

Keynote Forum
May 14, 2018

Spring Dermatology & Skin Care 2018



SPRING DERMATOLOGY &
SKIN CARE EXPO CONFERENCE

May 14-15, 2018 | Montreal, Canada

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Chun-Ming Eric Huang

University of California, USA

A skin probiotic microbiome bank


In this speech, I will outline you how we establish a skin probiotic microbiome bank with more than 50 skin probiotic bacteria? In addition, I will highlight how these skin probiotic bacteria can regulate our skin innate and adaptive immunity for treatment of various skin diseases including acne vulgaris. To rebalance the dysbiotic skin microbiome, our strategy of using precision microbiome approaches is to exclusively trigger the fermentation of probiotic bacteria by selective fermentation initiators (SFIs), which will amplify the fermentative (zymological) activity of probiotic bacteria against pathogens. SFIs can be synthesized from carbohydrates, polymers and/or lipids (PSL).

Unlike antibiotics, SFIs eliminate pathogens by boosting zymological activity of probiotic bacteria. I will summarize how skin probiotic bacteria and SFIs impact the future development of drugs, vaccines, probiotics/prebiotics and diagnostics for treatments of skin diseases.

Speaker Biography

Chun-Ming Eric Huang is an Adjunct Professor of medicine in the department of dermatology at UC San Diego. His research has been focused on understanding the role of skin microbiome in the human diseases and developing new drugs and modalities including vaccines and drugs for treatments of skin diseases.

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Juris Bunkis

Orange County Plastic Surgery, USA

When skin care alone does not cut it


While understanding the importance of excellent skin care, non-surgical treatments and injectables, there are some situations where a traditional surgical approach is most appropriate. Dr. Bunkis will discuss the criteria for choosing a surgical approach for facial rejuvenation and go over the many options available to patients today. No one doubts the benefits of good skin care programs, microdermabrasion, dermaplaning, fillers and neurotoxins, Kybella® or other non or minimally invasive facial treatments. Yet there are times when a patient will expect a degree of improvement that cannot be achieved with these less invasive treatments. We will discuss our guidelines for offering more invasive procedures for facial

rejuvenation. When are Kybella® injections preferable to a neck liposuction? Or should a minimally invasive radiofrequency treatment like ThermiTight® be added to the liposuction procedure. And which patient is best suited for a facelift?

Speaker Biography

Dr. Bunkis graduated from the University of Toronto Medical School in 1974. This was followed by a five-year general surgery residency at Columbia University and board certification in general surgery, and a two-year plastic surgery residency at Harvard University. Dr. Bunkis is board certified by the American Board of Plastic Surgery and is a Fellow of the American College of Surgeons.

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Madalene C Y Heng

UCLA School of Medicine, USA

Phosphorylase kinase inhibition in skin disease


The central molecule in the injury pathway is the transcription activator nuclear factor-kappa B (NF-kB) activated 30 min after injury. NF-kB is responsible for the transcription of over 200 genes related to multiple processes, including inflammation and scarring. Phosphorylase kinase released 5 mins after injury activates downstream NF-kB-dependent processes, such as TGF- β 1-dependent fibroblastic and myofibroblastic proliferation responsible for scarring after injury. Curcumin, a phosphorylase kinase inhibitor, blocks downstream NF-kB-dependent inflammation and scarring, with minimal scarring following burns, trauma and surgical wounds. Because of ultraviolet light, damaged skin will make injury to the DNA, particularly double stranded DNA breaks (DSBs), leads to increased risk of photo-carcinogenesis. Phosphorylase kinase also phosphorylates a family of phosphatidylinositol-3 kinases (ATR, ATM and DNA-PK), which control the entry to the DNA Damage Repair Pathway i.e., Cell Cycle Arrest, Nuclear Excision and DNA replication. The repair processes are slow and often incomplete, resulting in photo-aging and photo-carcinogenesis. By blocking phosphorylase kinase, Curcumin induces Curcumin-induced apoptosis, allowing not only for the rapid removal of the severely damaged cells, but also creates the space for replacement by new, healthy undamaged cells. This results in rapid healing of burns and sun-burns. In addition, the removal of premalignant

cells leads to healing of damaged skin with a decreased tendency for malignant transformation. Psoriasis, a genetic skin disease precipitated by injury (trauma, contact allergy and infection), is associated with elevated levels of phosphorylase kinase, believed to result from a defective genetic-based switch-off mechanism. The elevated phosphorylase kinase is associated with increased PCNA+ (proliferating cell nuclear antigen) resulting in psoriasiform proliferation. Curcumin, by inhibiting phosphorylase kinase, causes apoptosis of the PCNA+ cells, returning the skin to normal. We present the results of a protocol based on suppression of phosphorylase kinase activity with topical Curcumin, topical steroids, avoidance of precipitating factors (contact allergens), treatment of bacterial, fungal and viral infections, and maintenance of a strict lactose free diet

Speaker Biography

Madalene C Y Heng is a Professor of Medicine/Dermatology, David Geffen UCLA School of Medicine. After 25 years in full-time academia, she is currently in private practice as a dermatologist in Camarillo, California. She is the author of over 85 publications, in peer-reviewed journals. She is a reviewer of multiple journals with Editorial positions in others. Her expertise includes an interest in the biochemistry and pathophysiology of disease including acne, wound healing and psoriasis. She is the Inventor of Curcumin gel.

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Tino Klancir

Sveti Duh Clinical Hospital, Croatia

Antibiotic induced toxic epidermal necrolysis: A case report

Toxic epidermal necrolysis (TEN) is severe cutaneous hypersensitivity reaction characterized by necrosis of epidermis and detachment of epidermis and dermis that usually occurs as an idiosyncratic reaction to certain drugs. Steven-Johnson syndrome (SJS) is condition when less than 10% of the skin is affected, SJS/TEN overlap when affected skin covers 10%-30% and TEN when more than 30% of skin is affected. We report the case of a patient admitted to our intensive care unit (ICU) after the above-the-knee amputation who developed toxic epidermal necrolysis. Before operation due to MRSA and *Citrobacter freundii* infection of the leg wound meropenem at 3g/day with vancomycin at 2g/day intravenously were started. Preoperative assessment revealed multiple confluent macular erythema, and bullous detachment of the epidermis over face, trunk and extremities, but predominantly on the chest and back. Above knee amputation was performed two days later in general anesthesia. After surgery patient was admitted to ICU where skin lesions continued to progress and in the next two days epidermal detachment progressed and macular erythema and bullous skin lesions affected more than 50% of the total body surface area. Given the rapid progression of

the oral erosions and desquamation on most of the patient's body surface area led us to probability of the diagnosis of TEN. Since it was assumed that the antibiotics caused TEN, all antibiotics were excluded from the therapy. Our therapy for TEN included a combination of intravenous immunoglobulin with gentle early debridement of necrotic skin areas followed by wound coverage with synthetic cover (Aquacel Ag®). The dressings were changed periodically following cleaning with saline and gentle debridement of exfoliated epidermis. After 15 days of local therapy, almost full reepithelialization was achieved. This case-report suggests that intensive wound management together with intravenous immunoglobulin might be beneficial in the treatment of patients with TEN.

Speaker Biography

University of Zagreb, School of Medicine, Croatia 2005. – 2011. General Hospital Zabok, Croatia 2011.-2012. – Internship Emergency Medicine, Department at County Krapinsko zagorska, Croatia 2012. – 2014. University. Hospital Sveti Duh, Zagreb, Croatia – Resident in Anaesthesiology, reanimatology and intensive care medicine 2014. University of Josip Juraj Strossmayer Osijek, School of Medicine, Croatia – Postgraduate student in Anaesthesiology, reanimatology and intensive care medicine 10/2016. – 7/2017

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Keynote Forum May 15, 2018

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Celine Blanche

Clinical Research Colombia Canada

Evaluation of the *in vivo* moisturizing efficacy of topical formulations: Review and selection of suitable methods

The skin surface, especially on the face, is constantly subject to many external aggressions which can affect its moisturization state, and this is notably the case in harsh weather conditions during the winter period. As a result skin hydration remains one of the most unfulfilled cosmetic claims amongst consumers. Depending on the type of product tested and the ingredients it contains (emollients, humectants etc.), the choice of the suitable method to assess skin moisturization differs. This presentation will review the various *in vivo* methods available to support moisturizing and skin barrier protection claims. It will also extend to other skin characteristics such as skin radiance which is influenced by skin moisturization. Finally the notion of healthy skin which can be partially linked with the moisturization state of the skin will be described.

Speaker Biography

Celine Blanche has over 10 years of experience in the field of Cosmetic Clinical Research. She obtained her Master's degree in Cosmetic Science from the University of Paris Sud, France. She started her career as Clinical Testing Scientist in Ireland, where she helped set up a clinical testing facility internal to the company and worked on the creation of innovative test methods. In 2011, after four years in Ireland she moved to Thailand where she became Clinical Studies Director in a cosmetic CRO, supporting the technical, sales and IT department. She also acted as Chief Technical Officer (CTO) in Indonesia and several other South-East Asian countries to provide more technical support in the region. She has recently relocated to Colombia where she supports cosmetic companies in the field of clinical research and claims support.

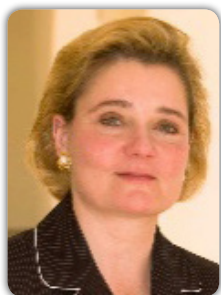
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Gail K Naughton

Histogen Inc., USA

Naturally secreted growth factors for aesthetics: Stimulating skin and hair follicle stem cells

Involvement in regulating many cellular processes, growth factors signal proliferation and differentiation in cells throughout the body. Growth factors such as VEGF and KGF have long been known to play an important role in tissue regeneration. The study of these cell-signaling processes has led to the development of life-saving therapies and, more recently, the role of growth factors in the aging process has been evaluated. Histogen has developed a novel composition containing naturally-secreted multipotent growth factors and soluble matrix proteins which have been shown to stimulate both mature cells and stem cells in the skin. The ability of this growth factor composition, applied topically to facial skin, to aid in the reversal of photodamage and other signs of aging has been examined in multiple clinical studies. One study of a formulation containing a high concentration of growth factors resulted in statistically significant ($p < 0.02$) improvement in the appearance of skin brightness, firmness, and radiance at day 14. Significant improvement in fine lines, pigmentation, evenness and photodamage was seen at day 90.1 histogens unique manufacturing process also results in upregulation of growth factors, such as follistatin, which have been shown to be important in hair viability and hair follicle stem cell proliferation. A purified form of the multipotent growth factor composition

has been developed as an injectable for hair growth. Three clinical trials of a hair stimulating complex (hsc) predecessor have been completed, showing statistically and cosmetically significant efficacy and excellent safety profile. Clinical data to date supports the superiority of hsc against current treatments, with hair growth appearing to remain two years after treatment, temporal recession restoration, and effectiveness in men over 40 and in female patients. Naturally-secreted growth factors represent an important new category in aesthetics, and have been shown across clinical studies to stimulate skin and hair follicle stem cells with anti-aging benefits.

Speaker Biography

Gail k Naughton has been in tissue engineering research for 30 years, holds over 105 patents, and founded two regenerative medicine companies. Her current venture, histogen, is focused on novel products from hypoxia-induced stem cells. She is the company's CSO, CBDO and invented its core technology. She was the Founder/Co-Inventor at advanced tissue sciences, where she oversaw the design and development of the world's first up-scaled manufacturing facility for tissue engineered products, established major corporate development partnerships, and brought four products from concept through market launch. At histogen, she developed a new skin care product, regenica, which was recently acquired by allergan. She has been extensively published and a frequent speaker in the field of tissue engineering. In 2000, she received the 27th annual national inventor of the year award by the intellectual property owners association in honor of her pioneering work in regenerative medicine.

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Baseline

18 Weeks

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Steven Chow

University of Southern California, USA

Superficial head and neck anatomy for dermatologic surgery: Critical concepts


Anatomic knowledge is critical when performing dermatologic surgery, including Mohs micrographic and reconstructive surgery. Distortion, asymmetry and functional complications can occur after the reconstruction of extensive defects. Awareness of the critical anatomic functional and cosmetic structures on the head and neck allow the surgeon to better avoid complications. Application of advanced reconstruction techniques can optimize the functional and aesthetic results.

Speaker Biography

Steven Chow is a board certified Dermatologist and a fellow of the American Academy of Dermatology, the American Society of Dermatologic Surgery and the American College of Mohs Surgery. He received his undergraduate education at Stanford University and obtained a Master of Science in Biomedical Engineering from the University of Minnesota. He received his medical school and residency education from the University of Minnesota and then completed a fellowship in Mohs Micrographic Surgery with Dr Richard G Bennett in Santa Monica, California. He is a Clinical Assistant Professor in the Department of Dermatology at the USC Keck School of Medicine.

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Leodevico (Vic) Ilag

Xerion Limited, Australia

AMYCOT®: A novel bioactive extract from *Spirulina* with multi-functional properties shows clinical efficacy against onychomycosis and tinea infections; And its implications for other dermatological conditions

AMYCOT® is a bioactive extract derived from a strain of *Spirulina (Arthrospira maxima)*, a cyanobacterium, which is commonly used as food supplement and has been consumed for centuries by the Aztecs in Mexico and tribes in Africa. AMYCOT® is produced through a proprietary process which enriches for the bioactive(s). The complex mixture contains a variety of molecules known to have anti-fungal activity as well as a unique activity targeting chitin, a cell wall component present in a broad range of fungi including yeasts. The fungicidal property of AMYCOT® is supported by electron microscopic studies showing rupture of test fungi after a few days as well as *in vitro* zone inhibition studies against a variety of dermatophytes and yeasts. Preclinical *in vitro* studies including use of an *in vitro* 3D human epidermis model have shown that AMYCOT® is non-toxic and non-allergenic with stimulation of skin cell growth properties. Furthermore, the bioactive extract demonstrates anti-inflammatory activity by reducing secretion of IL-1 alpha, a cytokine central to skin inflammation (unpublished results). Previous open-label studies by independent investigators demonstrated efficacy of AMYCOT® against a variety of dermatological fungal infections such as tinea and onychomycosis (2; unpublished results). To further confirm these studies, a single-center, randomised, double-blind, placebo-controlled clinical study was conducted in India. AMYCOT® was formulated as a lotion (8% AMYCOT®) to treat onychomycosis and as a cream (12% AMYCOT®) against tinea infections. The study's sample size was determined from a previous study on a cream and lotion that observed an 81% cure rate for the experimental drugs and an assigned 10% IGA response of 'cleared' or 'excellent' for the placebo group using a two-group Fisher's-exact test of equal proportions. Based on these assumptions, there is over 95% power to detect a

significant difference between the treatment and placebo groups with 14 subjects per group (28 subjects overall) at 5% level of significance, and assuming a 20% dropout rate. From screening 50 potential patients, a total of 28 patients, 18 with tinea and 10 with onychomycosis were randomized in a ratio of 1:1 to treatment or placebo group. All were positive for all three parameters constituting mycological cure, which was assessed, was assessed by potassium hydroxide (KOH) smear, fungal culture and live spore count. Clinical cure was defined as Investigator global assessment (IGA) response of 'cleared' (100% improvement) or 'excellent' (>90% improvement). At the end of treatment, all three parameters were negative in the treatment arm, while KOH smear was positive in all subjects, and culture and live spore count were positive in six of them in the placebo arm. The treatments showed a significant improvement in all three parameters ($p < 0.0001$, 0.019 and 0.019 respectively). At the end of the study, clinical cure was achieved in 11/14 of the tinea subjects and 5/5 of onychomycosis subjects in the treatment arms, while none in the placebo arm. No treatment-related adverse effects were observed in both groups. Additional examples on other subjects with onychomycosis and paronychia will be presented including the successful use of the bioactive extract against acne and pompholyx based on AMYCOT®'s anti-inflammatory and skin repair properties. nailKALM® (8% AMYCOT®) lotion and skinKALM® (12% AMYCOT®) are listed with the Australian TGA (Therapeutic Goods Administration).

Speaker Biography

Leodevico (Vic) Ilag is a Chief Scientific Officer and more than 20 years of biotech experience in the discovery and development of biologics and diagnostics serving in multiple senior executive roles in R&D and business development with several biotech companies in Australia and Europe.

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Peter Peng

P-Skin Professional Clinic, Taiwan

Safe and effective masseter toxin injection technique and prevention of complications

One of the general characteristics of the Asian face is a square-shaped lower face due to masseter muscle prominence or hypertrophy. The application of botulinum toxin on the masseter muscle is an off-label use, but very popular in Asian countries. This application can reshape the lower face and facial contour, especially in the lateral parts of the jawline. These kinds of toxin treatments are very effective, with high safety profiles, but the risk of a variety of side effects or complications still remain. These complications can be divided into three categories and more than 10 kinds of complications. In this session, I will present the recognition, causes, and prevention methods for neurotoxin complications in masseter injections

Speaker Biography

Peter Peng is a board certified Dermatologist/Dermatological surgeon and the Founder and Director of P-Skin Professional Clinic in Taiwan since 1998. The clinic now has nine full-time board certificated dermatologist and two part-time plastic surgeon working together and have more than 30 different kinds of lasers and energy base devices. He went to Shanghai to do clinical treatment of Mainland China patients about toxin, fillers, and lipolysis and thread lifting etc. 2-3 times a month since five years ago. He has been invited to USA, Brazil, France, Spain, Denmark, UK, Russia, Australia, South Africa, Dubai, India, Japan, Korea, Hong Kong, China(more than 20 cities), Thailand, Vietnam, Philippine, Malaysia, Singapore and Indonesia to share his expertise. He has also been invited to either lecture or speak in more than 100 events about his experiences in injectable or using these devices listed above or combination therapy.

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