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Citation:

Dermatol AMJ. 2024;[1]1:48-49.
<https://doi.org/10.33590/dermatolamj/OOAA9765>.

Q1 After receiving your medical degree from Columbia University Vagelos College of Physicians & Surgeons, New York, USA, what inspired you to specialize in dermatology?

My inspiration to pursue dermatology begins with my mother, the late Mercy Alexis Akuffo, who was the first Black female dermatologist in Canada. She practiced dermatology in the greater Toronto area, and was on staff at the University of Toronto Women's College Hospital, Ontario, Canada. Seeing firsthand the impact a dermatologist can have on patients of all ages and backgrounds, and the personal satisfaction my mother derived from being a dermatologist, certainly had an impact on my path to pursuing medical school, and a dermatology residency. A second major source of inspiration came from my medical school experience at Columbia. During my clinical rotations, I was amazed to see that, no matter what specialty I was rotating in, dermatological manifestations of numerous diseases and treatments would arise. It was remarkable that in these instances, the extraordinary dermatology consultation service at Columbia would be called for their input into often complex cases, and would uncover important findings on skin examination, that ultimately led to key diagnoses that changed the trajectory of the patient's course of treatment and clinical outcomes.

Q2 You have dedicated a significant portion of your career to advancing patient care, research, and education pertaining to dermatologic disorders that are prevalent in populations with skin of color. Has this understanding and awareness changed throughout your career, and what challenges remain?

Over the past 20 years, there have been considerable advances in our understanding, awareness of nuances, and specific considerations for patient populations with skin of color. We have seen an increase in research studies, publications, educational content at continuing medical education meetings, and textbooks that highlight dermatologic conditions in patients with skin of color. We have particularly seen recent developments in pigmentary disorders, that have greatly expanded our therapeutic options for hyperpigmentation; new studies that investigate the treatment of psoriasis and atopic dermatitis (AD), specifically in patient populations with skin of color; and advances in hidradenitis suppurativa, to name a few. Some key challenges that remain understudied, and have limited treatment options, include keloids; scarring alopecias, such as central centrifugal cicatricial alopecia; erythema dyschromicum perstans; and lichen planus pigmentosus.

Q3 Your most recent publication, entitled 'Integrating Skin Color Assessments Into Clinical Practice and Research: Review of Current Approaches' concludes that there are significant deficiencies in skin classification instruments. What can the medical community do to combat this?

I think it is important for the medical community to recognize the limitations of our current classification instruments and approaches. For example, the Fitzpatrick skin phototype system is often used in a way that deviates from its original intent, which is to classify skin based on response to UV radiation, and can be imprecise with respect to classifying diverse populations with skin of color. It is very likely that we will see the increased

use of instrumentation, to objectively measure skin pigmentation in the clinical research setting, and this may also translate into the clinical setting.

Q4 **Spotlighting atopic dermatitis, please can you outline variations in epidemiology, clinical presentation, and treatment in diverse racial and ethnic groups?**

In the USA, there is a higher prevalence of AD in Black children versus White children (15.89% versus 9.70%), higher odds of persistence of AD from early- to mid-childhood in Black children versus White children, higher rates of absenteeism from school secondary to AD among Black and Hispanic children, and racial/ethnic disparities in healthcare utilization rates among patients with AD. In addition, patients with AD and more pigmented skin also tend to present with associated pigment alterations, such as hyper- and hypopigmentation, as long-term sequelae of their AD. This contributes to the overall burden and impact of AD on patients with skin of color.

Q5 **You are due to present at many sessions at AAD 2024, including 'Melasma in Skin of Color: 2024 Update'. What do you expect to be the key takeaways?**

In this presentation, I highlight the differential diagnosis of melasma, including the importance of recognizing other disorders that present with hyperpigmentation on the face, such as lichen planus pigmentosus, medication-induced hyperpigmentation, and facial acanthosis nigricans. I also highlight advances in treating melasma and post-inflammatory hyperpigmentation, including trifarotene for post-inflammatory hyperpigmentation; tranexamic acid for melasma; and cosmeceutical/dermocosmetic ingredients, such as cysteamine and 2-mercaptopyridyl glycine, to improve hyperpigmentation.

Q6 **You serve on the Board of Directors for the Scarring Alopecia Foundation (SAF). What are the main focuses of this role?**

Advancing awareness/education, research, and care for patients with scarring alopecias.

Q7 **In editing a textbook focused on cosmetic procedures for individuals with skin of color, what essential factors should dermatologists take into account when providing care to these patients?**

Recognize that there is no 'one size fits all'; assess and treat each patient as an individual, and recognize their individual nuances in skin complexion, reactivity, clinical features, and cultural impact.

Q8 **You make appearances on major television news programs such as ABC, CBS, NBC, and FOX, addressing issues like skin cancer awareness, and providing skincare guidance in the context of pandemic face mask usage. How crucial is this effort in augmenting public comprehension of dermatological concerns?**

Participating in media interviews is an effective way to raise community awareness on several important health issues related to the skin, hair, and nails. I have had the privilege of sharing insights into skin cancer, sun protection, mask wearing during the COVID-19 pandemic, and scarring alopecia through numerous media engagements over the years.

Q9 **Your work has been recognized by a wealth of awards, including being listed in the Castle Connolly Top Doctors list, which recognizes the top 7% of physicians in the USA. What has been your proudest achievement to date?**

Being able to foster relationships with patients over a 20-year period, such that I can now treat patients' entire families and loved ones through 'word-of-mouth' referrals.

It has also been very rewarding to see many of my former students and residents become successful dermatologists themselves. For many years, I would enjoy attending dermatology conferences with my mother, who would sit in the first row of my presentations, and even ask questions afterwards; this will remain one of my fondest memories. ●