Panel Backs New Biologic for Treating Psoriasis

**BY ELIZABETH MECHCATIE**  
Senior Writer

**NEW ORLEANS —** Although the focus of checking for melanoma is usually on finding “the ugly duckling,” the real challenge is to identify the signature nevus to determine the patient’s particular phenotype, said Dr. Jean Bolognia.

“Identifying the signature nevus will reduce the number of biopsies you perform,” said Dr. Bolognia, who discussed several varieties of signature melanocytic nevi at a dermatology update sponsored by Tulane University.

She highlighted two most challenging phenotypes—numerous lentiginous nevi, the ‘cheetah’ phenotype, and multiple solid pink nevi—and some of the more common types, such as solid brown, eclipse, and multiple halo nevi.

The cheetah phenotype, represented by numerous small, dark nevi, can be difficult to manage, said Dr. Bolognia, professor of dermatology at Yale University, New Haven, Conn.

The signature nevus is a brown-black compound or junctional lentiginous nevus that may or may not have a thin medium brown rim. The center of the lesion is extremely dark and solid, without a visible pigment pattern by dermoscopy.

“The patient can have 200 or more of these nevi. The anticipation is that this patient will undergo multiple biopsies, with a lower rate for cutaneous melanoma than with other types of nevi,” she said.

She shares these patients with another dermatologist. “In the cheetah phenotype, seen here as a cluster of small, dark nevi, the signature nevus may have a thin, lighter brown rim. In contrast, solid brown nevi are easier to follow because they are symmetric and uniform in color, she noted. The large moles resembling fried eggs are often found on the back and are a source of concern to patients and non-dermatologists. However, they are benign, and rather than labeling them as precursors of melanoma, they should be viewed as a phenotypic marker, alerting the physician the patient is at risk and should be closely examined.

A melanoma can arise in this type of nevus, so one should look for superimposed changes. Prophylactic excision is not recommended because scarring can be significant given their size and truncal location. In addition, these nevi age over time with gradual fading and formation of a skin-colored intradermal nevus centrally.

The eclipse nevus resembles a solar eclipse, with a solid tan center and a brown rim that may be stellate and discontinuous, leading to asymmetry. They are often seen on the scalp of children. These nevi are benign but get attention because of their irregular outline and variation in color. Unless there is a superimposed change, they should not be biopsied.

When the signature nevus is an eclipse nevus, you should focus on the 10 to 15 other nevi that are not in this ‘family’ and look for the one with the most atypical features,” said Dr. Bolognia.

She does not recommend surgical removal because others will probably develop. When the signature nevus is an eclipse nevus, she makes sure to send the tissue to a dermatopathologist.

Multiple halo nevi are seen most often in younger patients. There are four stages of halo nevi: stages I and II, characterized by a pigment halo surrounding either a pigmented nevus (I) or a pink nevus (II); stage III, an oval or circular area of depigmentation resembling a patch of vitiligo; and stage IV, which completes regular depigmentation. Getting from stage I to IV usually takes years and occurs in almost all patients. Everyone with multiple halo nevi is at risk of developing a melanoma.

In older adults presenting with these nevi, one should also consider the possibility of an immune reaction to an ocular or cutaneous melanoma, Dr. Bolognia said.

In the cheetah phenotype, seen here as a cluster of small, dark nevi, the signature nevus may have a thin, lighter brown rim.

**Alefacept Still Useful in Psoriasis; 1 in 9 Remit**

**BY BRUCE JANG**  
DermNet Review

**WAIKOLOA, HAWAII —** Alefacept, the first biologic agent to gain approval for treatment of psoriasis, still has a limited role to play.

“About one in nine patients will have a home run with this drug. They have... sustained remission for a long period after the last of their 12 weekly shots,” said Dr. Roni E. Elewski, professor of dermatology at the University of Alabama at Birmingham. But there is no way to predict which patients will be the big responders, he said.

The annual Hawaii dermatology seminar sponsored by Skin Disease Education Foundation.

Even those who don’t hit a home run with alefacept (Amevive) can gain substantial benefit. The drug, a fully human fusion protein that inhibits T-cell activation and selectively reduces activated memory T cells, works slowly in clearing psoriasis but can bring further improvement for weeks after the last dose. Subsequent courses of alefacept may result in longer remission periods.

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