

Despite the tremendous new developments that we have and the new tools that are in the works, there are still tons of unmet needs in dermatology and in atopic dermatitis. But particularly, all of this comes to a head in our littlest patients, the pediatric groups. Not only do we have very few medicines that are specifically FDA approved for younger kids, but, of course, as we get younger and younger, we get fewer and fewer things.

If you look, most of the things that are FDA approved for children really often say ages two years and up. But those first two years of life are really important, and there are lots of issues, particularly with atopic dermatitis. We know that a huge percentage of patients present within that first year of life, so that's a real therapeutic need that is unmet.

The other piece is that in the babies in particular and in young children, the face is often involved. And the face is very difficult, because we know the absorption of topical steroids is much higher, and other medicines. We also know that the potential for danger is higher there too, because if we have a side effect-- it's one thing if you have some stretch marks on your thigh, but it's quite another if we damage the facial skin. So we have specific needs that I think these groups really have to find some new ideas that we can bring to these patients.

And I'm happy to say that there are some things in the pipeline right now. We know that, for example, dupilumab is looking at younger age groups, and they're going to go, to my understanding, kind of step by step. We now have that 12 to 17 indication. The next maybe 6 to 11, and then hopefully we'll continue to go lower. Because while we try to avoid systemic medicines in our littlest patients of course, sometimes the suffering really does outweigh the potential risks of a medication.

And especially for those patients who are already using more dangerous treatments such as prednisolone or prednisone, we really want to have some more options for them, so I'm hoping the future will bring that. I'm excited personally that we can learn more about this condition in the younger children, and potentially have a wider therapeutic array to offer them.