Skin Health

Mount Sinai

FROM THE KIMBERLY AND ERIC J. WALDMAN DEPARTMENT OF DERMATOLOGY | SPRING/SUMMER 2020

Patients and Doctors Look to Mount Sinai for Guidance on COVID-19 and Biologic Drugs

By Mark G. Lebwohl, MD, Waldman Chair of Dermatology, The Kimberly and Eric J. Waldman Department of Dermatology, Icahn School of Medicine at Mount Sinai

Mark G. Lebwohl, MD

Our Department has been at the forefront of biologic drug research and therapy for conditions like psoriasis, atopic dermatitis, alopecia areata, and some less common skin disorders. Drugs known as biologics target specific molecules called cytokines that are single factors in a patient's immune system. For this reason, biologics are considered safer than older drugs like methotrexate, cyclosporin, and corticosteroids, which can cause overall immune suppression.

During the early days of the COVID-19 pandemic, patients were understandably worried that immune-modulating drugs like biologics might increase their susceptibility to COVID-19 or result in life-threatening infection. As a major center for biologic drug development and treatment, our practice was inundated with phone calls and email messages from concerned physicians and patients seeking guidance.

continued on page 3

Telemedicine Brings the Dermatologist to You

Helping you to stay safe at home is a job we take seriously. The good news is that medical care provided via mobile devices and computers, known as telemedicine or telehealth, became widely available after Congress passed the CARES Act in March of this year. (CARES stands for Coronavirus Aid, Relief, and Economic Security.) The federal government temporarily relaxed some of the HIPAA privacy requirements along with other rules, so that health care providers may use popular platforms such as FaceTime, Skype, and Zoom, in addition to the standard HIPAA-compliant telehealth services.

Telemedicine visits can be provided in several ways. The most common of these is live, two-way video chat between a patient and a health care provider. Under certain circumstances, digital consultations using stored health data with prerecorded images and even telephone calls may qualify as reimbursable visits. Thanks to the CARES Act, a doctor may now provide telehealth services to both new and established patients, and patients may receive remote care from doctors who are licensed in other states. Although the regulations of individual states may vary from those of the federal government, many states, including New York and New Jersey, have relaxed in-state licensing requirements during the pandemic.

"The rationale for protecting health information still exists, even though the Department of Health and

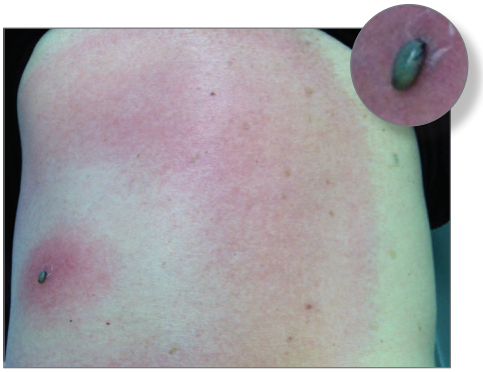
continued on page 3

IN THIS ISSUE

Why Do We Need a Rapid Test for Lyme Disease?

By David S. Orentreich, MD, Assistant Clinical Professor of Dermatology, Icahn School of Medicine at Mount Sinai

During social distancing, one of the few favorable consequences has been greater enthusiasm for walking, hiking, and bicycling in uncrowded outdoor spaces. Let's not forget, though, that Lyme disease is one of the risks of being in nature. Lyme disease is caused by bacteria known as *Borrelia burgdorferi*, which are transmitted to humans through the bite of an infected tick. About 30,000 cases of Lyme disease are reported to the Centers for Disease Control (CDC) each year, making it the most common insect-borne illness in the United States.



Lyme disease often causes a classic bull's-eye rash that expands around a tick bite. The inset shows an embedded tick. (Photo courtesy of Douglas Altchek, MD)

PREVENT LYME DISEASE WHILE ENJOYING THE GREAT OUTDOORS

- **Remember that ticks thrive in wooded areas, tall grasses, and shrubs.**
- **Protect your scalp and body with hats, garments, and footwear.**
- **Use insect repellents specially made for your skin, clothing, and gear.**
- **Perform personal and family tick checks right after coming indoors.**
- **Grasp attached ticks with tweezers held next to the skin and pull firmly.**
- **See a doctor if you develop a fever, skin rash, headache, or joint pain.**

Diagnosing Lyme disease soon after onset is crucial because early treatment is usually curative. A delay, on the other hand, can lead to long-term effects on the joints, heart, and nervous system. A diagnosis can be made within a few days when a patient develops the characteristic rash called erythema migrans, commonly known as a bull's-eye, but this sign is absent in about one-third of infected individuals.

A diagnosis of Lyme disease can also be confirmed with the traditional two-step blood test for antibodies that the immune system produces in response to infection. With current testing, these antibodies cannot be detected until about two to four weeks after infection. When there is a high degree of suspicion, a several-week course of an antibiotic such as amoxicillin or doxycycline is usually initiated while waiting for the results of the Lyme antibody test.

In recent days, there has been much talk about point-of-care testing. (Point-of-care refers to a diagnostic test that can be completed in a doctor's office or hospital while the patient waits for results.) Rapid testing is particularly important for infectious diseases, because a few days saved can make a big difference in medical decision-making. There is currently great interest in a rapid point-of-care assay for Lyme disease that was reported in the *Journal of Clinical Microbiology* in 2019.

Currently in development, the Lyme disease point-of-care assay uses a method called microfluidics that has been reported to be **faster and more accurate** at detecting early biomarkers of Lyme disease than the two-step test currently in use. Not only would the new test be more sensitive during the early stages of disease, but as a rapid point-of-care test, it could save five to ten days of waiting for results.

The National Institutes of Health (NIH) advise that although the study's authors say the new test shows great potential, it requires refinement, testing, and FDA approval. It is still too early to predict exactly when the test will become available.

For more information about Lyme Disease, visit **www.cdc.gov/lyme/**

Skin Health
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Our nameplate shows a normal skin surface under the microscope. Photo courtesy of Mark R. Wick, MD

Readers may email comments and suggestions to susan.bershad@mountsinai.org

Guidance on COVID-19 and Biologic Drugs *continued from page 1*

It is important to know that COVID-19 is a novel coronavirus, meaning it is a new virus—we had no data before this outbreak. What we did have were many placebo-controlled clinical trials of every biologic drug's impact on all infections, and in particular, respiratory tract and viral infections like the flu and common colds.

During clinical trials of biologic drugs for psoriasis, the rate of respiratory tract infection for the majority of biologics was similar to the placebo rate. However, infection rates did turn out to be significantly higher for the Tumor Necrosis Factor (TNF) blockers that include Remicade®, Humira®, and Cimzia®. These and another TNF blocker, Enbrel®, carry FDA boxed warnings cautioning patients about infections, including viral infections.

The newer biologic drugs that block cytokines called interleukins (IL) had very low rates of respiratory infection, similar to placebo. This category includes the IL-12 and IL-23 blocker Stelara®; IL-17 blockers like Cosentyx®, Taltz®, and Siliq®; and IL-23 blockers such as Tremfya®, Ilumya®, and Skyrizi®. It is worth noting that the IL-17 blocking drugs are known to predispose to yeast infections but not to viral infections.

Based on all the data, we decided to offer patients currently treated with TNF blockers the option to switch to the newer IL-17 and IL-23 blocking drugs. Our experience predicts that these would be safer during a viral outbreak. The IL-17 and IL-23 blockers also tend to be the most effective.

If a patient on a biologic drug tests positive for COVID-19 infection, we withhold the drug until the patient has fully recovered. But for uninfected patients whose skin diseases are well controlled on biologics, discontinuing biologics drugs would not be my recommendation. A stop-and-start approach has been shown to yield a lower improvement rate after restarting the drug than a patient could expect from continuous treatment.

For patients on the biologic drugs Dupixent® for atopic dermatitis and Xolair® for hives, discontinuing the drugs might be detrimental when it comes to respiratory infections. These patients are prone to asthma, which is kept under control with the drugs. Withholding Dupixent or Xolair might worsen asthma and increase the patient's risk of serious pneumonia from COVID-19.

I was invited to present our guidelines to an international audience of dermatologists at a webinar in March of this year. Subsequently, a number of medical organizations and patient-advocacy groups have issued very similar recommendations. We are constantly learning about the novel coronavirus and will continue to analyze the data in the months to come. In the meantime, a compassionate approach to the care of each individual allows us to find the balance between treatment success for skin disorders and risk mitigation during a viral outbreak.

Telemedicine Brings the Dermatologist to You *continued from page 1*

Human Services stated that it will not enforce HIPAA privacy rules during the pandemic," says **George Han, MD**, Director of Teledermatology for the Mount Sinai Health System. "With numerous publicly available videoconferencing applications, information security is a concern." Dr. Han pointed to popular platforms in which hackers might be able to observe communications containing sensitive information. "While the likelihood of this affecting an individual patient encounter is low, I favor HIPAA-compliant telehealth services for the best privacy protection. These will also help providers to continue offering remote care when the pandemic is over," says Dr. Han.

Many physicians are joining the telehealth movement. It makes sense to find out about the remote services your doctor will provide when you need to stay at home. We recommend asking your insurer if you are responsible for copays or other fees.

Mount Sinai Doctors Faculty Practice is now offering **teledermatology** appointments to new and established patients of all ages. **To book a visit**, call **212-241-9728** or email **DermAppointmentRequest@mountsinai.org**.

For more information, see the Medicare COVID-19 telehealth fact sheet at https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf

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Skin Health

SPRING/SUMMER 2020

When Words Are Not Enough

The spring of 2020 has been a season like no other. An invisible virus is taking its toll on each and every patient, friend, and neighbor of Mount Sinai. The Kimberly and Eric J. Waldman Department of Dermatology wants to express our sadness and concern to those of you who have lost loved ones or endured illness.

Dermatology Resident Margot Chima, MD

We salute our heroes—health care workers on the front lines (including many of our own), first responders, and essential workers—for stepping up in ways not imagined for over a century. We want to say THANK YOU to every family in the tri-state area and beyond for your personal sacrifices and for your outpouring of appreciation for our doctors, nurses, and support staff. You lift their spirits and inspire them to carry on.

From left: Mount Sinai West Chair of Dermatology Andrew Alexis, MD, MPH, with Residents Ali Hadi, MD, and Sultan AlSalem, MD

Dermatology Residents Justine Fenner, MD, at left, and John Nia, MD

Most of Mount Sinai's Dermatology Residents and many members of our faculty and staff were deployed to the front lines to care for COVID-19 patients.

F.Y.I. (For You Inside)

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