

A Multidisciplinary Approach to the Management of New and Emerging Therapies for **Moderate-to-Severe Atopic Dermatitis**

Sanofi Genzyme and Regeneron Pharmaceuticals

Grant ID: IME-2020-16006

Final Outcomes: Live Webinars & Online Enduring

Live Webinars: May 20th and May 27th 2021

Online Enduring: Data from 6/24/2021-06/24/2022



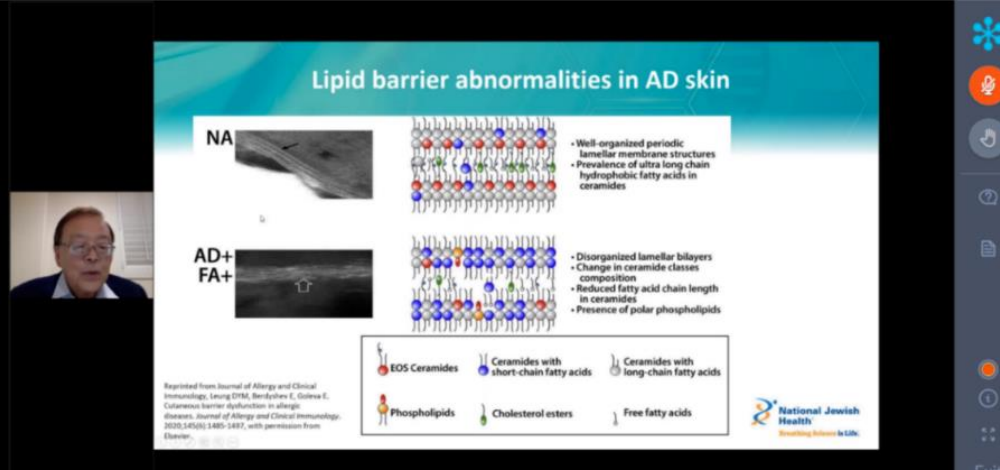
**National Jewish
Health**[®]

Breathing Science is Life.[®]

Table of Contents

Final Outcomes Summary – Live Broadcasts and Online Enduring

- Executive Summary (Slide 3)
- Faculty Presenters (Slide 4)
- Program Features (Slide 5)
- Audience Generation (Slide 6-7)
- Overall Program Impact (Slide 8)
- Online enduring outcomes (Slide 9)
 - Learner Definitions (Slide 10)
 - Educational Impact Summary (Slide 11)
 - Level 1 Outcomes – Participation (Slides 12-13)
 - Level 2 Outcomes – Satisfaction (Slide 14)
 - Level 3&4 Outcomes – Knowledge/Competence (Slides 17-19)
 - Level 4 Outcomes – Competence (Slides 20-21)
 - Evaluation Survey Results (Slides 22-23)
- Live outcomes (Slide 24)
 - Educational Impact Summary (Slide 25)
 - Level 1 Outcomes – Participation (Slides 26-27)
 - Level 2 Outcomes – Satisfaction (Slide 28)
 - Level 3&4 Outcomes – Knowledge/Competence (Slides 29-32)
 - Level 4 Outcomes – Competence (33-34)
 - Evaluation Survey Results (Slides 35-36)
- Accreditation Details (Slide 37)



The screenshot shows a presentation slide titled "Lipid barrier abnormalities in AD skin". It compares the lipid barrier in Normal (NA) skin and Atopic Dermatitis (AD+) skin. The NA skin section shows a well-organized periodic lamellar membrane structure with a prevalence of ultra-long chain hydrophobic fatty acids in ceramides. The AD+ skin section shows disorganized lamellar bilayers, a change in ceramide class composition, reduced fatty acid chain length in ceramides, and the presence of polar phospholipids. A legend at the bottom identifies EOS Ceramides (red), Ceramides with short-chain fatty acids (blue), Ceramides with long-chain fatty acids (green), Phospholipids (orange), Cholesterol esters (yellow), and Free fatty acids (purple). A small video inset shows a man speaking. The slide is part of a presentation with navigation icons on the right and an "Exit" button at the bottom right.

Lipid barrier abnormalities in AD skin

NA

- Well-organized periodic lamellar membrane structures
- Prevalence of ultra long chain hydrophobic fatty acids in ceramides

AD+ FA+

- Disorganized lamellar bilayers
- Change in ceramide classes composition
- Reduced fatty acid chain length in ceramides
- Presence of polar phospholipids

Legend:

- EOS Ceramides
- Ceramides with short-chain fatty acids
- Ceramides with long-chain fatty acids
- Phospholipids
- Cholesterol esters
- Free fatty acids

Reprinted from Journal of Allergy and Clinical Immunology, Leung DYM, Benayahu E, Galena E. Cutaneous barrier dysfunction in atopic diseases. Journal of Allergy and Clinical Immunology. 2020;145(5):1480-1487, with permission from Elsevier.

National Jewish Health
Advancing Allergies to Life

Exit

Executive Summary

Final Outcomes Summary – Live Broadcasts and Online Enduring



Program Overview

This program consisted of (2) live webinars on the FreeCME platform and one chapterized online enduring activity on the Medscape platform. The program featured 2D and 3D animations; lectures from expert faculty in pediatric and adult allergy and dermatology; and a roundtable discussion on multidisciplinary approaches and perspectives in managing moderate-to-severe atopic dermatitis.

Live Webinar (1): May 20, 2021

Live Webinar (2): May 27, 2021

Learning Objectives

- Evaluate current and emerging treatment options for patients with moderate-to-severe AD.
- Incorporate appropriate considerations, including comorbidities and safety profiles, into treatment selection of moderate-to-severe AD.
- Develop multi-disciplinary strategies to select optimal treatment and improve continuity of care for patients with AD.

Target Audience & Accreditation

Dermatologists and allergists, along with physician assistants and nurse practitioners who are involved in the care and treatment of patients with moderate-to-severe atopic dermatitis.

National Jewish Health designates the live and online enduring activities for a maximum of 1.0 *AMA PRA Category 1 Credit*[™].

Online Enduring Program: June 24, 2021-June 24, 2022

<https://www.medscape.org/viewarticle/953482>

Faculty Presenters

Final Outcomes Summary – Live Broadcasts and Online Enduring



**Donald Y M Leung, MD, PhD
(Program Chair)**

Edelstein Chair of Pediatric
Allergy-Immunology
Professor
Head, Division of Pediatric
Allergy and Immunology
Department of Pediatrics
National Jewish Health
Denver, CO



Kanao Otsu, MD, MPH
Assistant Professor
Division of Allergy and
Clinical Immunology
Department of Medicine
National Jewish Health
Denver, CO



Cory A. Dunnick, MD
Professor
Director, Clinical Trials
Department of Dermatology
University of Colorado
Aurora, CO

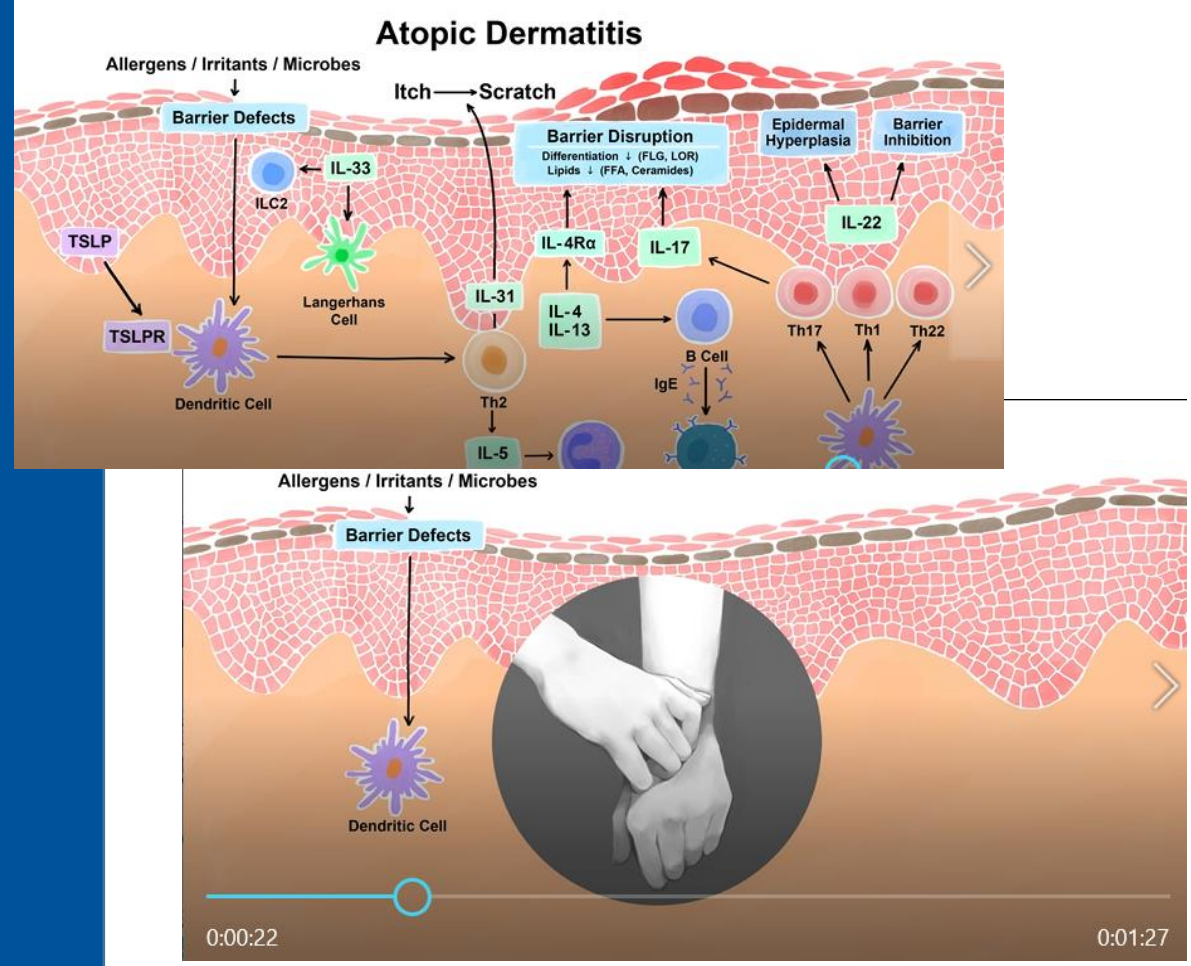


Elizabeth Swanson, MD
Board Certified
Dermatologist
Board Certified Pediatric
Dermatologist
Ada West Dermatology
St. Luke's Children's Hospital
Boise, ID

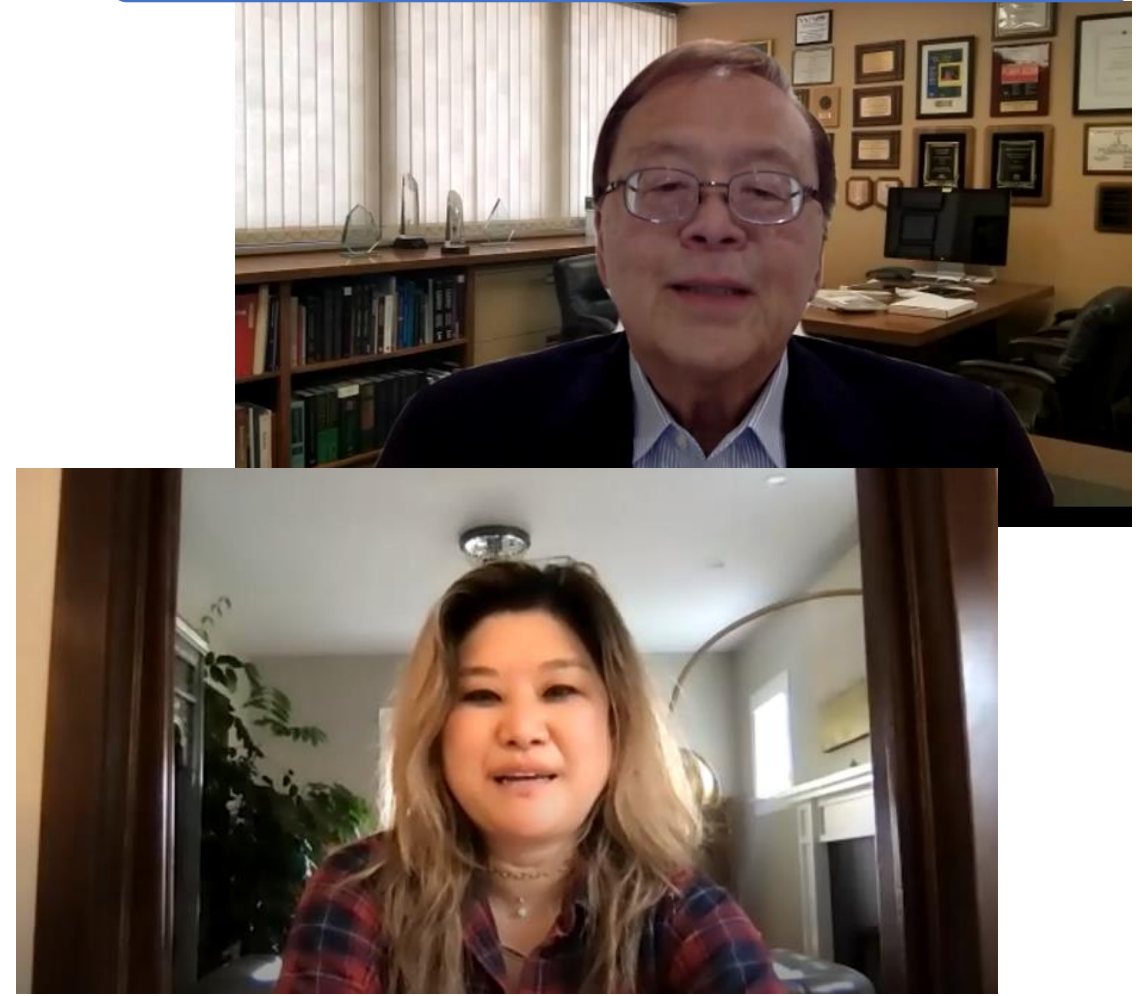
Program Features

Final Outcomes Summary – Live Broadcasts and Online Enduring

Whiteboard Animations



Multidisciplinary Roundtable Discussion



Audience Generation: freeCME and Medscape Marketing

Final Outcomes Summary – Live Broadcasts and Online Enduring

Personalized targeting tools across numerous tactics reach HCPs by leveraging demographic data (such as location, profession, specialty) and behavioral data (such as learner participation history, areas of interest).



Personalized emails and e-newsletters



Social media ads and posts



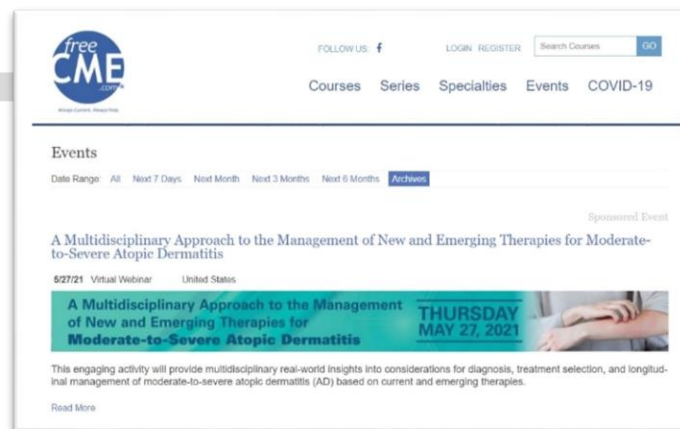
Personalized + Customized Intelligent Marketing



Medscape Smart Targeting - Predictive engagement techniques targeted by demographics, geolocation and behaviors



Banner placement



Search engine optimization

Audience Generation: NJH Marketing Final Outcomes Summary – Live Broadcasts and Online Enduring



Online Courses

Topics:

- Asthma
- Atopic Dermatitis
- Chronic Obstructive Pulmonary Disease (COPD)
- COVID-19
- Hypereosinophilic Syndrome (HES)
- Nasal Polyps
- Nontuberculous Mycobacteria (NTM)
- Telemedicine

Recorded Conferences

- 2021 NTM Lecture Series for Providers (Online)
- 43rd Annual National Jewish Health Pulmonary and Allergy Update (Online)

Asthma



What Are Epithelial Alarmins and Why Are They Important? - New Understanding of Severe Asthma Pathophysiology and the Inflammatory Cascade
CME Expires 6/9/2022

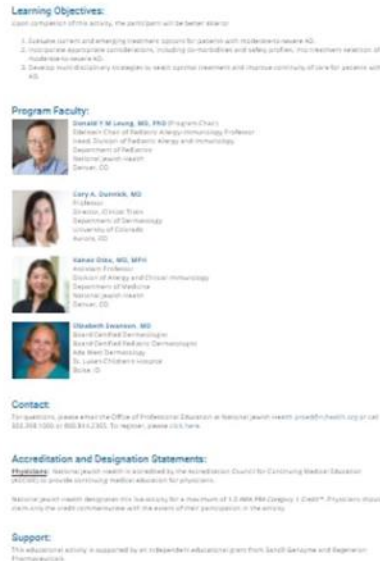
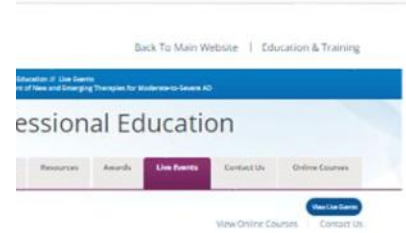


News! Where are the New Targets in Severe Asthma? Looking Upstream in the Inflammatory Cascade
CME Expires 11/29/2022

Atopic Dermatitis



A Multidisciplinary Approach to the Management of New and Emerging Therapies for Moderate-to-Severe Atopic Dermatitis CME Expires 06/24/2022



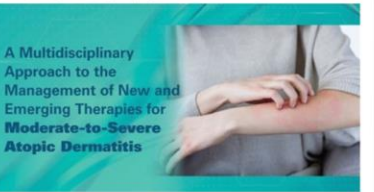
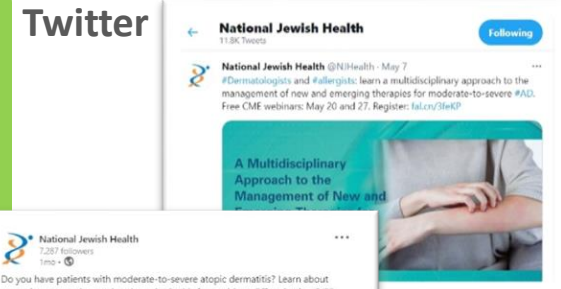
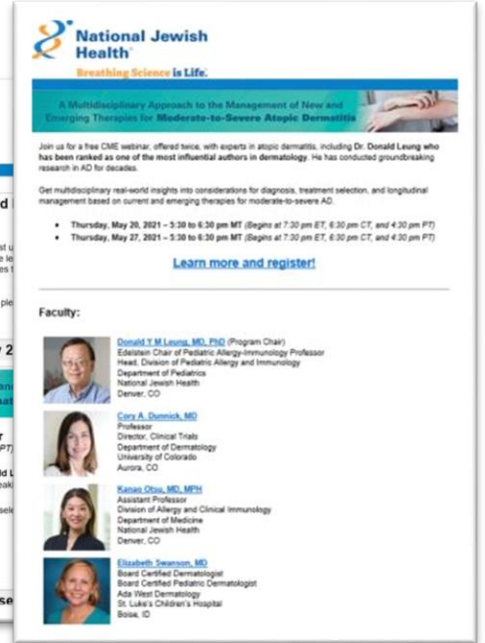
Targeted Emails to NJH Database



Spotlight in 2021-2022 Pulmonary Highlights publication



Social Media



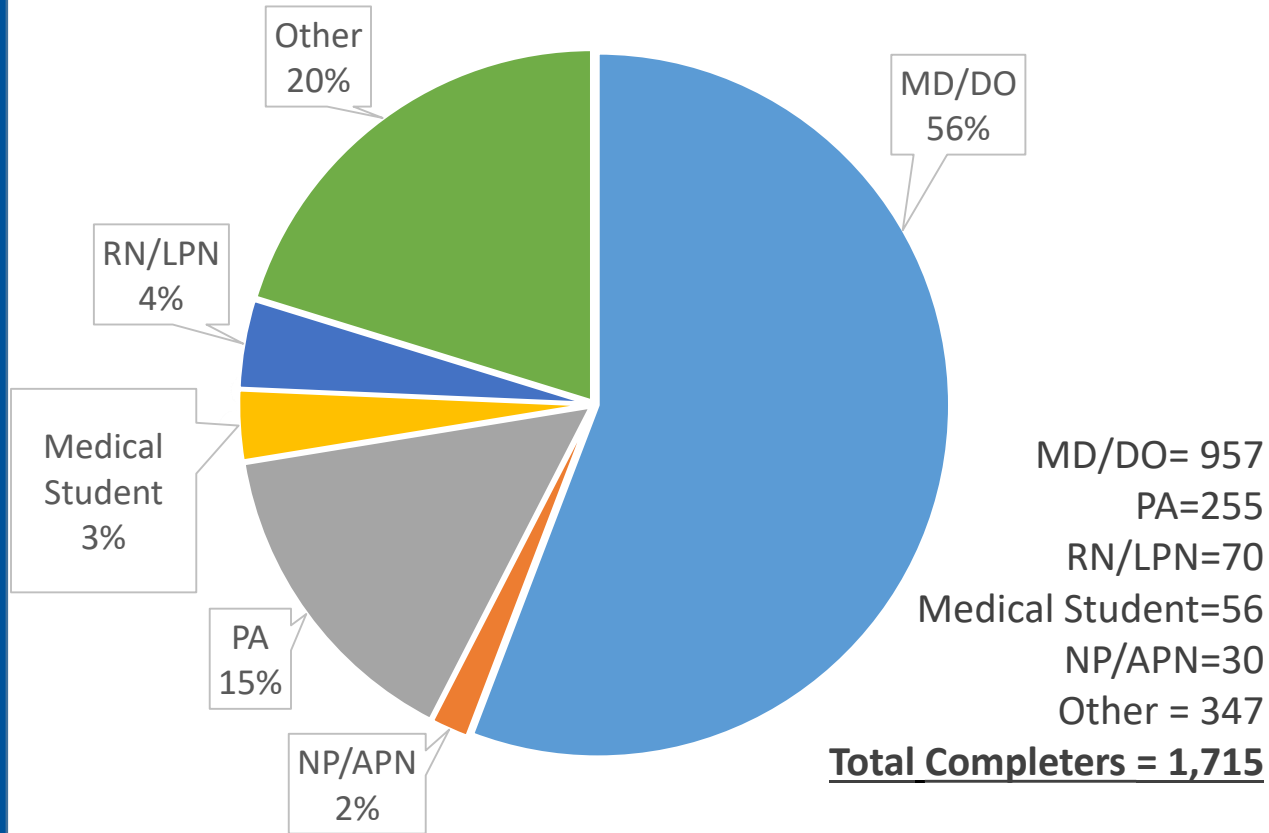
LinkedIn



NJH Website

Overall Program Impact

Final Outcomes Summary – Live Broadcasts and Online Enduring



“Very informative and well presented.”
- Live broadcast learner

Potential impact to **352,976** patient visits this year

“Thanks for your continued effort for the sake of advancing this field.”
- Online enduring learner

4,767 total learners and 1,715 total completers

across entire program:

80 learners/completers in live broadcasts

4,687 learners and 1,635 completers in online enduring

Exceeded total guaranteed learners by 1,667!

Activity Format: Online Enduring


Final Outcomes Summary – Online Enduring

A Multidisciplinary Approach to the Management of New and Emerging Therapies for Moderate-to-Severe Atopic Dermatitis

This CME activity was developed to be distributed on Medscape.org. The program is a multimedia, online, enduring chapterized activity featuring video lectures, narrated animations, and roundtable discussion led by dermatology and allergy experts (2 dermatologists and 2 allergists) who specialize in AD.

IN THIS PRESENTATION

Introduction	01:07
Chapter 1: Overview and Pathophysiology of Moderate-to-Severe AD	10:58
Chapter 2: Diagnosis and Current Management of Moderate-to-Severe AD	11:43
Chapter 3: Expert Insights in Treatment of Moderate-to-Severe AD: Current and Emerging Therapies	17:00
Chapter 4: Roundtable Discussion: Multidisciplinary Care of Patients with Moderate-to-Severe AD	21:38



Supported by an independent educational grant from
Sanofi Genzyme
and
Regeneron Pharmaceuticals



EARN CREDIT >

CME Information

Download Slides



Online Enduring: June 24, 2021 – June 24, 2022

<https://www.medscape.org/viewarticle/953482>

Learner Definitions: Online Enduring Program

Final Outcomes Summary – Online Enduring



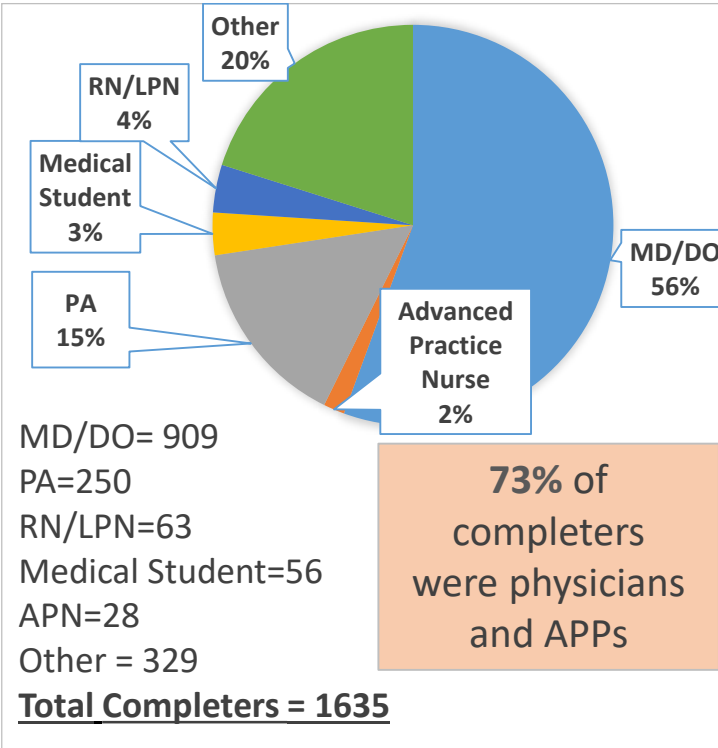
Platform	Learner Definition	Learner Guarantees	Learner Actuals	Test-taker Definition	Test-taker Guarantees	Test-taker Actuals	Certificate Earner/Completer Definition	Certificate Earner/Completer Actuals
Medscape (data through 06/24/2022)	Progressed past front-matter (unique)	3,000	4,687	Completed post-test	400	1,659	Completed post-test and evaluation and claimed credit on Medscape platform*	1,635
TOTAL		3,000 Learners	4,687 Learners		400 Test-takers	1,659 Test-takers		1,635 Certificates/Completers

Exceeded test-taker guarantees by 315%

**Due to a technical issue with the Medscape platform, some completers were able to bypass the evaluation and still claim credit. While the issue was fixed once identified, there is a discrepancy between evaluation respondents (N=996) and completers/certificate earners (1,635) as a result.*

Educational Impact Summary

Final Outcomes Summary – Online Enduring

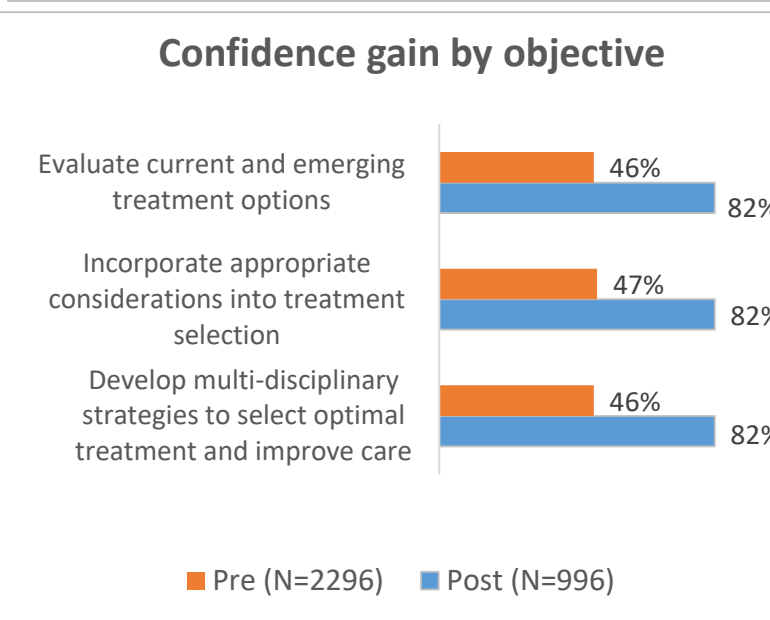
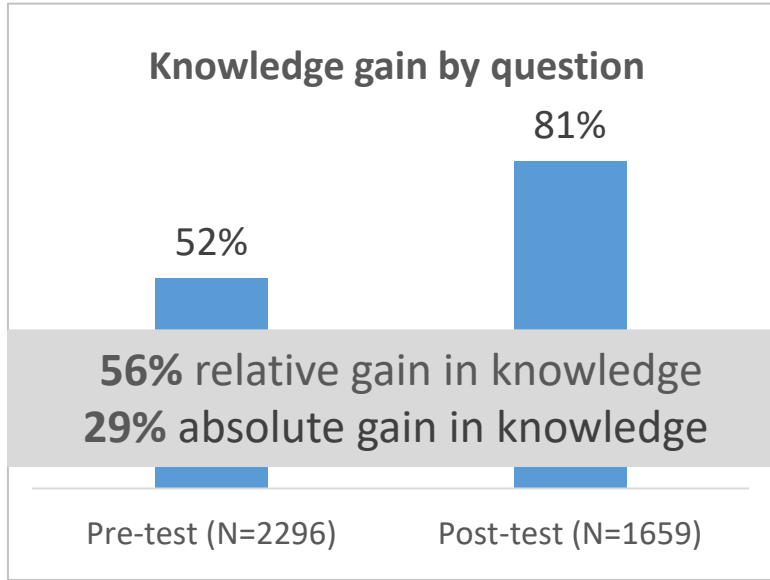


Potential Impact To

347,308

Patient Visits This Year

“Excellent update on pathophysiology of AD and new treatment modalities to offer patients”- Online enduring participant



Evaluation **N=996**

Reinforced or improved current skills **(94%)**



Improved ability to treat patients **(94%)**

89%
N=996

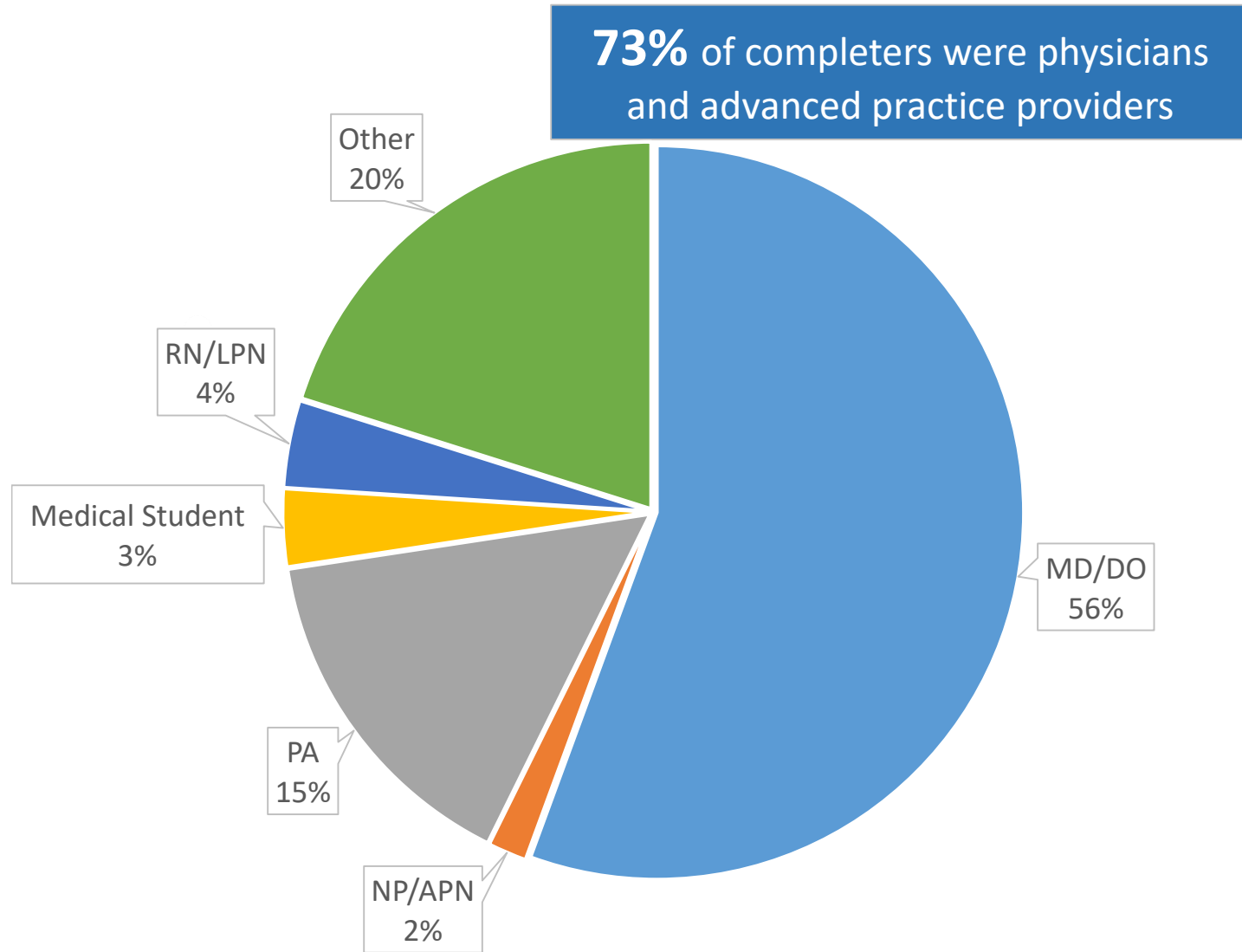
Evaluation respondents intend to make changes to practice as a result of the activity

Top 3 Practice Changes:

- Improve differential diagnosis of atopic dermatitis.
- Assess patients for comorbidities and secondary infections.
- Recommend topical steroids when indicated.

Level (1) Outcomes: Participation (Degree)

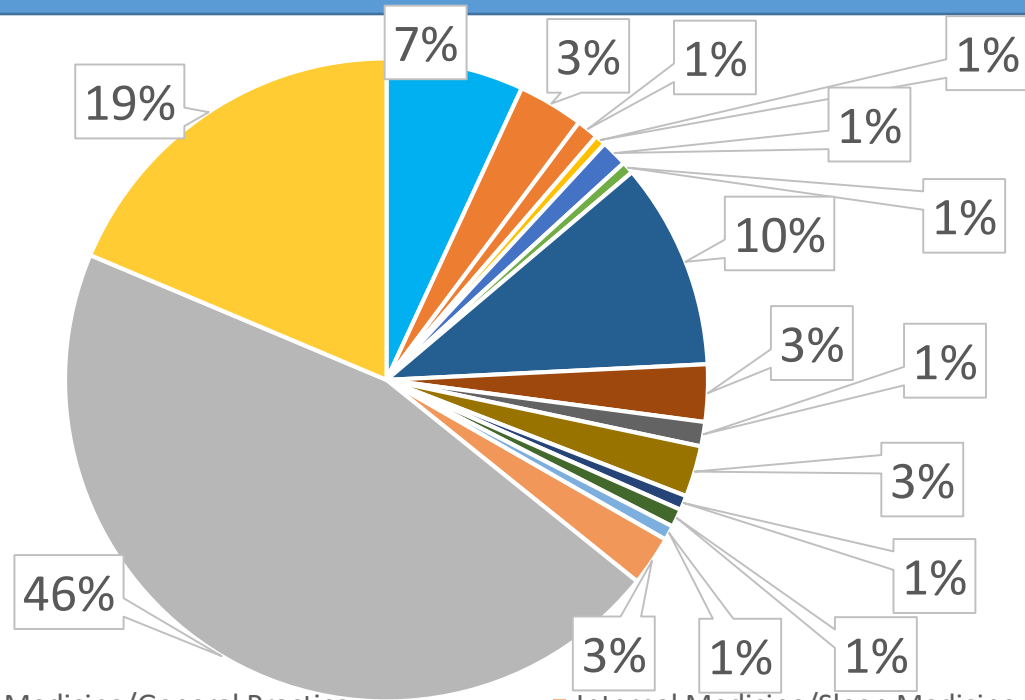
Final Outcomes Summary – Online Enduring



Degree	Total
MD/DO	909
PA	250
RN/LPN	63
Medical Student	56
NP/APN	28
Other <i>(Lab technician; consumer; healthcare; nurse student; admin; paramedic; physical therapist; social worker; podiatrist; dietician; radiology tech; PharmD/BSPharm; chiropractor)</i>	329
Total Completers	1,635

Level (1) Outcomes: Participation (Specialty)

Final Outcomes Summary – Online Enduring



- Family Medicine/General Practice
- Pediatrics
- Endocrinology
- Dermatology
- Emergency Medicine
- Psychiatry/Mental Health
- Ophthalmology
- Other
- Internal Medicine/Sleep Medicine
- Pain Management
- Critical Care
- Allergy/Immunology
- Surgery
- Cardiology
- Faculty/Teaching
- Specialty Not Reported

Specialty	Total
Dermatology	170
Family Medicine/General Practice	113
Internal Medicine/Sleep Medicine	54
Allergy/Immunology	47
Surgery	42
Faculty/Teaching	41
Endocrinology	22
Emergency Medicine	20
Pediatrics	18
Cardiology	15
Ophthalmology	12
Psychiatry/ Mental Health	12
Critical Care	10
Pain Management	9
Specialty Not Reported: Includes Healthcare Administration, Laboratory, and consumer/user	305
Other (Pulmonary, Preventative, Rheumatology, Hospital Medicine, Radiology, Geriatrics, Pathology, anesthesiology and more)	745
Total completers	1,635

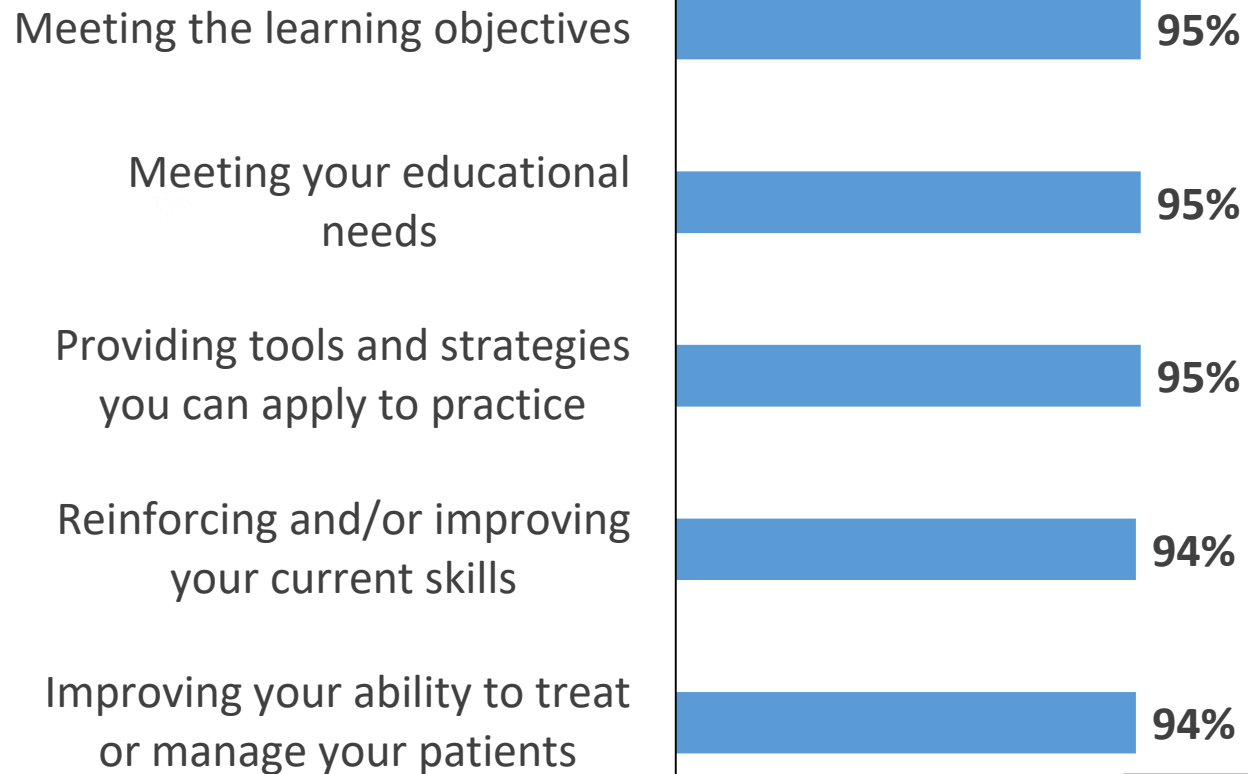
Physician Learners in Target Audience*	Specialty
1,225	Dermatology
399	Allergy/Immunology

*Learner specialty breakdown provided for physicians only. Learner specialty data not available for APPs.

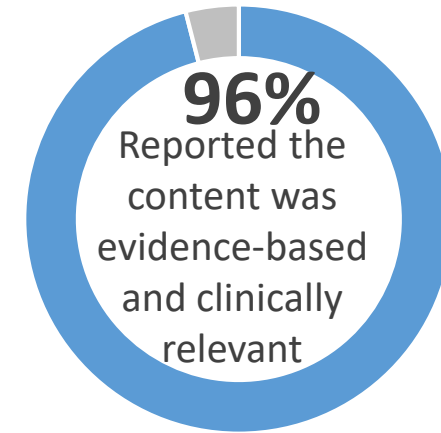
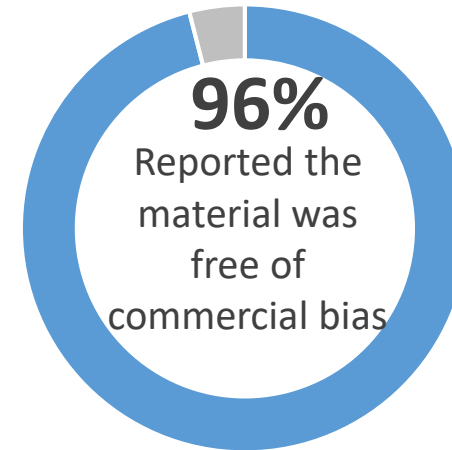
Level (2) Outcomes: Satisfaction

Final Outcomes Summary – Online Enduring

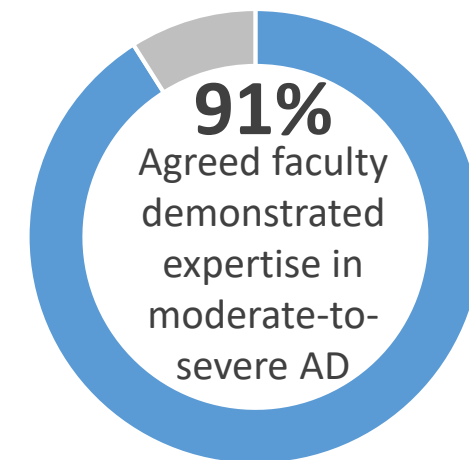
Evaluation respondents rated the activity “Excellent” to “Good” at:



N=996



*“Great presentation and material.”
– Online enduring participant*

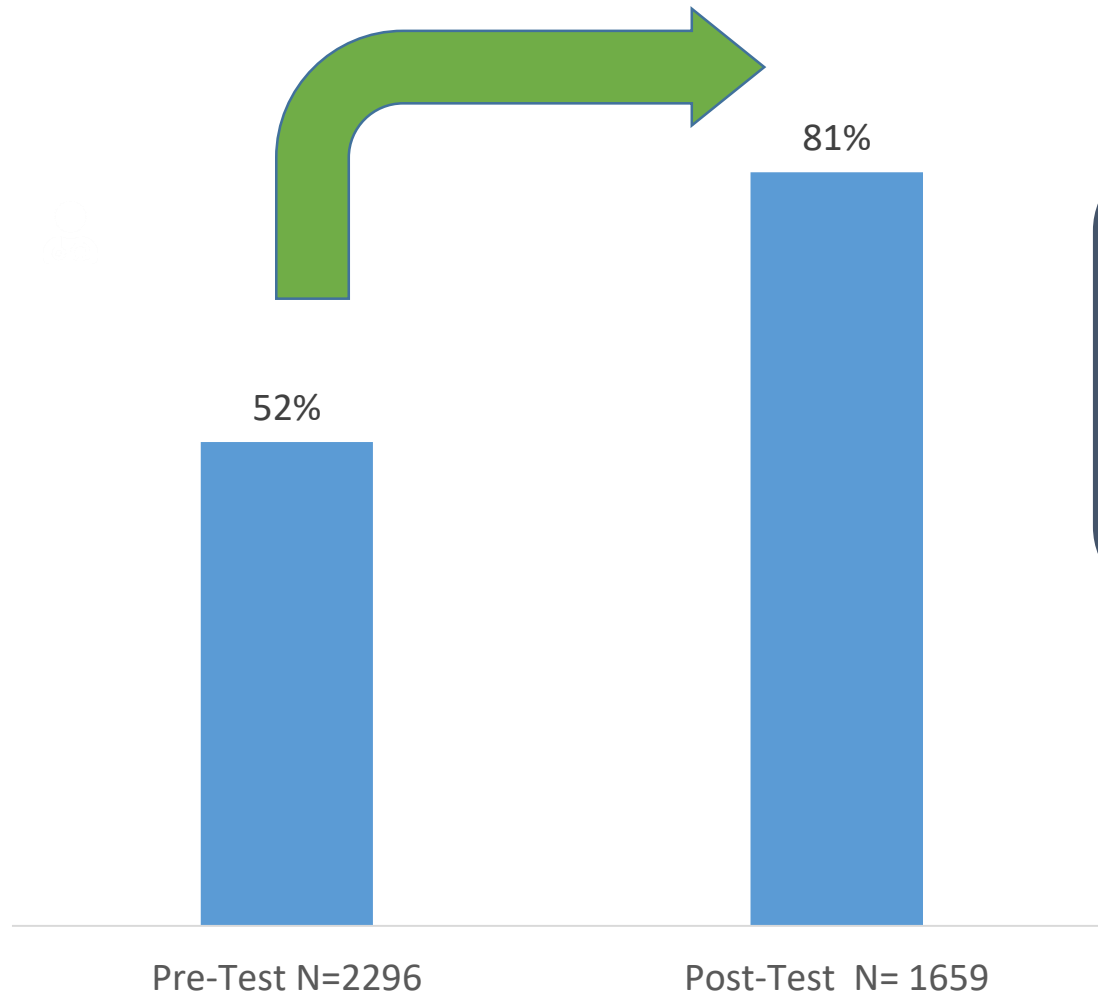


N=996

Level (3 & 4) Outcomes: Overall Knowledge

Final Outcomes Summary – Online Enduring

Overall Knowledge Gain



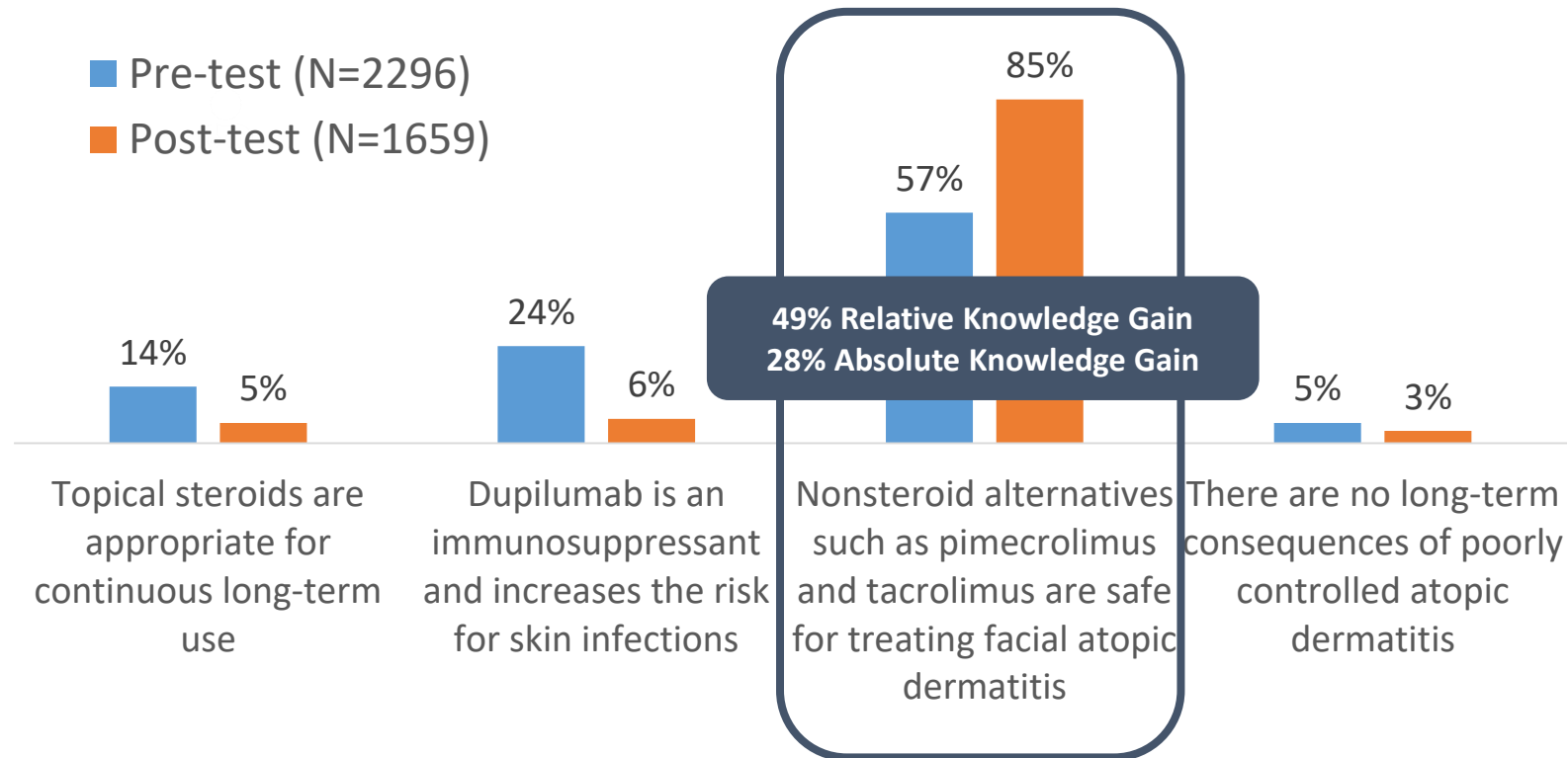
56% Relative Knowledge Gain
29% Absolute Knowledge Gain

Level (3 & 4) Outcomes: Knowledge & Competence

Final Outcomes Summary – Online Enduring

Learning Objective: *Evaluate current and emerging treatment options for patients with moderate-to-severe AD.*

Question 1: Which of the following statements regarding treatment of atopic dermatitis is correct?



Clinical Rationale: Topical steroids are not appropriate for continuous long-term use. Dupilumab is not an immunosuppressant and patients actually have a lower risk of skin infections on the medication. Nonsteroidal alternatives such as pimecrolimus and tacrolimus are safe and ideal choices for treating facial atopic dermatitis. There are numerous long-term consequences of poorly controlled atopic dermatitis: increased risk of ADHD, anxiety, depression, cardiovascular disease, various types of skin infection (bacterial, fungal and viral), and there are also numerous consequences of long term corticosteroids used to treat atopic dermatitis.

Level (3 & 4) Outcomes: Knowledge & Competence

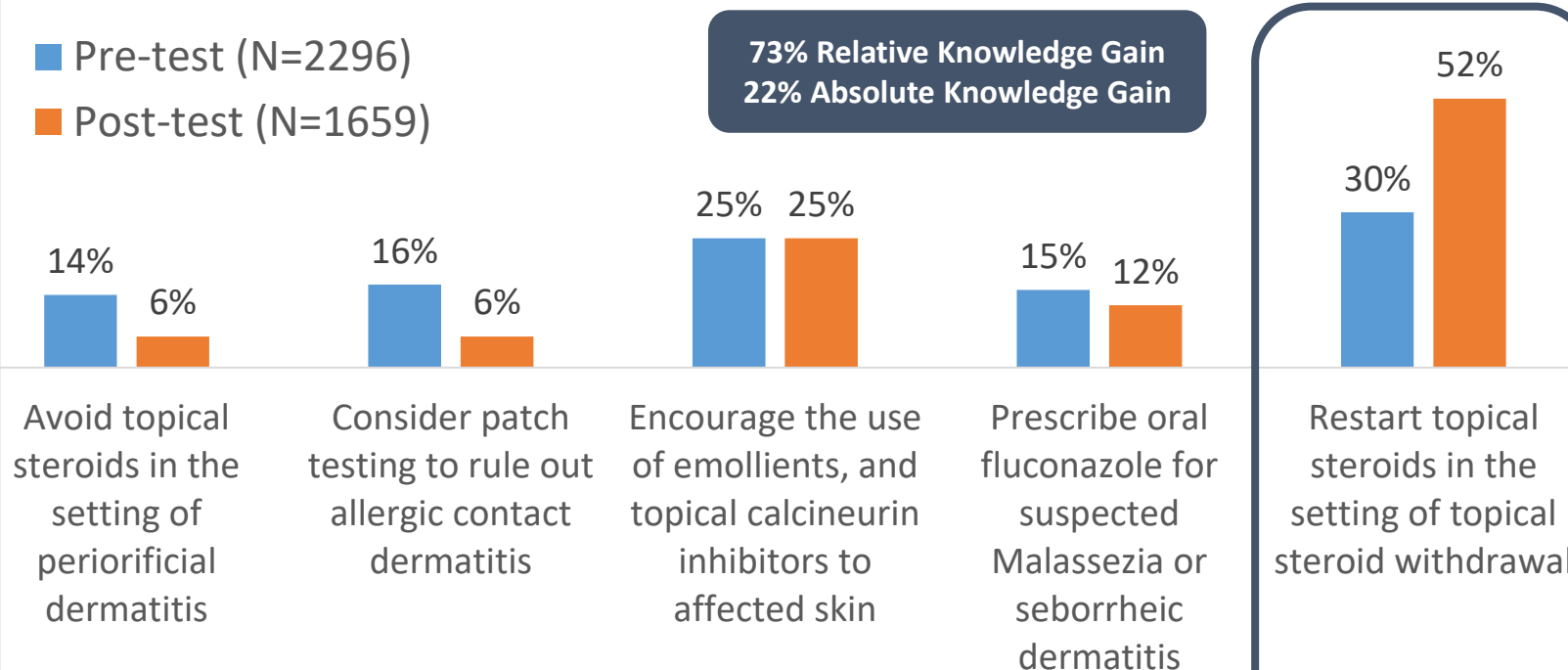
Final Outcomes Summary – Online Enduring

Learning Objective: *Incorporate appropriate considerations, including co-morbidities and safety profiles, into treatment selection of moderate-to-severe AD.*

Question 2: A 22-year-old college student started treatment with dupilumab 8 months ago for moderate-to-severe atopic dermatitis. He has been using triamcinolone cream to the face twice daily but was recently advised to discontinue steroid use on the face due to concern for steroid atrophy. He continues to have breakthrough eczema on the face and neck which is affecting his quality of life. Which of the following would be an **incorrect** next step in the management of this patient?

Clinical Rationale: In patients with persistent facial dermatitis, clinicians should consider rosacea, perioral dermatitis, seborrheic dermatitis and allergic contact dermatitis as concomitant with AD. Patients experiencing steroid withdrawal should be treated with calcineurin inhibitor or other steroid sparing agent. These patients may be good candidates for JAK inhibitor therapy once approved by the FDA.

Jaros J, Hendricks AJ, Shi VY, Lio PA. A Practical Approach to Recalcitrant Face and Neck Dermatitis in Atopic Dermatitis. *Dermatitis*. 2020 May/Jun;31(3):169-177. doi: 10.1097/DER.0000000000000590. PMID: 32355092.



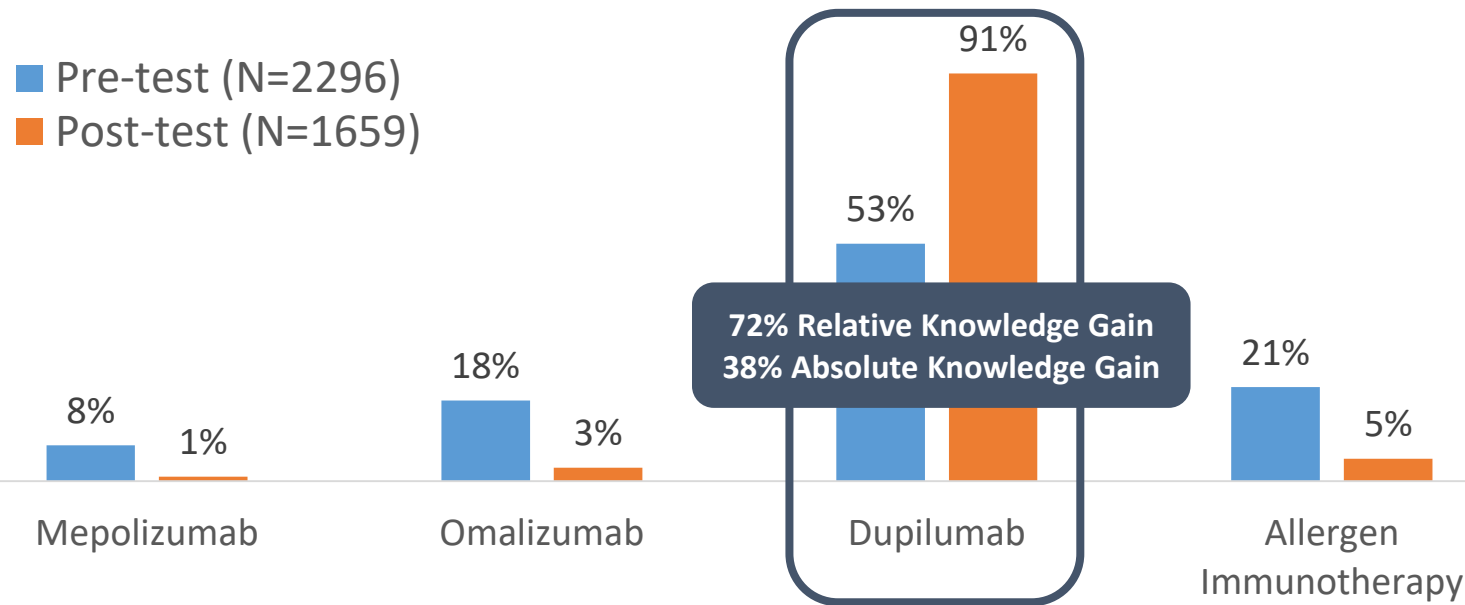
Level (3 & 4) Outcomes: Knowledge & Competence

Final Outcomes Summary – Online Enduring

Learning Objective: *Incorporate appropriate considerations, including co-morbidities and safety profiles, into treatment selection of moderate-to-severe AD.*

Question 3: A 45-year-old male with childhood history of atopic dermatitis and exercise-induced asthma who presents for a 3-month history of worsening eczema flares and wheezing. He has restarted topical steroids. 4 months ago, his family adopted a cat that is allowed in his bedroom. He has nocturnal awakenings with wheezing, chest tightness 3 nights a week and daytime cough. He uses his albuterol about 4 times a week. His EV1/FVC 64 and significant bronchodilator response. His ENO is 87, absolute peripheral eosinophil count is 300 and total IgE is 4500. In addition to continuing his skin care regimen and topical corticosteroids and starting him on a controller ICS/LABA for his asthma, which systemic therapy is appropriate to achieve control of his medical issues?

Clinical Rationale: The patient has severe AD and atopic comorbidities of poorly controlled moderate persistent asthma and likely cat allergies. Likely the exposure to the cat has worsened his asthma and AD. Although mepolizumab may be appropriate for treatment of eosinophilic asthma, his AEC is only mildly elevated and will not importantly address his moderate-to-severe AD. This is the case with omalizumab as well. Furthermore, his IgE level is too high for omalizumab approval. Allergen immunotherapy will not help with asthma nor AD in this scenario. Dupilumab is the biologic to improve control of both his AD and asthma.

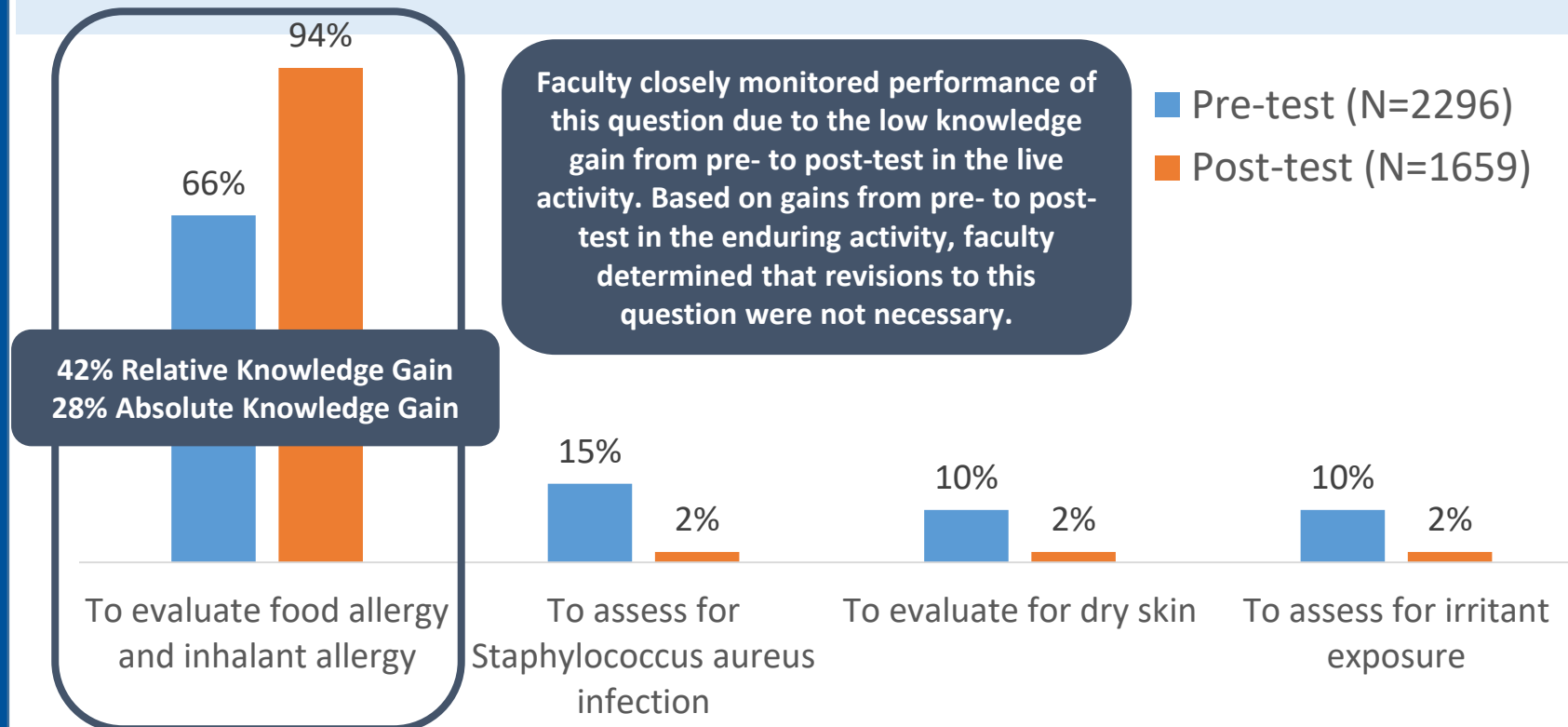


Level (3 & 4) Outcomes: Knowledge & Competence

Final Outcomes Summary – Online Enduring

Learning Objective: *Develop multi-disciplinary strategies to select optimal treatment and improve continuity of care for patients with AD.*

Question 4: A dermatologist has been seeing a 6-year-old male patient with moderate to severe atopic dermatitis associated with food allergy and asthma, whose symptoms are difficult to control. The patient develops hives whenever he eats peanuts and comes in contact with a household dog. Before starting dupilumab, why might the dermatologist wish to consult with an allergist?

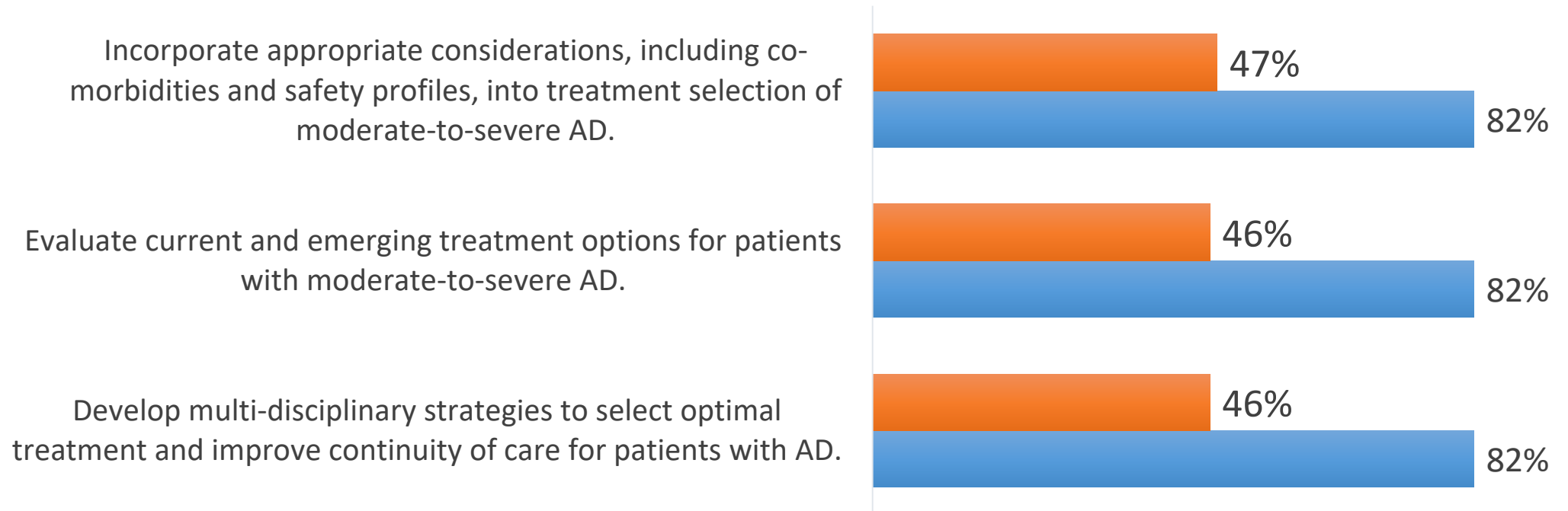


Clinical Rationale: Both the dermatologist and allergist can evaluate the patient for skin infection, dry skin and irritant exposure, but the role of food and inhalant allergy, particularly asthma, may be studied in more detail by the allergist.

Level (4) Outcomes: Competence

Final Outcomes Summary – Online Enduring

Evaluation respondents reported their confidence as it relates to the learning objectives before and after the activity (Very confident – Somewhat confident)

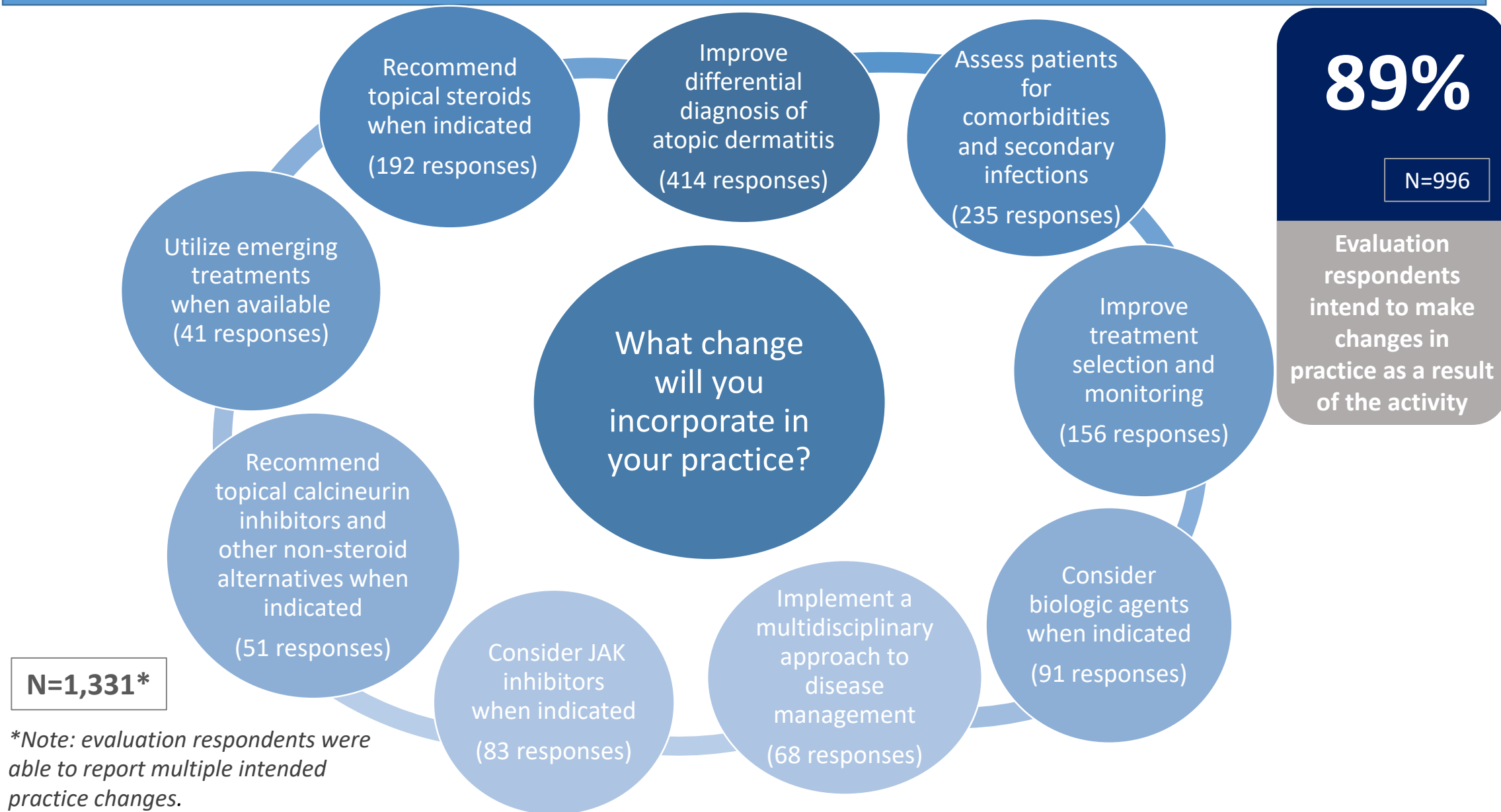


Pre N= 2296

Post N= 996

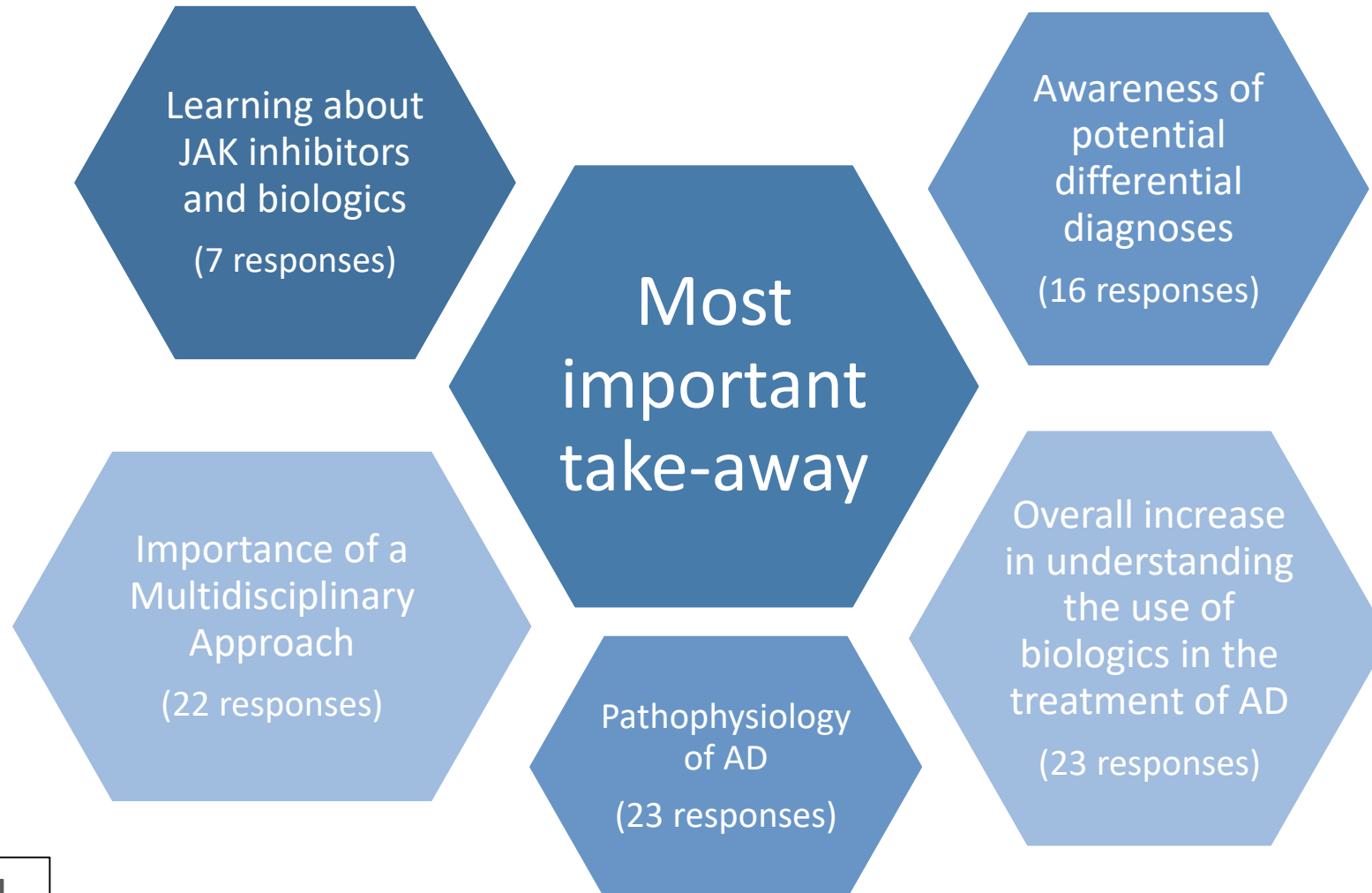
Level (4) Outcomes: Competence

Final Outcomes Summary – Online Enduring



Evaluation Survey Results

Final Outcomes Summary – Online Enduring



“It was very helpful to see the differential diagnoses with pictures and discussion.”
– Online enduring participant

N=91

Evaluation Survey Results

Final Outcomes Summary – Online Enduring



What topics related to AD would you like more information about in future educational activities?

Any new over-the-counter products that can help treat AD

Steroid regimens and weaning for patients with AD

AD in diverse populations and how they manifest or respond to treatment
(African American, Asian, etc.)

Treatment of AD in pediatric patients

Biologic therapies

Severe atopic dermatitis with combined asthma and/or allergic rhinitis

As newer agents (i.e. JAK inhibitors) become available, to discuss their place in the variety of agents
we have available

More information about JAK inhibitors and their side effects

The role allergies have in relation to AD

How to decrease eosinophil count in atopic dermatitis

Activity Format: Live Broadcasts

Final Outcomes Summary – Live Broadcasts



FOLLOW US: [f](#) [LOGOUT](#) [MY PROFILE](#) [MY COURSES](#)

Search Courses

GO

[Courses](#) [Series](#) [Specialties](#) [Events](#) [COVID-19](#)

Date Range: [All](#) [Next 7 Days](#) [Next Month](#) [Next 3 Months](#) [Next 6 Months](#) [Archives](#)

A Multidisciplinary Approach to the Management of New and Emerging Therapies for Moderate-to-Severe Atopic Dermatitis

Email / Print

A Multidisciplinary Approach to the Management of New and Emerging Therapies for Moderate-to-Severe Atopic Dermatitis

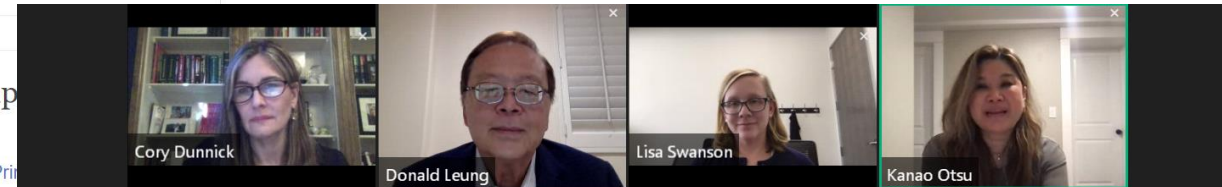
THURSDAY
MAY 20, 2021
MAY 27, 2021

This event is provided by National Jewish Health.

Live Webinar Dates

Thursday – May 20, 2021 (7:30 pm EDT)

Thursday – May 27, 2021 (7:30 pm EDT)

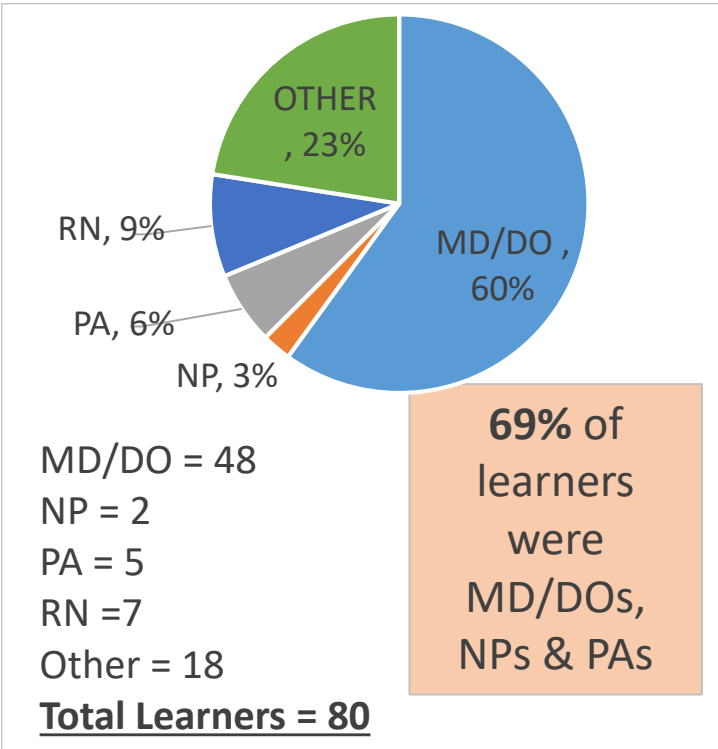


Chapter 4

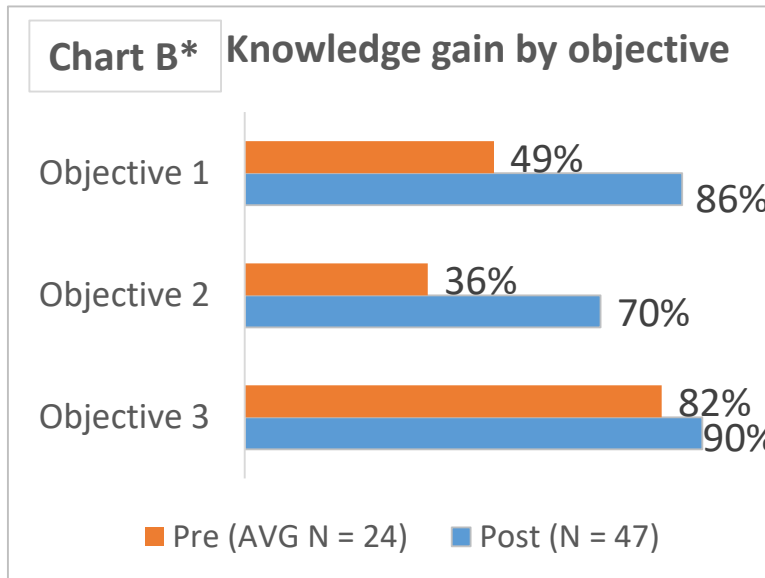
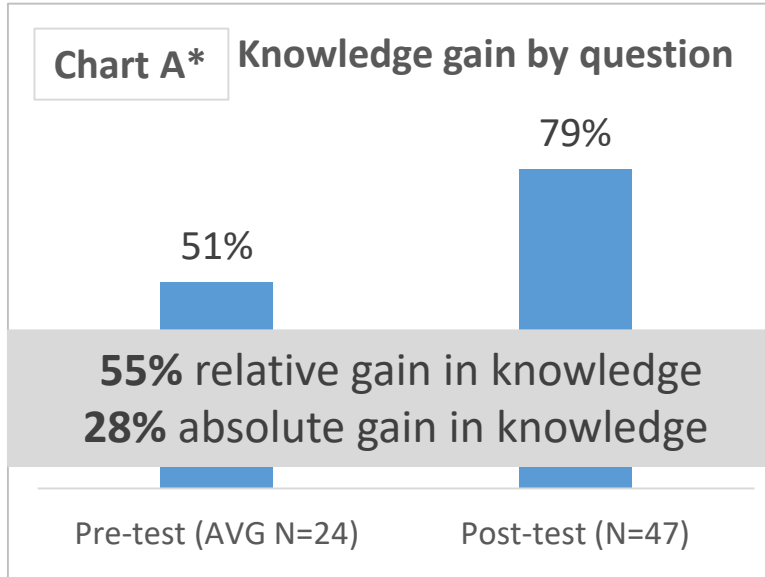
Roundtable Discussion: Multidisciplinary Care of Patients with Moderate-to-Severe AD

Educational Impact Summary

Final Outcomes Summary – Live Broadcasts



Please note that there is a discrepancy in the overall knowledge gain between Chart A and Chart B. After discussing this with our biostatistics team, we have determined that this discrepancy is due to what is being measured: overall knowledge gain by **question compared to overall knowledge gain by **learning objective**. Because the knowledge gain by learning objective is calculated using a weighted average, you will see a slightly lower overall knowledge gain by objective (46%) when compared to the overall knowledge gain by individual question (55%).*



Evaluation **N=44**

Met learners' educational needs **(93%)**



Reinforced or improved current skills **(97%)**



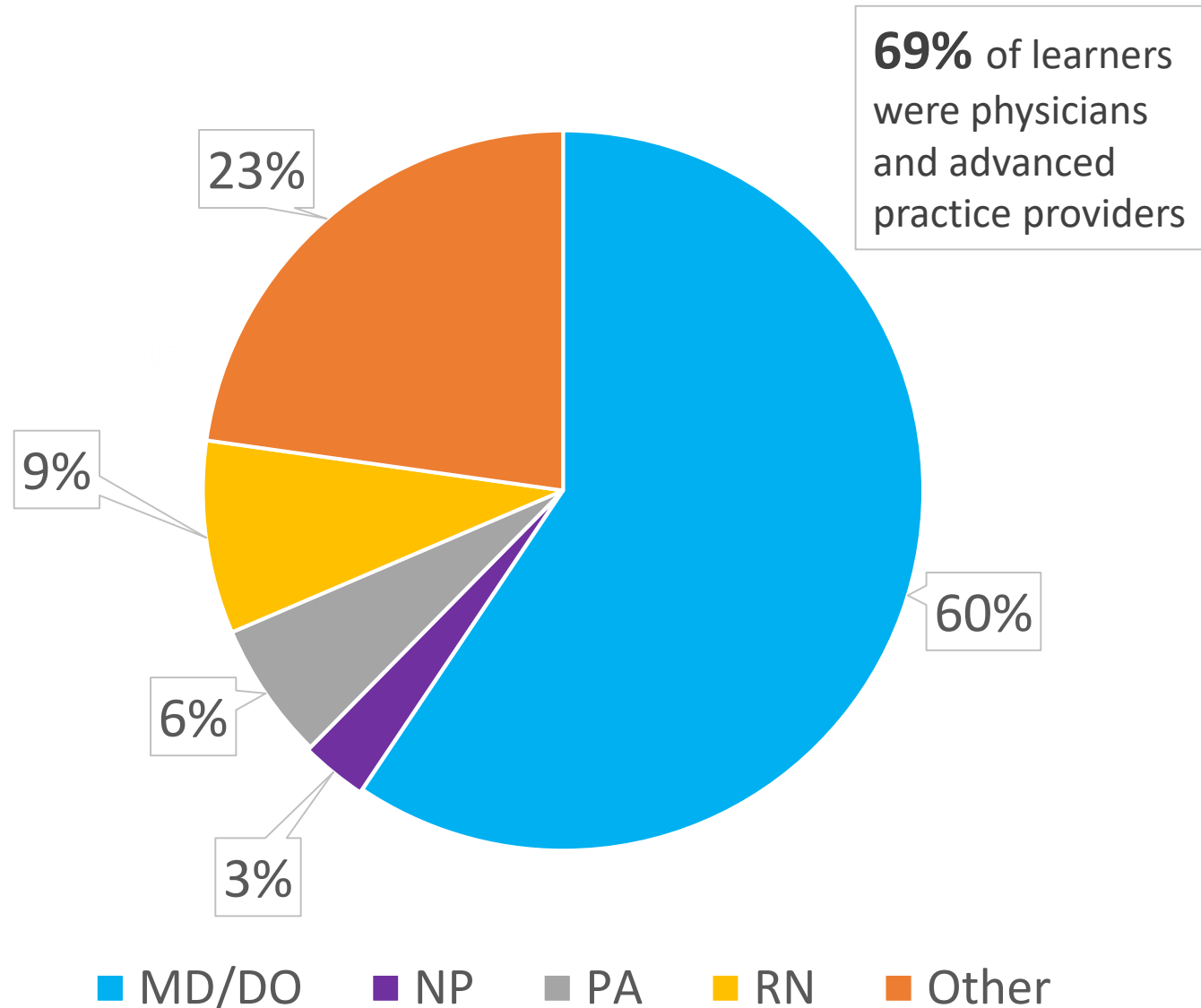
Improved ability to treat patients **(95%)**

91% Evaluation respondents intend to make changes to practice as a result of the activity

Potential Impact To **5,668** Patient Visits This Year

Level (1) Outcomes: Participation (Degree)

Final Outcomes Summary – Live Broadcasts

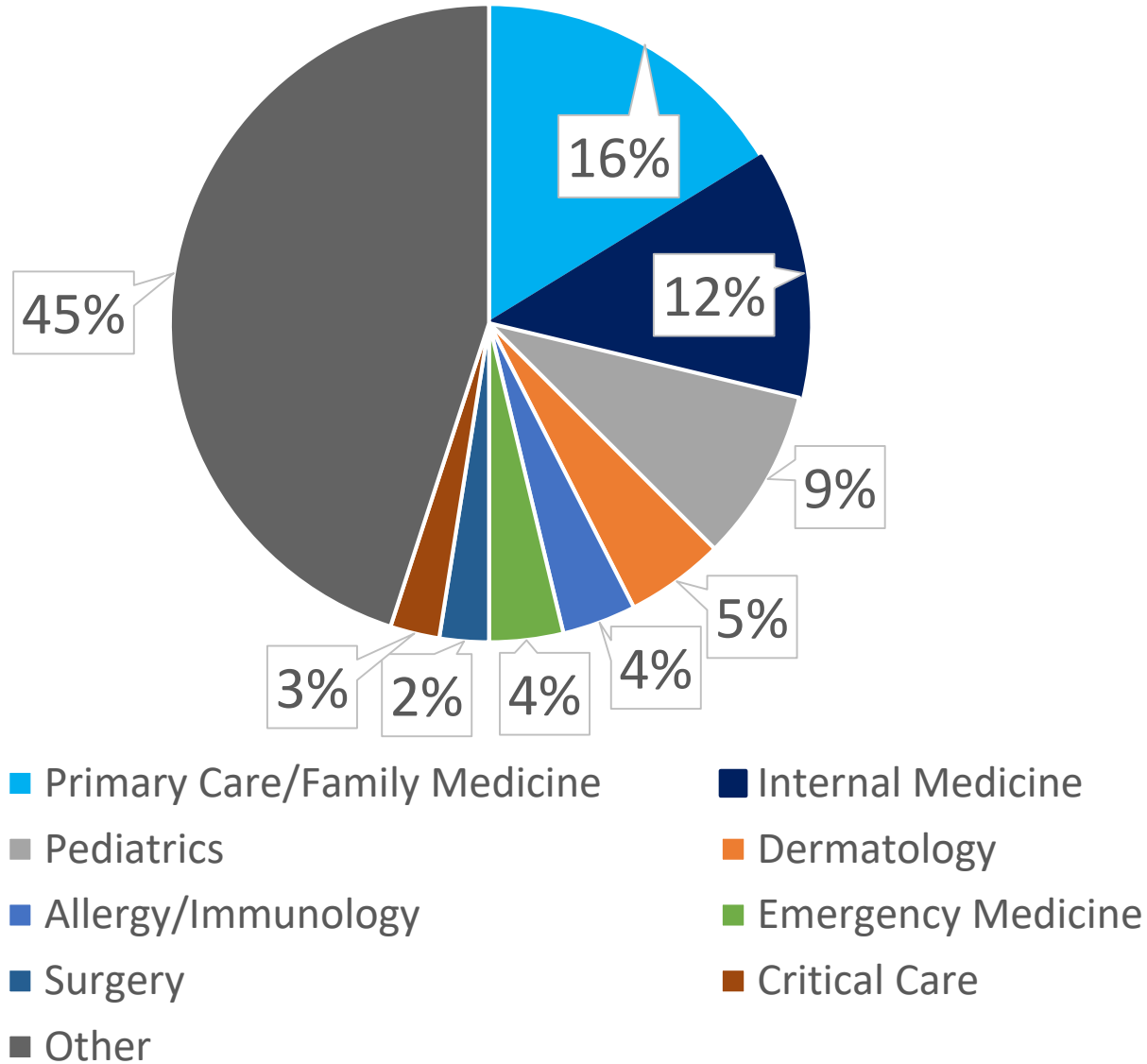


Degree	Total
MD/DO	48
NP	2
PA	5
RN	7
Other	18
TOTAL	80

**Achieved proposed numbers:
35-50 learners per activity
or 70 – 100 total learners
for the live webinars**

Level (1) Outcomes: Participation (Specialty)

Final Outcomes Summary – Live Broadcasts

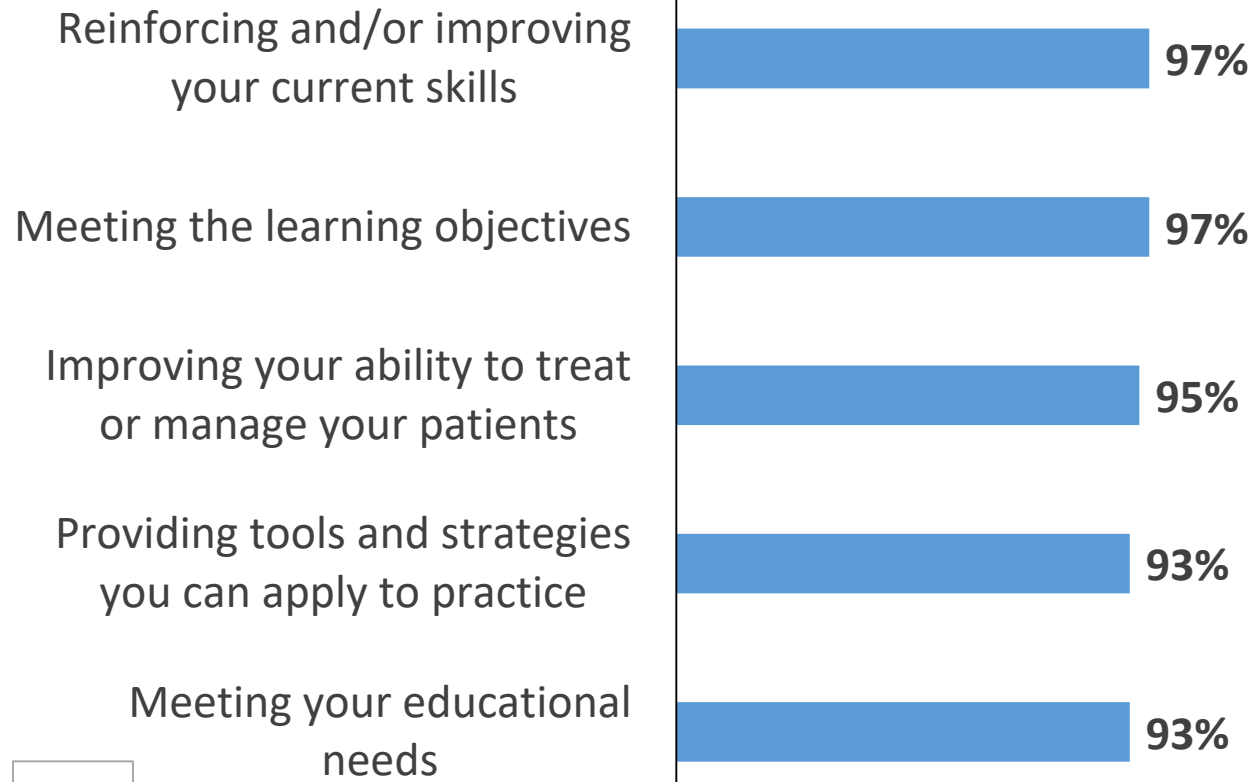


Degree	Total
Primary Care/Family Medicine	13
Internal Medicine	10
Pediatrics	7
Dermatology	4
Allergy/Immunology	3
Emergency Medicine	3
Surgery	2
Critical Care	2
Other	36
Total	80

Level (2) Outcomes: Satisfaction

Final Outcomes Summary – Live Broadcasts

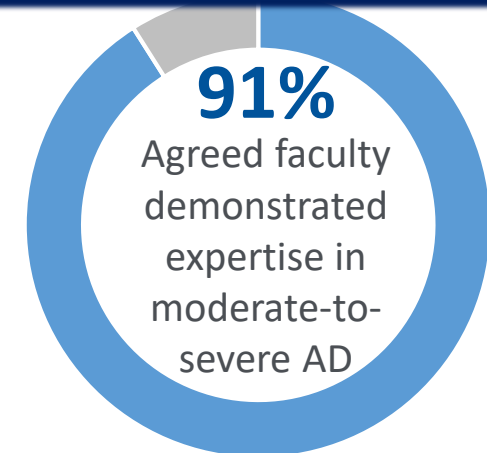
Evaluation respondents rated the activity “Excellent” to “Good” at:



N=44



**“Excellent Overview
– Live broadcast attendee**



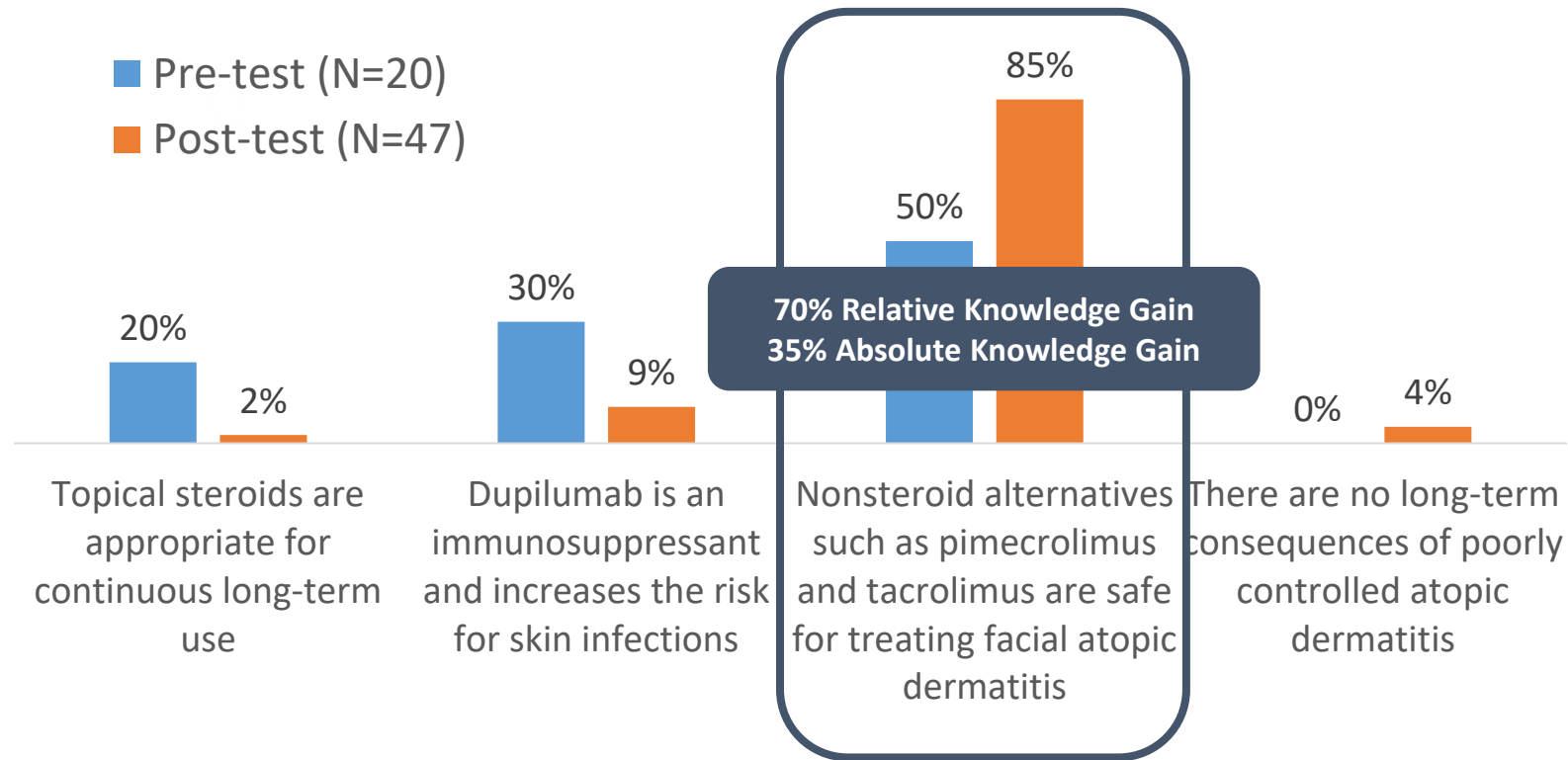
N=44

Level (3 & 4) Outcomes: Knowledge & Competence

Final Outcomes Summary – Live Broadcasts

Learning Objective: *Evaluate current and emerging treatment options for patients with moderate-to-severe AD.*

Question 1: Which of the following statements regarding treatment of atopic dermatitis is correct?



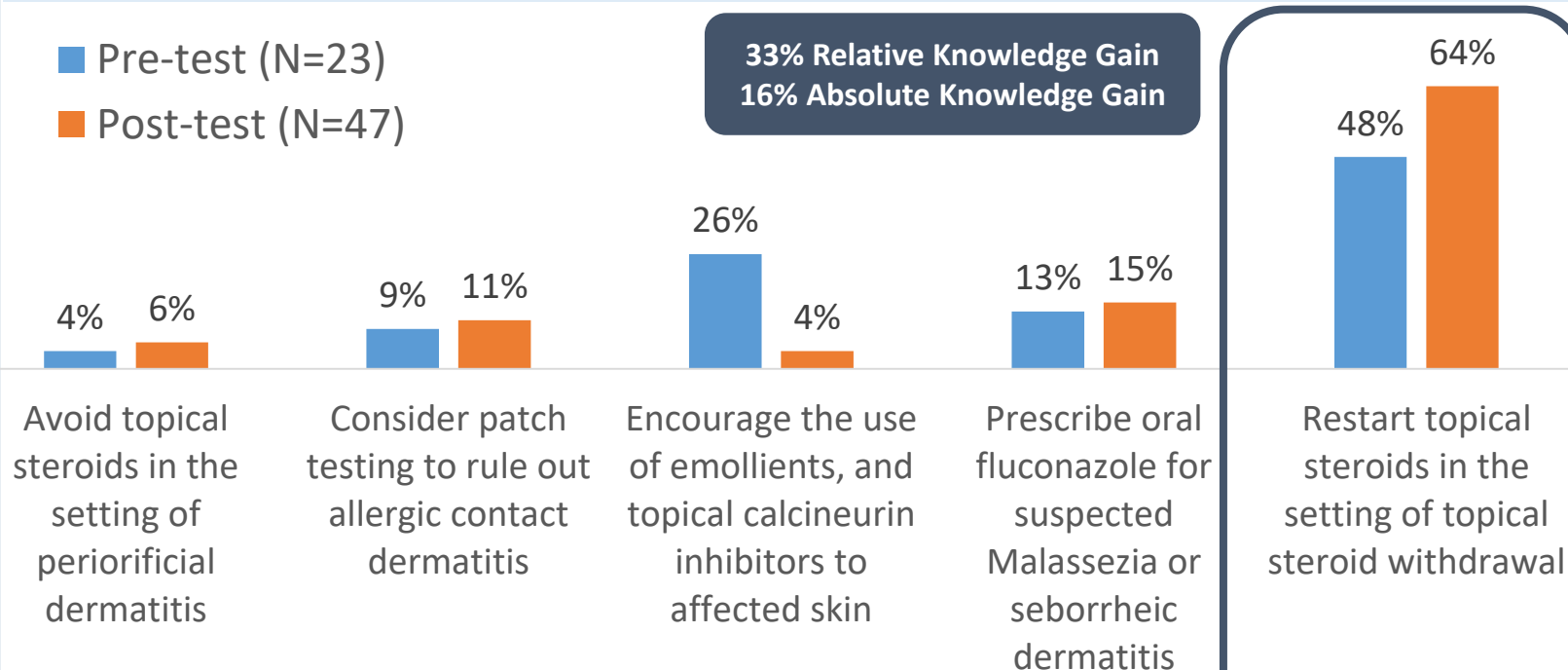
Clinical Rationale: Topical steroids are not appropriate for continuous long-term use. Dupilumab is not an immunosuppressant and patients actually have a lower risk of skin infections on the medication. Nonsteroidal alternatives such as pimecrolimus and tacrolimus are safe and ideal choices for treating facial atopic dermatitis. There are numerous long-term consequences of poorly controlled atopic dermatitis: increased risk of ADHD, anxiety, depression, cardiovascular disease, various types of skin infection (bacterial, fungal and viral), and there are also numerous consequences of long term corticosteroids used to treat atopic dermatitis.

Level (3 & 4) Outcomes: Knowledge & Competence

Final Outcomes Summary – Live Broadcasts

Learning Objective: *Incorporate appropriate considerations, including co-morbidities and safety profiles, into treatment selection of moderate-to-severe AD.*

Question 2: A 22-year-old college student started treatment with dupilumab 8 months ago for moderate to severe atopic dermatitis. He has been using triamcinolone cream to the face twice daily but was recently advised to discontinue steroid use on the face due to concern for steroid atrophy. He continues to have breakthrough eczema on the face and neck which is affecting his quality of life. Which of the following would be an **incorrect** next step in the management of this patient?



Clinical Rationale: In patients with persistent facial dermatitis, clinicians should consider rosacea, perioral dermatitis, seborrheic dermatitis and allergic contact dermatitis as concomitant with AD. Patients experiencing steroid withdrawal should be treated with calcineurin inhibitor or other steroid sparing agent. These patients may be good candidates for JAK inhibitor therapy once approved by the FDA.

Jaros J, Hendricks AJ, Shi VY, Lio PA. A Practical Approach to Recalcitrant Face and Neck Dermatitis in Atopic Dermatitis. *Dermatitis*. 2020 May/Jun;31(3):169-177. doi: 10.1097/DER.0000000000000590. PMID: 32355092.

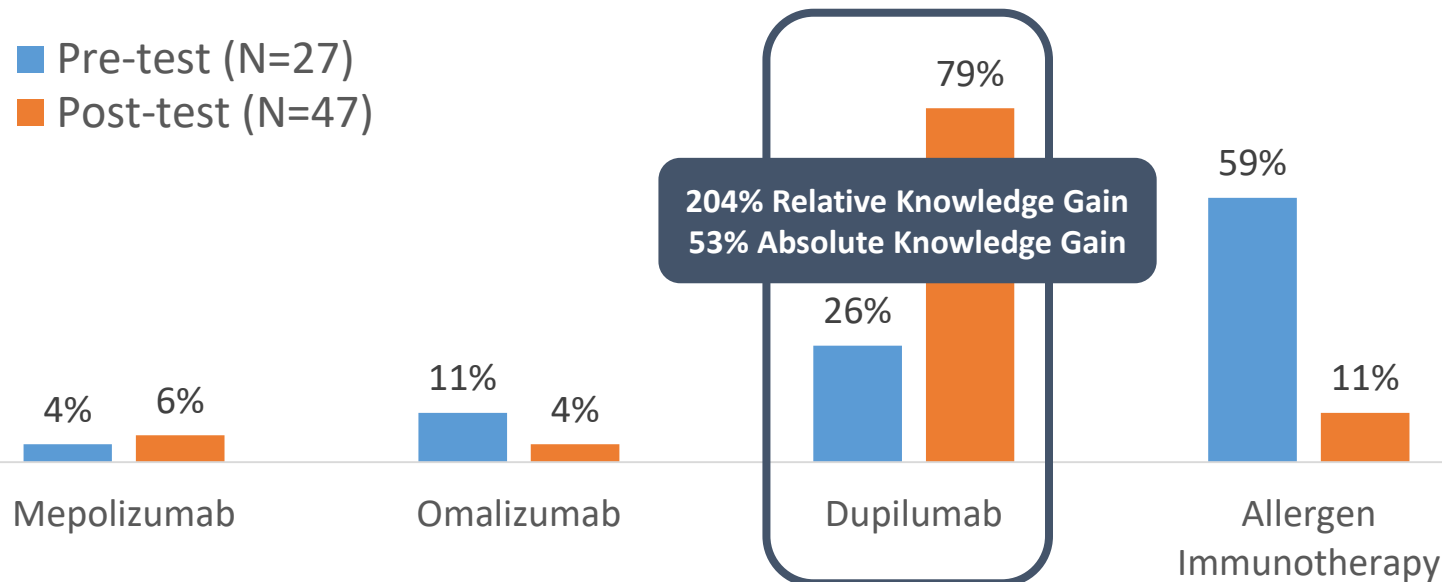
Level (3 & 4) Outcomes: Knowledge & Competence

Final Outcomes Summary – Live Broadcasts

Learning Objective: *Incorporate appropriate considerations, including co-morbidities and safety profiles, into treatment selection of moderate-to-severe AD.*

Question 3: A 45-year-old male with childhood history of atopic dermatitis and exercise-induced asthma who presents for a 3-month history of worsening eczema flares and wheezing. He has restarted topical steroids. 4 months ago, his family adopted a cat that is allowed in his bedroom. He has nocturnal awakenings with wheezing, chest tightness 3 nights a week and daytime cough. He uses his albuterol about 4 times a week. His EV1/FVC 64 and significant bronchodilator response. His ENO is 87, absolute peripheral eosinophil count is 300 and total IgE is 4500. In addition to continuing his skin care regimen and topical corticosteroids and starting him on a controller ICS/LABA for his asthma, which systemic therapy is appropriate to achieve control of his medical issues?

Clinical Rationale: The patient has severe AD and atopic comorbidities of poorly controlled moderate persistent asthma and likely cat allergies. Likely the exposure to the cat has worsened his asthma and AD. Although mepolizumab may be appropriate for treatment of eosinophilic asthma, his AEC is only mildly elevated and will not importantly address his moderate-to-severe AD. This is the case with omalizumab as well. Furthermore, his IgE level is too high for omalizumab approval. Allergen immunotherapy will not help with asthma nor AD in this scenario. Dupilumab is the biologic to improve control of both his AD and asthma.

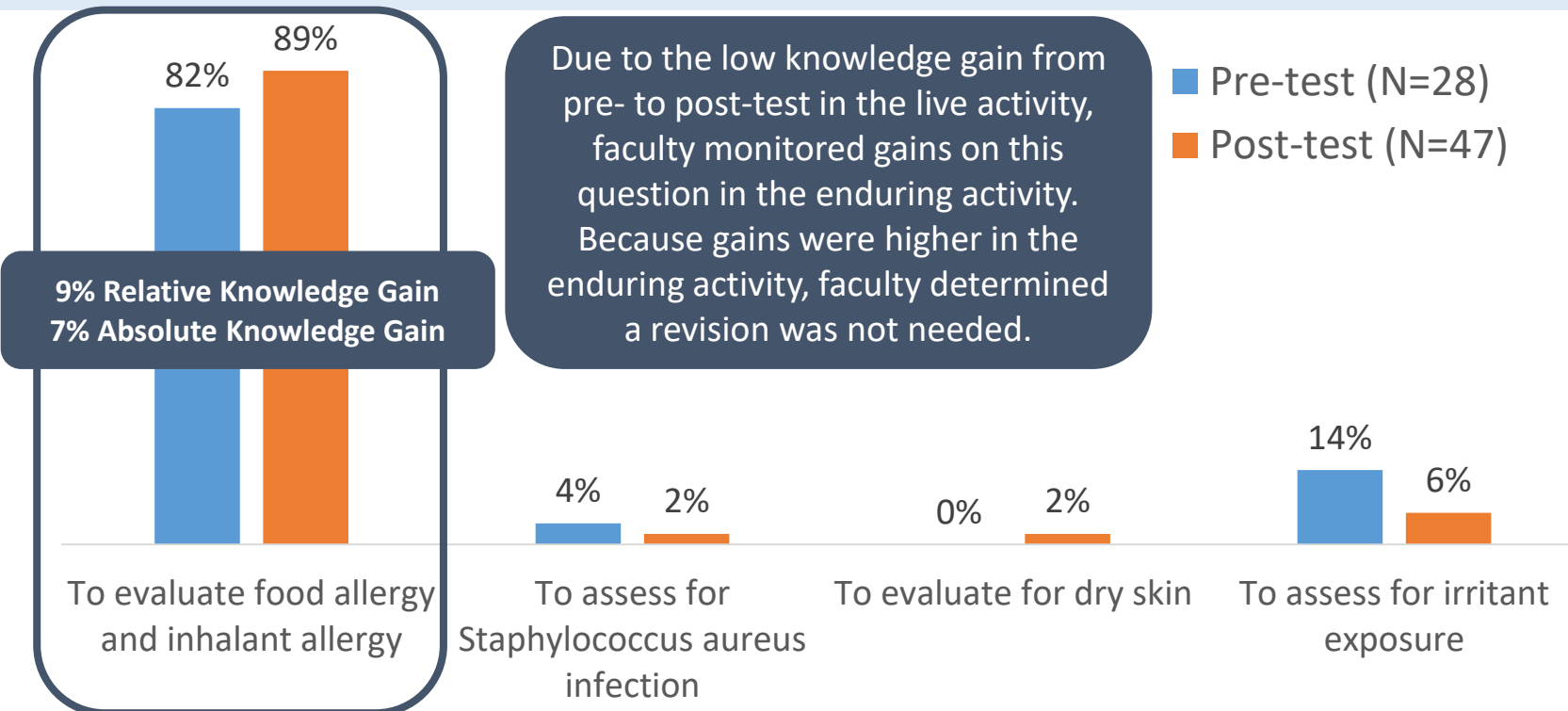


Level (3 & 4) Outcomes: Knowledge & Competence

Final Outcomes Summary – Live Broadcasts

Learning Objective: *Develop multi-disciplinary strategies to select optimal treatment and improve continuity of care for patients with AD.*

Question 4: A dermatologist has been seeing a 6-year-old male patient with moderate to severe atopic dermatitis associated with food allergy and asthma, whose symptoms are difficult to control. The patient develops hives whenever he eats peanuts and comes in contact with a household dog. Before starting dupilumab, why might the dermatologist wish to consult with an allergist?



Clinical Rationale: Both the dermatologist and allergist can evaluate the patient for skin infection, dry skin and irritant exposure, but the role of food and inhalant allergy, particularly asthma, may be studied in more detail by the allergist.

Level (4) Outcomes: Competence

Final Outcomes Summary – Live Broadcasts

Evaluation respondents reported their confidence as it relates to the learning objectives after the activity (Very confident – Somewhat confident)

Incorporate appropriate considerations, including co-morbidities and safety profiles, into treatment selection of moderate-to-severe AD.

78%

Evaluate current and emerging treatment options for patients with moderate-to-severe AD.

78%

Develop multi-disciplinary strategies to select optimal treatment and improve continuity of care for patients with AD.

75%

N=44

Level (4) Outcomes: Competence

Final Outcomes Summary – Live Broadcasts



N=116*

**Note: Evaluation respondents were able to report multiple intended practice changes*

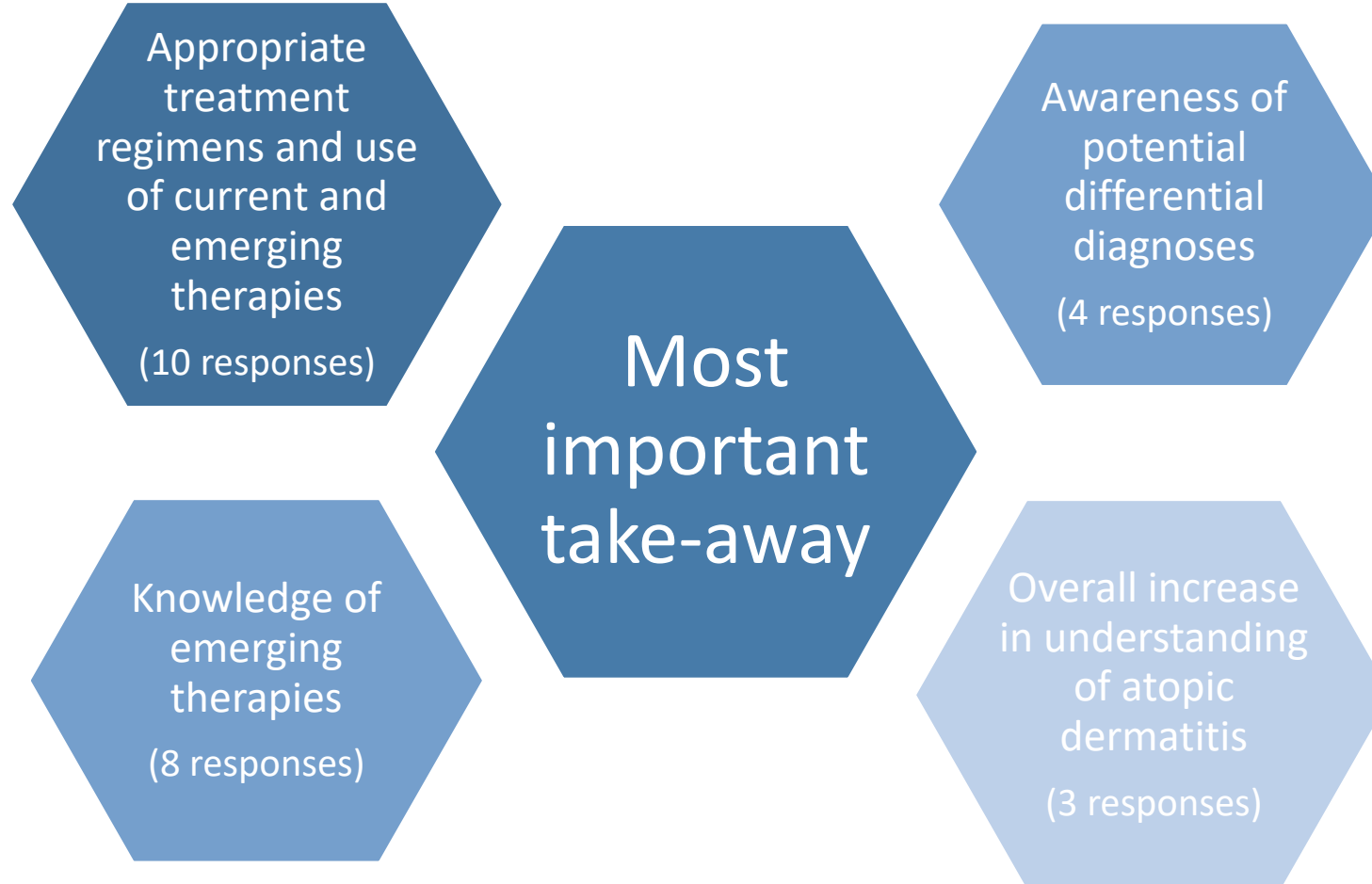
91%

N=44

Evaluation respondents intend to make changes in practice as a result of the activity

Evaluation Survey Results

Final Outcomes Summary – Live Broadcasts



“Thank you for a wonderful presentation. It was great to see photos of the various skin presentations. Very helpful.”
– Live broadcast attendee

N=25

Evaluation Survey Results

Final Outcomes Summary – Live Broadcasts



What topics related to AD would you like more information about in future educational activities?

Best sequence of treatment for AD

Explanation of the different inflammatory pathways involved

Rationale of newer specific biologics

Perioral manifestation of diagnosis and treatment

Effective treatment strategies for patients to implement at home

Diagnosis and treatment of secondary skin infections

Psoriasis

Eosinophil dermatitis

Presentation and treatment of steroid withdrawal

Review of biologic medications as more choices proliferate

Asthma and AD

Role of stress and how that can be addressed in clinic visits

Accreditation Details

Final Outcomes Summary – Live Broadcasts and Online Enduring

National Jewish Health is accredited with Commendation by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The NJH Office of Professional Education produced and accredited this program and adhered to the updated ACCME guidelines.

NJH designates each live activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*.

NJH designates the enduring material for a maximum of 1.0 *AMA PRA Category 1 Credit™*.

