Therapies for epidermolysis bullosa
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reduces proliferation and migration of keratinocytes in wounds, and hair growth was significantly reduced.\(^5\)

The role of metabolic changes in keratinocyte cancers such as BCC and squamous cell carcinoma, in addition to associated precursor lesions, are not well characterized. To address this deficiency, and to understand which is the predominant enzyme in tryptophan catabolism in BCC, Tina and coworkers compared BCC biopsies and gluteal control skin using microarray analysis to see if there was any evidence of upregulated amino acid transporters and breakdown genes. They found overexpression of SLC7A5, SLC7A7, SLC7A8 and TDO.\(^1\) They then confirmed the increase of SLC7A5 and, for the first time in BCC, showed an increase in SLC7A8 and TDO. This is likely to improve tumour persistence (Fig. 1).

Although the clinical trial and drug discovery landscape for TDO is far less advanced than for IDO1 and IDO2,\(^2\) there is now an argument to investigate inhibition of tryptophan catabolism as a therapeutic avenue to treat not only BCC but potentially keratinocyte cancer in general.

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targeting therapeutics highly relevant. At least, for a period of time, until gene-editing can be safely employed as it should. Therefore, it is of great importance that reports like the one by Peking and colleagues are published in journals like the BJD. Thus, bringing to the attention of a broader range of researchers and clinicians the numerous other therapeutic approaches in the pipeline for genodermatoses, rather than waiting for the magic bullet. For the heterogeneous group of patients with epidermolysis bullosa, for whom one therapy will not cure all, having options is good.

**Conflicts of interest**

None to declare.

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**References**


What lessons can we learn from an apparent decrease in the use of topical drugs for psoriasis?

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This issue of the BJD includes an important study from Denmark by Svendsen and colleagues concerning the use of topical antipsoriatic drugs derived from a health registry. Information from 7743 patients during 2005–2015 revealed that topical antipsoriatic drugs were included in 59 575 prescriptions: 31% were for topical corticosteroids combined with calcipotriol; 6.5% for calcipotriol alone; 24% for very potent topical corticosteroids; 30% for potent topical corticosteroids; and 7.2% for moderately potent topical corticosteroids; finally, 1.6% were for topical corticosteroids combined with antimicrobials. The authors found a 19% reduction in the overall prescribing of these drugs during the 10-year study period.

Of interest, was that a minority of these Danish patients, just 25%, accounted for 70% of the total amount of topical antipsoriatic drugs prescribed. Additionally, biological drugs were used in just 6% of the patients. The authors speculated that the decrease in the use of topical drugs may reflect an increase in the use of methotrexate to control the disease. They also wondered if the reduced use of topical corticosteroids might be explained by increasing corticosteroid phobia or even a reduction in adherence to prescribed treatment.

In another population-based survey on topical treatments for psoriasis, Lebwohl et al found that most patients were undertreated. Furthermore, 57% who received oral therapy and 45% who received biological therapy discontinued topical treatment, citing safety and/or tolerability concerns and a lack of, or loss, of efficacy. This high dropout rate for topical therapies was even more striking than in the current study by Svendsen et al.

Patient adherence to topical psoriasis therapy is generally low. The high burden of treatment and the substantial effort required to maintain ongoing therapy frequently lead to treatment fatigue. Thus, the decrease in the use of topical agents reported by Svendsen et al. might have other, simpler explanations. Furthermore, for topical dermatological products, patients prefer and tend to be more adherent to, certain topical vehicles based on convenience and cosmetic acceptability.

Finally, Wolf et al. conducted a quality of life study among Austrian patients with psoriasis: there were 1184 participants, of whom 42.1% reported that at least 11.2% of body surface area was affected. The authors observed that 97.2% had used topical therapies since disease onset, but over the final 4 weeks of the study, only 88.2% were still using topical agents. Overall, the data from these three distinct studies suggest that adherence to topical therapies is complex, and is influenced by several factors. It is apparent from the study by Svendsen and colleagues that the rapidly changing profile of systemic treatments for psoriasis is having an impact on patient’s use of the most standard and traditional antipsoriasis treatments, namely topical therapies.

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References


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