Highlights and Insights from the 2026 American Academy of Dermatology (AAD) Annual Meeting

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EVERY year, thousands of dermatologists and dermatology practitioners attend the American Academy of Dermatology (AAD) Annual Meeting. This year's meeting, located in Denver, Colorado, USA, was no different, with more than 20,000 registrants attending.[1] Experts provided valuable insight in numerous areas within dermatology, along with goals for the future of the specialty. Herein, we highlight some of the latest advancements highlighted in the meeting and the common themes shared by leaders in the field.

PLENARY SESSION

The John Kenney Jr. M.D. Lifetime Achievement Award and Lectureship this year was awarded to Iltefat Hamzavi, Henry Ford Health, Detroit, Michigan, USA. During his lecture, he noted that a will to go where patients are suffering is what guided him through his career and led him to create numerous advancements in vitiligo and hidradenitis suppurativa. Similarly, Robert Brodell, University of Mississippi Medical Center, Jackson, USA, provided the Clarence S. Livingood M.D. Memorial Award and Lectureship, in which he highlighted his career-long work on improving access to care in rural areas.

Incoming president of the AAD, Murad Alam, Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA, provided an insightful look into his goals for the upcoming year. Much of his message was focused on the specialty collectively working together to address Medicare reimbursement reform.

ATOPIC DERMATITIS: NEW THERAPEUTICS ON THE HORIZON

Numerous presenters shared practice-changing updates in the realm of atopic dermatitis. Linda Stein Gold from Henry Ford Health shared data from a recent Phase II, multicenter, open-label

study showing efficacy and safety of nemolizumab for atopic dermatitis in children. This was a 52-week, open-label, single-arm study and involved 109 patients.[2] Improvements in itch were seen as quickly as within 1 week and 80% of patients achieved an Eczema Area and Severity Index (EASI)-75 score by 52 weeks. Moreover, no serious adverse events were reported.[2]

Amlitelimab, an anti-OX40 ligand monoclonal antibody treatment, was discussed by Eric Lawrence Simpson from Oregon Health and Science University, Portland, USA. Specifically, promising data from a Phase III, randomized, double-blind, placebo controlled trial were shared. There were clinically significant improvements in atopic dermatitis noticed while the medication was found to be well tolerated.[2]

HAIR LOSS: POTENTIAL NEW TREATMENTS TO END A DROUGHT

For hair loss, finasteride and minoxidil have remained the two primary FDA-approved treatments for decades. New data highlighted at this year's meeting suggest this may not be the case for long.

PP-405, a mitochondrial pyruvate carrier inhibitor developed by Pelage Pharmaceuticals (Los Angeles, California, USA), was discussed again at this year's meeting by Arash Mostaghimi from Brigham and Women's Hospital, Boston, Massachusetts, USA. New data from a randomized, controlled, Phase IIa study were shown, which primarily investigated safety and pharmacokinetics while including 78 participants.[3] Topical use of PP-405 was found to be well tolerated without any systemic absorption noted. Moreover, photos and data shown

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were very encouraging to suggest PP-405 can truly increase the number of follicular units and terminal hairs.[3] Pelage Pharmaceuticals will be preparing to begin late stage clinical trials for PP-405.

VDPHL01, a form of extended-release oral minoxidil, was similarly highlighted at this year's meeting. Of note, the data shared by Veradermics (New Haven, Connecticut, USA), the developer of VDPHL01, showed a statistically significant increase in hair growth when compared to topical and standard-release oral minoxidil.[4]

INTRATUMORAL IMMUNOTHERAPY: A PROMISING NEW AVENUE FOR CUTANEOUS ONCOLOGY

Mary C. Spellman highlighted a new therapeutic investigational siRNA that targets the *PDCD1* gene. Called PH762, this intratumoral immunotherapy was created to help reduce the adverse effects of systemic immunotherapy while still targeting cutaneous tumors. Phase I data were shared, which included a large range of doses of PH762, and showed no serious adverse events or dose-limiting toxicities.[5]

The vast majority of patients in this trial had cutaneous squamous carcinoma and pathologic response, meaning the tumor did respond to the therapy, was seen in 65% of patients.[5] While these data are very early and further trials and studies are needed, the impact of limiting systemic side effects and potentially surgery for patients while still targeting tumors could change the field of cutaneous oncology.

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