

A Time For Resolve, Change, Unity, and Hope

The Pledge of Allegiance ends with the words “one nation, indivisible, with liberty and justice for all.” Let us continue to work and make progress, together, so that these words will finally ring true for us all.

Lynn McKinley-Grant, MD, FAAD; Seemal R. Desai, MD, FAAD; Donald A. Glass II, MD, PhD, FAAD; and Chesahna Kindred, MD, FAAD, MBA

This year has been notable for public health crises. As a nation we have come to recognize that a disease is spreading across the country and around the world, and that innocent lives are being lost. We have come to recognize that there are vulnerable populations that are disproportionately at risk for adverse outcomes from this condition and that without interventions, the condition will continue to propagate across the country. This public health crisis we speak of is systemic racism and, like coronavirus disease (COVID-19), it has had a disproportional impact on the African American and broader skin of color communities.

The video images are all too disturbing to most, but all too familiar to some. The weaponization of race, gender, and privilege in the 9-1-1 call on Christian Cooper is astonishing and upsetting. The loss of the lives of Ahmaud Arbery, Breonna Taylor, and George Floyd due to the crime of “living while black” is not occurring more often but rather now being documented for all to see. We (hopefully) have come to a crossroads within this country. Colleagues, patients, families, and friends in the United States and around the world are letting their voices be heard: *black lives matter*.

The systemic and institutionalized racism that currently exists within the United States is a byproduct of slavery, disenfranchisement, and Jim Crow. Discriminatory practices are observable in many aspects of our society: poverty, housing, the criminal justice system, and health care. The National Medical Association (NMA), the largest and oldest organization representing African American physicians and their patients, was founded 125 years ago in Atlanta, GA, because black physicians were unable to join the American Medical Association due to racist policies. Today, there are differences in the medical management of black vs white patients for the same health condition, in pain management of black vs white patients, and even racial bias in health algorithms used for guiding health decisions and assessing health care costs. These challenges have become increasingly evident, as highlighted by Centers for Disease Control and Prevention data during the COVID-19 pandemic; we see poorer outcomes, lack of health care access, and higher mortality rates in patients of color, including African American and Hispanic populations.



Clockwise from top left: Lynn McKinley-Grant, MD, FAAD, president; Seemal R. Desai, MD, FAAD, immediate past president; and Donald A. Glass II, MD, PhD, FAAD, secretary/treasurer of the SOCS; and Chesahna Kindred, MD, FAAD, MBA, chair of the Dermatology Section of the NMA.

Dermatology is not immune from racism’s reach. Within the house of medicine, dermatology remains one of the least diverse disciplines with regards to its percentage of underrepresented minorities. Cutaneous diseases that primarily affect individuals with skin of color tend to be misdiagnosed, understudied, and have fewer treatment options. In a field where visual recognition is *sine qua non*, how can the images of conditions such as dermatomyositis be so overwhelmingly of lighter skin tones when the condition is more common in darker skinned individuals? The color of erythema differs depending on the amount of melanin in the skin; recognition of the early signs of erythema in life-threatening diseases decreases morbidity and mortality in patients of color.

Some progress is being made in dermatology regarding skin of color. Major dermatological societies (American Academy of Dermatology, Society for Investigative Dermatology, Women's Dermatologic Society, Association of Professors of Dermatology, Skin of Color Society [SOCS]) are addressing diversity, inclusion, and underrepresentation within dermatology as a point of emphasis, culminating in the Diversity Champion Workshop last year in Chicago, IL.

The SOCS, founded in 2004 by Dr Susan Taylor, is mission-driven to promote awareness of and excellence within the special interest area of skin of color dermatology. The Society is committed to educating health care providers and the public on dermatologic health issues related to skin of color.

The SOCS and the Dermatology Section of the NMA are two organizations within dermatology that will continue to speak out against racial injustices, address societal inequities, and work to change the vast disparities in health care impacting people of color. And more needs to be done: better representation of people of color in clinical trials; all skin types being represented in medical education (textbooks, lectures, and journal articles); more questions about black skin in our board certification examinations; and an increase in the number of dermatologists of skin of color.

It is encouraging to see and hear from so many people, from so many walks of life, that are moved by our current circumstances and are even more determined to seek equality, dignity, humanity, and respect for all. For those moved to protest, continue to do so peacefully, purposefully, and with proper

protection, given the pandemic. For those less inclined to public activism, continue having (or start to have) meaningful conversations with those who you interact with every day but may not look like you. That includes your fellow dermatologists, staff members, and patients. To all, please vote!

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Editor's note: For more information on how the SOCS and NMA are improving the lives of minority patients and promoting the growth of physicians with skin of color, visit www.skinofcolorsociety.org and www.nmanet.org.

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News

IL-17A/IL-17F Biologic Remains Safe and Effective for Long-term Use

Bimekizumab remains safe and effective through 60 weeks of treatment, according to the findings of a recent study.

"Dual neutralization of both IL-17A and IL-17F with the monoclonal antibody bimekizumab may have greater efficacy in psoriasis than neutralization of IL-17A alone," the researchers said. They investigated the long-term efficacy and safety of bimekizumab for the treatment of psoriasis using data from a phase 2b extension study.

In the extension study, 217 participants with moderate to severe psoriasis who achieved a Psoriasis Area and Severity Index (PASI) 90 response after 12 weeks of treatment continued treatment with bimekizumab at a dose of 64 mg, 160 mg, or 320 mg for an additional 48 weeks.

The researchers found that participants who achieved PASI 90 generally maintained high levels of efficacy through week 60. Overall, 80% to 100% of participants maintained their PASI 90 score, 69% to 83% of participants maintained their PASI 100 score, and 78% to 100% of participants maintained their Investigator Global Assessment score of 0/1.

In addition, the incidence of serious treatment-emergent adverse events was 15 of 217 (6.9%). The researchers noted that no cases of inflammatory bowel disease, major adverse cardiovascular events, or suicidal ideation or behavior were reported during the study period.

The response rates to bimekizumab were maintained through week 60, with a substantial proportion of participants achieving complete skin clearance, the researchers concluded. While the study showed bimekizumab was generally well-tolerated and effective, it was limited by the fact that most of the data reported was for week 12 PASI 90 responders only and that there was a low number of participants in the bimekizumab 64-mg group. ■

Reference

Blauvelt A, Papp KA, Merola JF, et al. Bimekizumab for patients with moderate-to-severe plaque psoriasis: 60-week results from BE ABLE 2, a randomized, double-blinded, placebo-controlled phase 2b extension study. *J Am Acad Dermatol*. Published online May 28, 2020. doi:10.1016/j.jaad.2020.05.105