AAD 2026

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Congress Review

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NEW research presented at the American Academy of Dermatology (AAD) Annual Meeting 2026 showcased the breadth of advances shaping the field. The following studies demonstrate highlights from the Meeting and span an array of topics, including inflammatory skin disease, psoriasis and psoriatic arthritis, pregnancy outcomes, skin cancer risk, and long-term treatment and management challenges across clinical practice.

Overlap of Vulvar Lichen Sclerosus and Lichen Planus Linked to Higher Clinical Burden

A RETROSPECTIVE study from a tertiary vulvar dermatology clinic, presented at the AAD Annual Meeting 2026, has highlighted the clinical significance of overlap between vulvar lichen sclerosus (LS) and erosive vulvovaginal lichen planus (EVVLP), suggesting that this underrecognized entity may present with greater disease severity and increased neoplastic risk.[1]

LS and EVVLP are both chronic, immune-mediated dermatoses affecting the vulvovaginal region, but they typically involve distinct anatomical sites. LS predominantly affects keratinized vulvar skin and usually spares the vagina, whereas EVVLP is characterized by painful erosions involving both vulvar and vaginal mucosa. However, a subset of patients appear to exhibit features of both conditions, described as LS/lichen planus (LP) overlap.

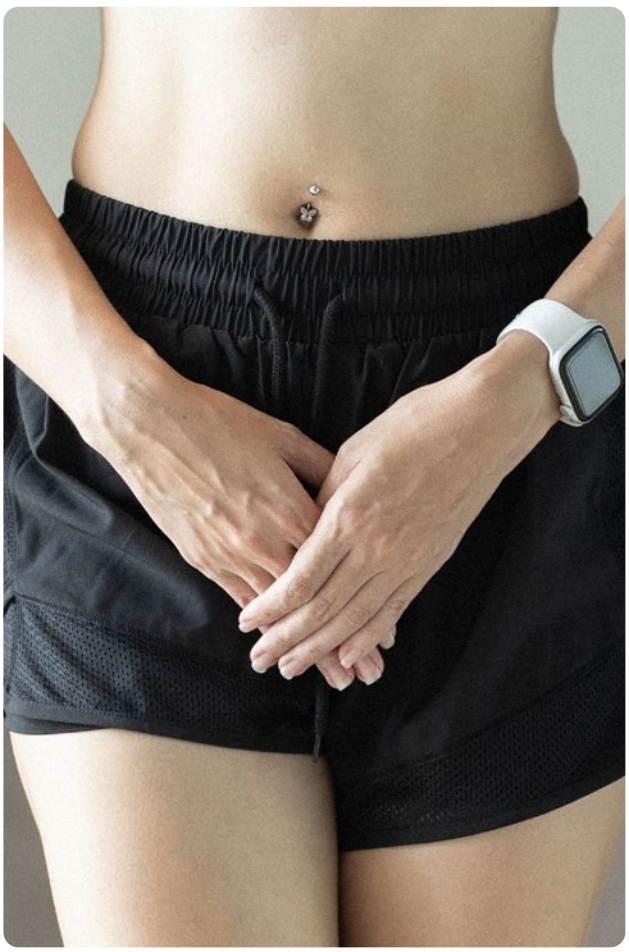
In this retrospective chart review, investigators identified 13 patients with confirmed diagnoses of both LS and EVVLP affecting the vulva. Notably, all patients also demonstrated vaginal involvement consistent with EVVLP. The mean age at diagnosis was 69.2 years, which is later than typically reported for either condition in isolation.

Comorbid mucocutaneous and systemic features were common. Oral LP was present in 46% of patients, while 31% had lichen planopilaris. Additionally, autoimmune comorbidities were documented in approximately one-third of the cohort. Of particular concern, differentiated vulvar intraepithelial neoplasia was identified in 15% of cases, exceeding rates generally reported for LS or LP alone.

Management strategies reflected the complexity of this overlap phenotype. All patients were treated with high-potency topical corticosteroids, while 69% also used topical estrogen therapy. Vaginal dilators were employed in a minority (15%), and nearly half of patients (46%) required systemic immunomodulatory treatment.

The authors concluded that LS/LP overlap may represent a distinct and underdiagnosed clinical entity associated with delayed diagnosis, significant mucosal involvement, and a potentially elevated risk of neoplastic transformation. They emphasized the importance of comprehensive mucocutaneous assessment, vigilance for malignancy, and consideration of systemic therapy in management.

Further research is needed to better characterize this overlap syndrome and inform optimal treatment strategies.



Risankizumab Significantly Improves Quality of Life in Genital and Scalp Psoriasis

NEW FINDINGS from the Phase IV UnIIMMited trial, presented at the AAD Annual Meeting 2026, demonstrate that risankizumab markedly improves quality of life (QoL) outcomes in patients with psoriasis affecting high-impact areas, including the genitals and scalp.[2]

Psoriasis in these sensitive and visible regions is associated with disproportionate physical discomfort and psychological burden, often leading to increased embarrassment, self-consciousness, and reduced overall wellbeing. Despite this, such areas remain challenging to treat effectively, underscoring the need for targeted therapeutic options.

The UnIIMMited study (NCT05969223) is a multicenter, randomized, double-blind, placebo-controlled trial evaluating risankizumab, an IL-23 inhibitor, in patients with genital or scalp psoriasis. Participants were randomized 1:1 to receive risankizumab 150 mg or placebo at baseline and Week 4. QoL was assessed at Week 16 using the Dermatology Life Quality Index (DLQI), focusing on symptom burden and psychosocial impact.

Results showed significantly greater improvements in QoL among patients treated with risankizumab compared with placebo. In the genital psoriasis group, 33.3% of patients receiving risankizumab reported no symptoms such as itching, pain, or stinging (DLQI question one, score of 0), compared with just 4.2% in the placebo group. Even more strikingly, 74.5% of risankizumab-treated patients reported no embarrassment or self-consciousness related to their skin (DLQI question two, score of 0), versus 10.9% of those receiving placebo.

Similar trends were observed in the scalp psoriasis group. Among patients with scalp psoriasis, 25.0% of those treated with risankizumab achieved a score of 0 for symptom burden, compared with 6.3% in the placebo arm. For psychosocial impact, 48.9% of patients receiving risankizumab reported no embarrassment or self-consciousness, compared with 10.4% of placebo-treated patients.

These findings highlight the substantial burden of psoriasis in high-impact areas and demonstrate that risankizumab can deliver meaningful improvements in both physical symptoms and emotional wellbeing within 16 weeks.

The authors concluded that risankizumab offers a valuable treatment option for patients with genital or scalp psoriasis, significantly reducing disease impact and improving patient-reported outcomes.

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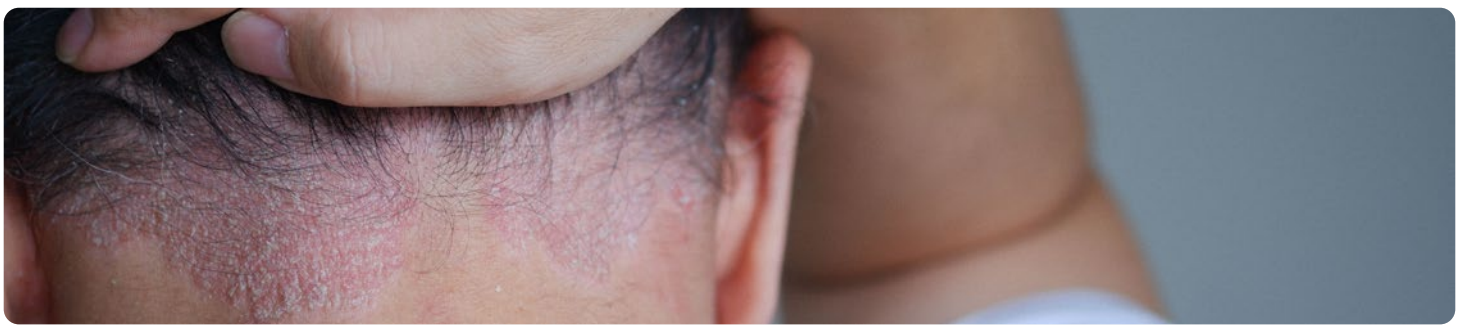

Guselkumab Shows Consistent Benefits for Erosive Psoriatic Arthritis

NEW DATA presented at the AAD Annual Meeting 2026 demonstrated consistent Week 24 efficacy of guselkumab in biologic-naïve patients with active, erosive psoriatic arthritis (PsA) across baseline subgroups.[3]

The Phase IIIb APEX study previously met its primary endpoint, demonstrating significantly higher American College of Rheumatology 20% response criteria (ACR20) response rates at Week 24 with guselkumab versus placebo. This subgroup analysis assessed treatment consistency across baseline demographic, clinical, and radiographic characteristics.

APEX was a randomized Phase IIIb study in biologic-naïve adults with active PsA despite prior non-biologic therapy. Eligibility required swollen joint count ≥3, tender joint count ≥3, C-reactive protein ≥0.3 mg/dL, and at least two erosive joints on hand or foot radiographs. Participants were randomized to guselkumab every 4 weeks (Q4W; n=273); guselkumab at Weeks 0 and 4, then every 8 weeks (n=371); or placebo Q4W (n=376). Outcomes at Week 24 were evaluated in predefined subgroups by sex, BMI, PsA disease characteristics, concomitant methotrexate use, and radiographic features.

At Week 24, ACR20 response rates were 66.6%, 68.3%, and 47.0% in the guselkumab Q4W, guselkumab at Weeks 0 and 4 then every 8 weeks, and placebo groups, respectively. ACR50 responses were 41.4%, 42.2%, and 20.5%; Psoriasis Area and Severity Index (PASI)-90 responses were 69.4%, 60.0%, and 22.0%; and minimal disease activity rates were 29.6%, 27.7%, and 13.7%, respectively. Improvements across endpoints were consistent in guselkumab-treated subgroups. Inhibition of radiographic progression was also generally consistent across baseline subgroups.

In summary, in biologic-naïve patients with active, erosive PsA, guselkumab provided greater clinical improvements than placebo, as well as consistent benefit across key subgroups. These findings support guselkumab as an effective option when both symptom control and structural preservation are treatment priorities.

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Patient-Reported Triggers Reveal Complexity of Chronic Hand Eczema

A NEW US study, presented at the AAD Annual Meeting 2026, has revealed that patients with chronic hand eczema (CHE) most commonly attribute their condition to a complex mix of environmental, biological, and psychological triggers, offering important insights for more personalized management strategies.[4]

When asked to prioritize a single main trigger, environmental factors ranked highest (14.2%), followed by genetic predisposition (11.6%), and stress or emotional triggers (10.4%)

The causes of CHE are often difficult to determine, as the disease is widely recognized as multifactorial, involving both external exposures and internal predispositions. Despite this, patient perceptions of what drives their condition have historically been underexplored in clinical care.

The CHECK-US study, an online survey of adults from general population panels, analyzed responses from 982 participants with physician-diagnosed CHE. Participants were asked to identify perceived triggers and select what they believed to be the primary cause of their condition. Findings showed that most individuals linked their CHE to multiple overlapping factors, with environmental triggers reported by 69.4%, biological causes by 47.4%, psychological factors by 34.1%, and lifestyle or habits by 26.0%.

When asked to prioritize a single main trigger, environmental factors ranked highest (14.2%), followed by genetic predisposition (11.6%), and stress or emotional triggers (10.4%). Notably, differences emerged across subgroups. Females were significantly more likely to report environmental (73.4% versus 66.1%; $p<0.05$) and psychological triggers (47.5% versus 22.8%; $p<0.01$), while males more frequently identified lifestyle factors (29.7% versus 21.7%; $p<0.01$) and infections (19.1% versus 10.9%; $p<0.01$). Employed individuals more often cited lifestyle and physical triggers compared with unemployed respondents, and those living in urban areas were more likely to report lifestyle-related causes than those in rural settings.

These findings underscore the heterogeneity of CHE and highlight the importance of incorporating patient perspectives into clinical assessment. While the study relied on self-reported data and may be subject to recall bias, it provides valuable real-world insight into how patients interpret their disease.

The results suggest that understanding patient beliefs about CHE triggers could support more tailored treatment approaches, improve adherence, and ultimately enhance outcomes. Future research may further explore how aligning clinical management with patient perceptions can optimize care in this challenging condition.

Hidradenitis Suppurativa Tied to Poorer Pregnancy Outcomes

A NEW meta-analysis presented at the AAD Annual Meeting 2026 suggested that hidradenitis suppurativa (HS) was associated with a higher risk of several adverse pregnancy outcomes, adding to growing concern about the impact of this chronic inflammatory skin disease during pregnancy.[5]

HS is a long-term inflammatory condition marked by recurrent nodules, abscesses, sinus tract formation, and scarring. It also frequently occurs alongside comorbidities such as smoking, obesity, diabetes, and hypertension, all of which can complicate pregnancy.

Against this background, researchers examined whether pregnancies in females with HS were more likely to be affected by maternal or fetal complications than pregnancies in females without the condition.

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The systematic review and meta-analysis searched PubMed, Embase, and Cochrane databases in May 2025 for studies comparing pregnancy outcomes in females with HS against those without it. Five studies were included, representing a combined total of 15,192,650 pregnant females. Random-effects models were used to calculate pooled odds ratios with 95% CI.

The analysis showed that pregnancies affected by HS were associated with a significantly increased risk of hypertensive disorders (odds ratio [OR]: 1.81; 95% CI: 1.49–2.20; p<0.001), Caesarean delivery (OR: 1.34; 95% CI: 1.09–1.65; p=0.006), and preterm birth (OR: 1.20; 95% CI: 1.01–1.43; p=0.035) compared with pregnancies not affected by HS.

However, no statistically significant differences were observed for preeclampsia (OR: 1.18; 95% CI: 1.00–1.40; p=0.057) or stillbirth (OR: 1.08; 95% CI: 0.57–2.06; p=0.810). These findings suggested that, while HS was linked to an elevated risk of some adverse outcomes, this pattern was not seen across every complication assessed.

As with all meta-analyses, the findings depended on the quality and consistency of the available studies. Even so, the scale of the dataset adds weight to the observation that HS may be an important consideration in pregnancy risk assessment.

The study added to evidence that females with HS may benefit from closer monitoring before and during pregnancy, particularly with regard to hypertensive disorders, preterm birth, and delivery planning.

Comparative Risk of Psoriatic Arthritis in Patients with Psoriasis on Immunomodulators

PSORIATIC arthritis (PsA) is a progressive disease that can be difficult to prevent, is often diagnosed late, and remains challenging to treat. Current treatments are often symptom-driven rather than preventive, and for patients with psoriasis (PsO), an important clinical question is whether some immunomodulators are more effective than others at reducing the risk of developing PsA. This study, presented at the AAD Annual Meeting 2026, assessed the 3-year risk of PsA development in patients with PsO treated with immunomodulators targeting IL-12, IL-17, IL-23, TNF-α, JAK1, and JAK3.[6]

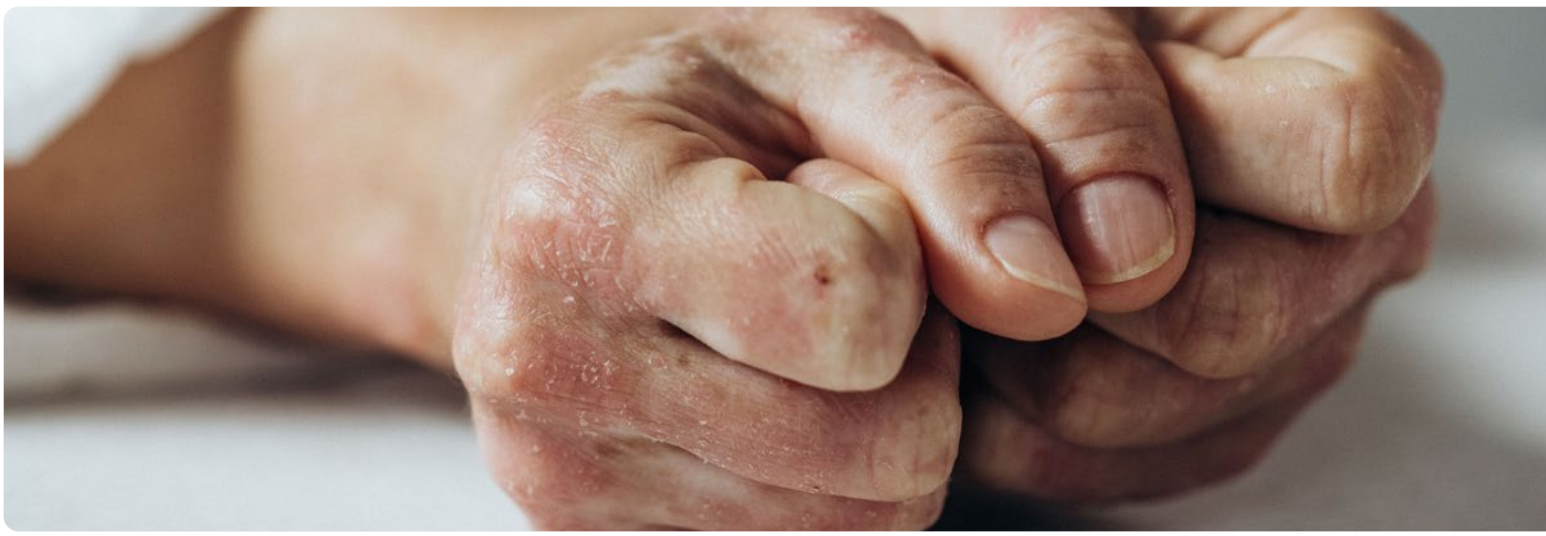
The investigators used the TriNetX Research Network (TriNetX, LLC, Cambridge, Massachusetts, USA) to identify patients with PsO who had been treated with one of the listed immunomodulatory agents. To improve comparisons across treatment groups, the investigators matched patients 1:1 by propensity score using demographic, socioeconomic, and clinical factors, including obesity, inflammatory bowel disease, gout, diabetes, hypertension, hyperlipidemia, tobacco use, and alcohol-related disorders.

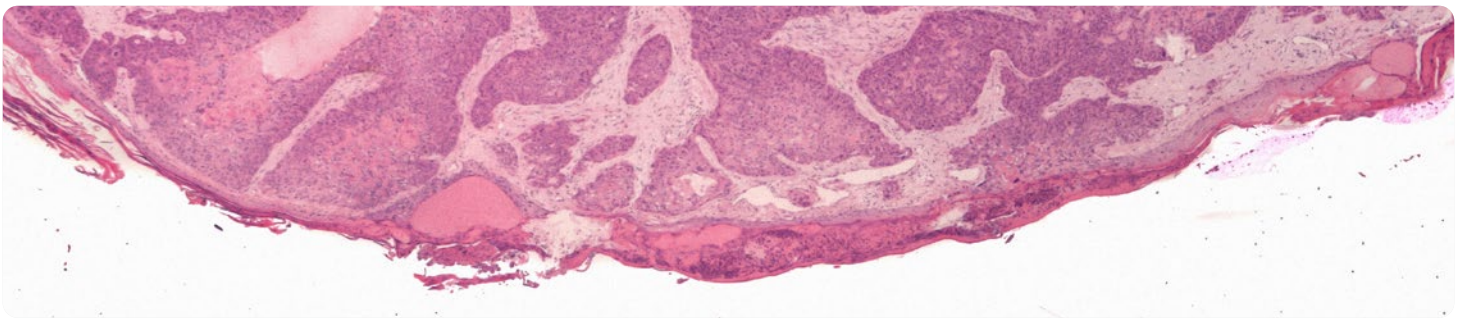
The study evaluated multiple therapies and revealed notable differences across treatment groups. Among the agents assessed, IL-23 inhibitors were consistently associated with the greatest reduction in the 3-year risk of PsA development. Overall, risankizumab, guselkumab, and ustekinumab demonstrated more favorable outcomes than other agents, including TNF-α, IL-17, and JAK inhibitors. These findings suggest that not all biologics provide the same level of protection against the development of PsA in patients with PsO.

The mechanisms behind these findings remain incompletely understood, but PsA development is thought to be driven by a persistent pro-inflammatory state that contributes to abnormal bone formation and turnover. By targeting key inflammatory pathways, immunomodulators may help interrupt this process and delay disease onset, potentially offering a more effective approach to limiting progression to PsA.

These findings suggest that treatment selection in PsO may play a larger role in long-term disease prevention than previously acknowledged. For patients who are at risk of PsA development, clinicians may consider whether certain immunomodulators offer added benefits beyond symptom control. This approach could help reduce disease progression and improve quality of life.

Further research may help clarify how these therapies can be used most effectively to reduce PsA development risk in patients with PsO.





The Safety of Topical Therapies in Transplant-Related Skin Cancer Risk

ALLOGENIC hematopoietic stem cell transplant (allo-HSCT) recipients face an increased risk of developing precancerous lesions and malignant mucocutaneous lesions. These include actinic keratosis, squamous cell carcinoma *in situ*, and superficial basal cell carcinoma.[7]

Common topical therapies such as 5-fluorouracil, used alone or combined with 0.005% calcipotriene, work by inducing skin inflammation. This raises questions about their safety in allo-HSCT recipients, particularly regarding graft-versus-host disease, a condition in which donor immune cells attack the patient's tissues and can be fatal.

A retrospective review, presented at the AAD Annual Meeting 2026, was conducted across three tertiary care centers and evaluated patients treated with these topical therapies between January 2015–September 2024. The study included 136 patients with at least 3 months of follow-up, analyzing 269 treatment exposures. Indications for treatment included actinic keratosis (51.3%), squamous cell carcinoma *in situ* (31.2%), and superficial basal cell carcinoma (13.4%).

Adverse events were infrequent and mainly consisted of erythema (13.0%), blistering (10.9%), and irritation or pain (7.8%). Treatment was discontinued in 14.0% of cases, although the reasons were not specified in the abstract presented. Within 3 months, graft-versus-host disease flares were reported in 11 patients (4.1%); however none of these flares were attributed to the topical therapy.

Complete response rates with 5-fluorouracil reached 94.7% in squamous cell carcinoma *in situ*, with rates of 62.3% in actinic keratosis and 56.3% in superficial basal cell carcinoma. Response rates were lower with the combination therapy across all indications (66.7%, 41.7%, and 33.3%, respectively).

As a retrospective study, the findings are limited by the lack of a comparison group, and differences between treatment groups were not detailed. It would also be important to understand which treatments were associated with adverse events, as this was also not specified. However, these results support cautious use of these therapies in patients with allo-HSCT and highlight the need for prospective studies.

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Oral Peptide Shows Strong Clearance in Difficult Psoriasis Sites

NEW pooled analyses from four Phase III trials in the ICONIC program, presented at the AAD Annual Meeting 2026, evaluated icotrokinra, a first-in-class targeted oral peptide designed to block the IL-23 receptor and interrupt inflammatory signaling in plaque psoriasis.[8]

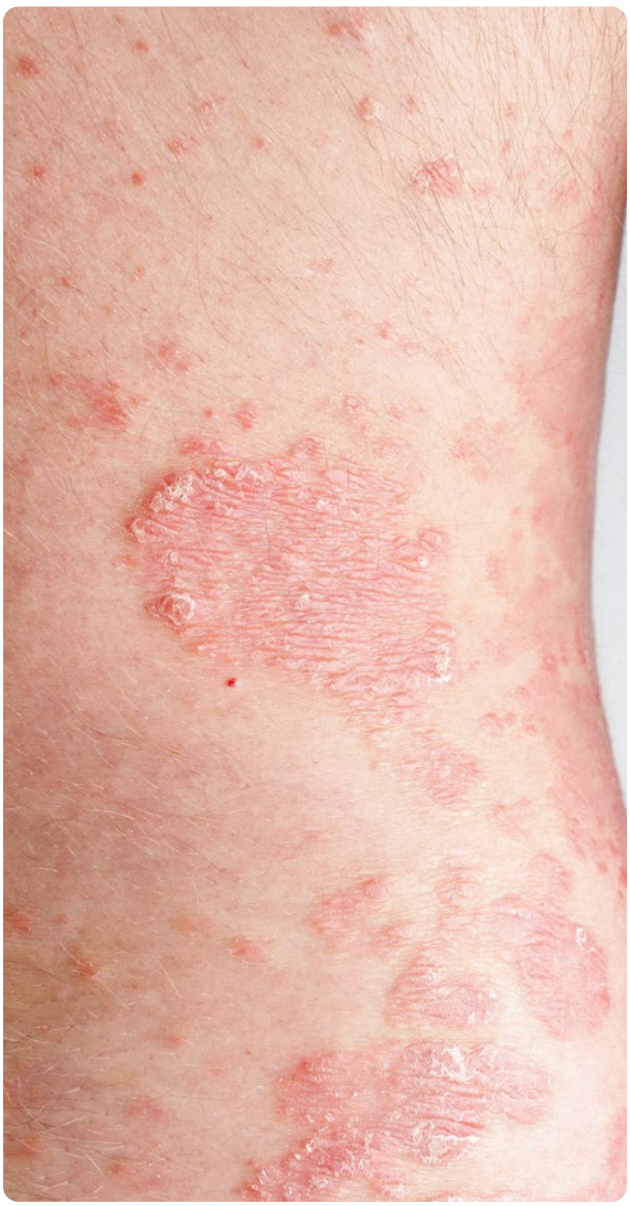
Plaque psoriasis is a chronic immune-mediated inflammatory skin condition. It is characterized by discolored scaly lesions that can vary in appearance depending on skin tone. Lesions are often red with silvery scale on lighter skin, but may appear purple, gray, or dark brown on darker skin tones. These plaques can cause discomfort and significantly impact quality of life, particularly when affecting high-impact areas like the scalp, genitals, hands, or feet.

Across 1,866 patients, many entered the study with moderate or severe psoriasis (defined by a score ≥3 on the Physician's Global Assessment [PGA]), 72% with scalp involvement, 25% with genital psoriasis, and 24% with hand or foot disease.

Participants were randomized to receive once-daily oral icotrokinra 200 mg or placebo for 16 weeks. Outcomes were measured using PGA scales tailored to each body region. At Week 16, icotrokinra cleared or almost cleared psoriasis versus placebo in scalp (72% versus 16%), genital (76% versus 29%), and hand/foot (64% versus 23%).

The safety profile of icotrokinra was reported to be similar to placebo over the 16-week period, suggesting short-term tolerability. However, the findings are limited by the relatively short follow-up duration, and longer-term data will be important to confirm durability of response and safety outcomes. Participant demographics showed an overwhelmingly White study population, with smaller proportions of Asian and Black participants, which may restrict broader generalizability.

For clinicians, these results point to the potential of an oral, targeted therapy to address psoriasis in areas that often remain challenging despite existing treatments. If confirmed in longer-term studies, this approach could broaden treatment options and improve disease management in routine practice.



Survey Highlights Need for Acne Relapse Guidance After Isotretinoin

A NEW practitioner survey, presented at the AAD Annual Meeting 2026, shows highly variable follow-up and maintenance strategies for patients with acne vulgaris after oral isotretinoin therapy, highlighting the need for clearer long-term management pathways.[9]

Following oral isotretinoin therapy, approximately 10–60% of patients with acne vulgaris experience relapse. Despite this burden, there are no formal post-treatment guidelines. Researchers therefore evaluated how dermatology practitioners currently manage acne relapse risk, maintenance therapy, follow-up schedules, and subsequent treatment decisions after isotretinoin cessation.

Using an anonymous institutional review board-exempt survey, researchers collected data on demographics, isotretinoin maintenance therapy, follow-up protocol, and relapse management. A total of 410 practitioners responded, including 47.4% board-certified dermatologists. The results revealed that most practitioners aimed for a 150–200 mg/kg (44.2%) or 120–150 mg/kg (37.1%) cumulative dose of isotretinoin, with 53.9% recommending treatment cessation around 3 months after clearance.

Regarding acne maintenance therapy, topical retinoids alone or in combination with benzoyl peroxide were initiated by 69% of respondents immediately after the final dose (44.8%) or 1 month later (37.2%). The survey showed that 47% of those who did not initiate maintenance therapy deemed it unnecessary due to low relapse rates.

Post-treatment follow-up was recommended by 75.2% of respondents, with 61.1% advising ongoing follow-up, primarily biannually (57.3%). For mild and moderate acne relapse, topical retinoids and benzoyl peroxide were commonly used. In moderate relapse, spironolactone was added for females by 53.1%, while doxycycline or minocycline was used for males by 61.0%. More than three-quarters would treat severe acne relapse with a second isotretinoin course, and 60.2% would repeat the same dosing endpoints used initially.

The results of the survey demonstrate that there is large variability in the recommendations given to patients with acne vulgaris following oral isotretinoin therapy. The researchers therefore advocated for evidence-based post-isotretinoin guidelines and increased awareness of relapse risk to optimize care and reduce repeat isotretinoin therapy.

> **“There is large variability in the recommendations given to patients with acne vulgaris following oral isotretinoin therapy”**

Nicotinamide Exposure for Melanoma Prevention

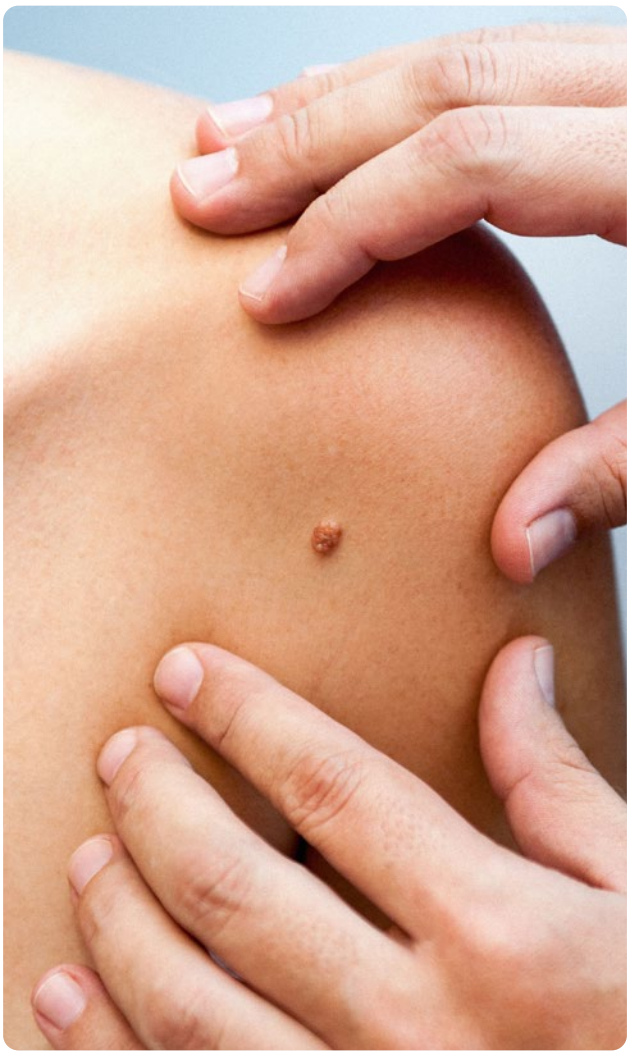
Despite the advances made in dermatology, melanoma remains a persistent threat, with no established medications or drugs for prevention available. Nicotinamide has been considered for the prevention of non-melanoma skin cancer, but its potential role has remained unclear. As a result, there has been growing interest in understanding the role of nicotinamide in melanoma prevention. To address this gap, researchers conducted a retrospective cohort study in which data were gathered from the Veterans Affairs (VA) Corporate Data Warehouse, and the findings were presented at the AAD Annual Meeting 2026.[10]

Over 30,000 patients diagnosed with skin cancer were evaluated, with those exposed to nicotinamide compared to similar patients who had not received the supplement. Patients were matched according to demographic and clinical factors, such as age, gender, race, prior skin cancer history, and other relevant conditions.

The findings revealed a correlation between the use of nicotinamide and a lower incidence of melanoma. Overall, nicotinamide exposure was associated with a 25% reduction in melanoma incidence. This tendency was more pronounced among patients who began treatment after developing one to three prior non-melanoma skin cancers. Among patients with no history of melanoma, nicotinamide was associated with a 27% reduction in incidence. Finally, it should be noted that nicotinamide use was associated with fewer cases of invasive melanoma, but not melanoma *in situ*.

While the underlying mechanisms have not been explicitly studied, nicotinamide is thought to help increase DNA repair and reduce ultraviolet-induced immunosuppression. The differences noted between invasive and *in situ* melanomas may point towards a possible role in halting progression, as opposed to influencing tumor initiation, but additional studies are required to verify this possibility.

These findings suggest that there might be an alternative use for nicotinamide in preventing non-melanoma skin cancers, particularly in patients at risk of melanoma development. Nicotinamide appears to be most beneficial when given at early stages of cancer development, before melanoma diagnosis. Further studies may help clarify this association and support more individualized preventive treatment in melanoma care.



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