CONFERENCE REPORT

IFPA at ICD

International Conference of Dermatology (ICD), Rome 2025

IFPA
GLOBAL LEADER IN FIGHTING PSORIATIC DISEASE

ROME
XIV INTERNATIONAL CONGRESS OF DERMATOLOGY
18-21 JUNE 2025
THE ROADS OF DERMATOLOGY

Introduction

IFPA team attended the International Conference of Dermatology (ICD) 2025, which was held in Rome Italy on the 18th to 21st of June, 2025. The ICD looked into the future of dermatology by bringing together doctors, researchers, and industry to promote and improve skin health for all. It was a congress without frontiers that celebrates dermatology, as reflected by the six Roads of Dermatology that cross geographical boundaries and bring the world to the city where history and modernity collide. The congress promoted dermatology and improve skin health for everybody by increasing cooperation across geographical, political, and economic frontiers. It presented a broad, in-depth, and exciting scientific program that will not only cover clinical areas but will also enhance patient and community involvement and understanding of basic and translational research.

Rome hosted ICD2025, a global event highlighting dermatological innovation, sustainability, and patient-centered care. Experts from 70+ countries gather to shape the future of skin health.

Session highlights

Session Title: *Psoriasis – Clinical Challenges and Innovations* **Session Chairs:** Prof. Mahira El Sayed (Egypt) Prof. Jörg Prinz (Germany) Prof. Ricardo Romiti (Brazil)

Prof. Jörg Prinz (Germany)
Topic: Triggers of Psoriasis

KEY HIGHLIGHTS:

Environmental Antigens & T-cell Stimulation

Prof. Prinz discussed how CD8+ T cells play a pivotal role in the activation of psoriasis through environmental antigen exposure.

Notable antigenic triggers include:

- Streptococcal tonsillopharyngitis
- Wheat proteins
- Yeast (Saccharomyces cerevisiae)

These findings emphasize the immunological basis of psoriasis, linking environmental exposure with adaptive immune responses.

Dietary and Lifestyle Interventions

- A gluten-free diet may offer therapeutic benefit in refractory psoriasis cases, though robust controlled studies remain limited.
- Lifestyle modifications such as weight reduction (notably with GLP-1 agonists), cessation of alcohol and tobacco use, and infection control (especially streptococcal) were strongly recommended.
- Both alcohol and smoking were identified as immunogenic triggers, aggravating disease activity.

Microbiota and Psoriasis

- Dysbiosis, particularly the Firmicutes/Bacteroidetes ratio, was linked to disease severity.
- Periodontal pathogens such as Actinomyces oris were noted to influence psoriatic inflammation via immune modulation.

Tonsillectomy

- Surgical removal of tonsils may be beneficial in recalcitrant psoriasis cases, particularly in patients positive for HLA-C*06 and with recurrent streptococcal infections.

Prof. Ricardo Romiti (Brazil)
Topic: Management of Psoriasis with Infections

KEY HIGHLIGHTS:

Risk Profile in Psoriasis Patients

Prof. Romiti emphasized that while psoriasis patients tend to have a lower incidence of superficial infections compared to HS (Hidradenitis Suppurativa) and AD (Atopic Dermatitis), they face a higher risk of serious infections—especially in severe cases or those under immunosuppressive therapy.

Biologics and Infection Risk

- Anti-TNF agents (e.g., Adalimumab, Infliximab) were associated with higher infection rates.
- In contrast, Etanercept and newer biologics like Ustekinumab, Guselkumab, and Bimekizumab demonstrated a safer infection profile.
- Methotrexate, a traditional systemic therapy, did not show evidence of infection activation.
- Tuberculosis (TB) reactivation remains a concern with anti-TNF use, underlining the importance of pre-treatment screening.

HIV and Hepatitis Considerations

- Psoriasis patients living with HIV and having controlled viral loads and stable CD4 counts can safely receive systemic therapies.
- Specialist consultation (HIV/hepatitis) is advised before initiating treatment in these populations.

Prof. Mahira El Sayed (Egypt)
Topic: Difficult-to-Treat Pediatric Psoriasis

Diagnosis & Differentiation

Prof. El Sayed highlighted the diagnostic complexities in pediatric psoriasis, especially distinguishing it from atopic dermatitis.

- Accurate diagnosis is critical, particularly given overlapping clinical presentations.
- She stressed the value of comorbidity screening and a comprehensive family history.

Treatment Gaps and Off-label Challenges

- A majority of systemic therapies remain off-label for pediatric use, presenting clinical and regulatory limitations.
- A multidisciplinary approach is required due to the psychosocial burden and potential metabolic comorbidities in affected children.
- Care for pediatric patients must be individualized, empathetic, and informed by evolving research.
- There is a pressing need for long-term safety data and the development of child-specific guidelines.

Key Takeaways

- Psoriasis is a chronic autoimmune disease driven by both genetic and environmental factors.
- Treatment decisions must balance efficacy with infection risks, particularly in immunosuppressed or pediatric populations.
- Lifestyle changes, including weight loss, alcohol/tobacco cessation, and dietary modifications, are essential supportive strategies.
- Screening for co-infections (e.g., TB, HIV, hepatitis) is critical prior to systemic therapy initiation.
- For pediatric patients, research-backed treatment protocols and support systems remain key priorities.

Artificial Intelligence in Dermatology was a key focus in the ICD 2025 Conference based on the fast pace at which digital technology and innovations are being included in dermatology.

Sessions highlight on Artificial intelligence and haired by Chair: Prof. Titus Brinker (Germany) alongside co-chairs: Dr. Colin Morton (Scotland), Dr. Mohamad Goldust (USA) alongside other speakers.

Session overview: This session brought together global experts to explore the integration of Artificial Intelligence (AI) in dermatology—from clinical applications to ethical frameworks. The session examined AI's role in diagnosis, workforce augmentation, national pathways, and the critical ethical considerations that underpin responsible AI use. Prof. Maria Tsoukas (USA) highlighted AI's growing diagnostic capabilities, particularly in skin cancer detection. Addressed clinical integration barriers and the need for standardization. And emphasized the dual focus: AI as a decision-support tool and not a replacement for clinical judgment. Prof. Titus Brinker (Germany) presented evidence on AI models used for lesion recognition. With emphasis for call for improved AI training sets with diverse skin tones to avoid diagnostic bias. Advocating for open-source datasets to enhance transparency. On combining Human and Artificial

intelligence, Dr. Josep Malvehy (Spain), Argued for a collaborative model—"augmented dermatology"—where HI + AI enhances diagnostic accuracy. Noted improved outcomes when physicians use AI support, especially in early melanoma detection.

Case Examples and applicability of these tools from the meeting

A focused indepth summary was presented by Dr. Colin Morton (Scotland) sharing lessons learned in the developing of a National AI-Assisted Skin Cancer Pathway. Dr. Morton shared real-world insights from the UK AI Skin Cancer Consortium, which aims to integrate AI into national skin cancer pathways. Key points included: Workflow Optimization: AI can support triage in overburdened systems with new models now being piloted in UK, with a focus on economic feasibility. Some of the equity and accuracy Challenges: include the fact that Current image databases underperform skin phototypes V and VI, creating diagnostic gaps for darker-skinned patients. Some key questions from the session was on defining AI's role and if AI act as a triage filter, adjunct to human decisions, or replace specific steps? Dr. Morton cautioned against "AI for AI's sake" and emphasized rigorous cost-benefit analysis.

Ethical Considerations for AI in Dermatology

Dr. Goldust delivered a compelling close to the session, exploring the ethical frameworks necessary for safe, fair, and inclusive AI in dermatology. His key insights included: Why Ethics Matter: highlighting that AI errors can lead to misdiagnoses and harm to patient trust and safety. And that AI systems must undergo evaluation not just for technical accuracy, but for ethical robustness. There is better need for Framework Components: This include Fairness as the central tenet, supported by: Transparency (understanding how decisions are made), Accountability (clear responsibility for outcomes), Privacy (protection of personal and genetic data) and Equity (inclusion across demographics). The Current Regulatory Landscape: has existing legal frameworks: FDA, European AI Act, WHO AI Lifecycle Guidance. And there is need for shared accountability between developers, physicians, and regulators. AI Bias & Data Representation showed that current training sets often exclude darker skin tones, leading to diagnostic bias in melanoma detection. Ethical AI must therefore include inclusive training data across all Fitzpatrick skin types (especially V and VI). There is need for Consent and Data Governance: Privacy concerns around genomic data, images, and electronic health records (EHRs). Informed consent must include explanation of AI use, limitations, and risks.

Conclusions and Key Takeaways

- AI offers significant opportunities in dermatology, from diagnostics to national triage systems.
- Integration must be done responsibly, ensuring ethical oversight, bias mitigation, and human-centered design.
- Equity, safety, and accountability must remain at the core of all AI innovations in healthcare.

This session reinforced that while technology is advancing rapidly, the dermatological community must lead with principles of fairness, inclusivity, and transparency.

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