building "A", Sahney Business Centre, 27 Kirod Road, Vidyavihar (West),  
Mumbai - 400086 T: +91-22-62869292

## DERMA DIALOGUE

"DERMA DIALOGUE" was held in Srinagar, India. It was organized by the CME Foundation of India (CMEFI).

The sole objective of the "DERMA DIALOGUE" was to bring leading KOLs amongst Dermatologists on one platform for exchanging their views and sharing their clinical experiences with others about the challenges in the management of Skin disorders with their level of morbidity and mortality and its associated spectrum of complications. Well-known Dermatologists were invited to share their knowledge and Experience.



The Introductory speech was given by CMEFI. CMEFI emphasized the main role played by the CME Foundation of India and we all know how important it is to spread the knowledge known only to a select few to the practising doctors at large.

The CME was attended by **50** Doctors all round India.

**Date** : 30<sup>th</sup> April to 1<sup>st</sup> May  
**2022**

**Venue** : Srinagar

**Total**  
**Participants: 50**





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## AGENDA

30<sup>th</sup> April, 2022 (Day1)

Sr. No	Topic	Speaker	Time
1	Welcome, Context Setting & Speaker Introduction	CMEFI	2:00 PM to 2:15 PM
2	Apremilast: 1st time in India Real world experience -An Indian Perspective	Dr AbirSarswat	2:15 PM to 3:00 PM
3	Optimizing the use of topical and oral therapies in Psoriasis management	Dr Abhishek Dey	3:10 PM to 3:45 PM
4	<b>TEA BREAK</b>		3:45 PM to 4:15 PM
5	Psoriasis management in special population (Pregnancy, Breastfeeding, Geriatrics, Pediatric, Covid- 19 Vaccination & comorbidities) - What you need to know?	International speaker through zoom	4:15 PM to 5:00 PM
6	Panel Discussion & Audience Q/A	Dr Abhishek Dey, Dr AbirSarswat&Internat ional Faculty	5:00 PM to 5:30 PM
7	Vote of Thanks	CMEFI	5:30 PM to 5:45 PM
8	<b>High Tea followed by Dinner</b>		5:45 PM Onwards





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## AGENDA

1<sup>st</sup> May, 2022 DAY 2

Sr. No	Topic	Speaker	Time
1	Welcome, Context Setting & Speaker Introduction	CMEFI	10:00 AM to 10:15AM
2	Apremilast in psoriasis and beyond: Big hopes on a small molecule	Dr N Anand	10:15 AM to 11:00AM
3	So many biologics, so little time: what is the right choice in biologic overload	Dr SushilTahiliani	11:00 AM to 11:45AM
4	<b>TEA BREAK</b>		11:45 AM to 12:15AM
5	Treating psoriasis in Covid Era: Exploring the right choice	International speaker through zoom	12:15 AM to 1:00 PM
6	Panel Discussion & Audience Q/A	Dr N Anand, Dr SushilTahiliani & International Faculty	1:00 PM to 1:30 PM
7	Vote of Thanks	CMEFI	1:30 PM to 1:45 PM
8	<b>LUNCH BREAK</b>		1:45 PM Onwards





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## Summary of CME:

The CME conducted “DERMA DIALOGUE” was to bring leading KOLs amongst Dermatologist on one platform for exchanging their views and sharing their clinical experiences with others about the challenges in the management of Skin disorders with their level of morbidity and mortality and its associated spectrum of complications. Well known Dermatologist were invited to share their knowledge and Experience.

- **Dr. CMEFI** welcomed the forum and shared a few thoughts on the topics that were on the agenda.
- **Dr. AbirSarswat** addressed the **Apremilast: 1st time in India Real world experience -An Indian Perspective:** Apremilast has been recently introduced in the treatment of adult psoriatic arthritis (PsA) patients in India. Its efficacy and safety have been established in the landmark. Apremilast, an orally administered small molecule inhibitor of phosphodiesterase 4 (PDE4), Dermatologists with expertise in psoriasis considered five scenarios; namely, the positioning of apremilast in psoriasis, its use in difficult-to-treat areas, special conditions and populations, safety, dose titration and dose in maintenance therapy. These were then assessed with psoriasis experts in India using a web based questionnaire.

The drug has drawn much attention from the practising dermatologists for its commendable safety profile and prescription convenience. Introduced initially as an orally administered small molecule in psoriasis patients, the drug has now been used in various other indications as evident by the recent surge in literature for its off-label uses. Being a relatively new drug in the treatment armamentarium of psoriasis and other inflammatory dermatoses.

- **Dr. AbishekDey** discussed on **Optimizing the use of topical and oral therapies in Psoriasis management:** There’s no cure for psoriasis. But treatment can help you feel better. You may need topical, oral, or body-wide (systemic) treatments. Even if you have severe psoriasis, there are good ways to manage your flare-ups. You may be able to get rid of your symptoms completely. Oral Cyclosporine may be combined with topical corticosteroids, anthralin and vitamin D analogues. Due to its immunosuppressive effect, cyclosporine is used more at the washout stage of a rotational and consecutive therapy rather than in combinations. A phototherapy and cyclosporine combination is contraindicated. Its combination with acitretin may be used at the transition phase of a consecutive therapy. Its combination with methotrexate leads to an increase in the immunosuppressive effect.





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- **Doctor** from International speaker through zoom spoke about **Psoriasis management in special population (Pregnancy, Breastfeeding, Geriatrics, Pediatric, Covid-19 Vaccination & comorbidities) - What you need to know:** Management goals should be kept simple and individualised for each patient, based on concomitant comorbidities, potential adverse effects, existing quality of life, self-care capability, drug history, caregiver situation, financial needs, feasibility for follow-up and patient's preferences. Topically applied medications, such as topical corticosteroids, salicylic acid, tar and dithranol preparations, calcipotriol and tazarotene, are the favoured first-line therapeutic.

Psoriasis management in fertile women needs special consideration because the disease is prevalent in women and often diagnosed and treated during the reproductive years. Psoriasis does not affect fertility, and an improvement in disease conditions is often observed during pregnancy. However, approximately 24% of women experience disease worsening during pregnancy, and postpartum flares and breastfeeding difficulties are common. Clinician awareness is relevant because high disease activity during pregnancy has been associated with adverse pregnancy outcomes, including miscarriage, preterm delivery, and low birth weight.

Most of the psoriasis patients will be worried whether they have to continue the existing therapy, whether discontinuing the existing therapy can worsen their psoriasis during this COVID-19 pandemic or the medications prescribed for psoriasis or the psoriasis disease itself can put them at increased risk of contracting the COVID-19 infection. For the treating physician doubts exist regarding whether systemic medications which have immunomodulatory or immunosuppressive properties and the existing comorbidities can make the psoriasis patients more susceptible to COVID-19 infection.

- A **Panel Discussion** was held based on the previous topics.
- Different cases were explained to the audience and the whole case was open for discussion. The audience actively participated in the discussion regarding Skin disorders with their level of morbidity and mortality and its associated spectrum of complications. It was a very interactive session and the delegates thoroughly enjoyed it.
- Participants were keen to share their experience and knowledge and they also provided their critiques and recommendations on the event.





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## DAY 2

- **Dr. N Anand** gave his viewpoint on **Apremilast in psoriasis and beyond: Big hopes on a small molecule:** Apremilast is reasonably efficacious in psoriasis and PsA with potential clinical use in other inflammatory conditions. Good safety profile, ease of oral administration without a need for screening or ongoing laboratory monitoring makes it a well-sought drug among dermatologists. However, a low drug survival beyond 6–8 months as reported in recent real-world studies and a critical observation on cost-effectiveness by NICE experts necessitate a considered thought on its long-term use as a maintenance therapy. Availability of newer formulations as 10 and 20 mg widens the scope of its use in dose titrations in various settings. Apremilast is a molecule with limited experience among dermatologists and near future will witness its more comprehensive application in psoriasis, PsA, and various inflammatory dermatoses. PDE4 inhibitors with better patient tolerability and more specific mechanism of action in psoriasis and inflammatory dermatoses should be a focus of immediate research. Its safety and efficacy in pediatric age group is also an important area for further exploration.
- **Dr. Sushil Tahiliani** spoke on the topic of **So many biologics, so little time: what is the right choice in biologic overload:** biologic is an important treatment option for people with moderate-to-severe psoriasis, psoriatic arthritis, or both. For many people, taking a biologic was life changing because it helped control their symptoms when other treatments failed.

Biologics work by blocking reactions in your body that cause psoriasis and its symptoms. If you have psoriatic arthritis, a biologic can stop the pain, stiffness, and swelling in your joints. It can prevent the arthritis from worsening and causing more damage to your joints. The DGCI has approved the following biologics to treat adults with psoriasis or psoriatic arthritis. In many cases, these biologics have been approved to treat both diseases. Because the biologics work by calming down part of your immune system, anyone taking a biologic has an increased risk of developing a serious infection. The risk is higher in patients who have diabetes, smoke or chew tobacco, or have a history of infections. Older patients also have a higher risk.

- **Doctor** from International speaker through zoom spoke about **Treating psoriasis in Covid Era: Exploring the right choice:** Coronavirus disease 2019 (COVID-19) is a disease that rapidly took over the globe only recently, and we have yet to fully understand this condition. It was first reported in late December 2019 and, since then, the scientific world has been working to gather more data on its effect on people with





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and without concomitant conditions. The immunological abnormalities described in patients with COVID-19 can also be observed in auto-inflammatory or autoimmune conditions such as psoriasis. Several studies have shown that the increase in inflammatory cytokines in psoriasis is similar to that found in COVID-19 patients in a manner corresponding to a hyper-responsive activation of the immune system also known as cytokine storm.

Approximately one in six individuals with psoriasis have moderate-to-severe disease that requires systemic treatments, such as biologics or oral medications. Some patients chose to discontinue their treatment temporarily due to the fear of increased susceptibility to COVID-19 while on therapy.

- A **Panel Discussion** was held based on the previous topics.
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## PHOTOS



Welcome to DERMA DIALOGUE







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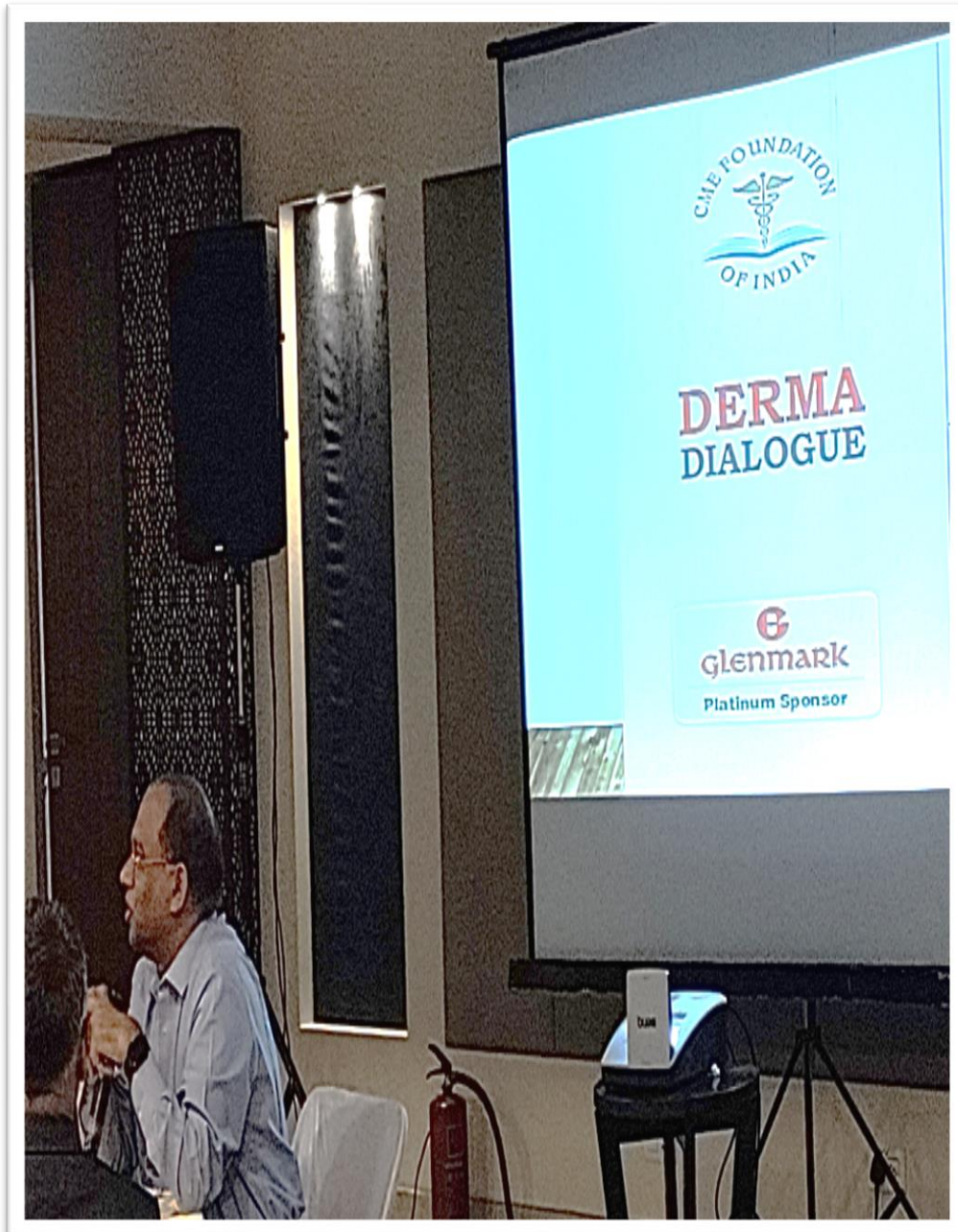
PPT Presentation





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Panel

Discussion





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DERMA DIALOGUE

