REFERENCES

1. Baranovski BM, Schuster R, Nisim O et al. Alpha-1 antitrypsin substitution for extrapulmonary conditions in alpha-1 antitrypsin deficient patients. Chronic Obstr. Pulm. Dis. 2018; 5: 267–76.

2. Zillmer LR, Russo R, Manzano BM et al. Validation and development of an immunonephelometric assay for the determination of alpha-1 antitrypsin levels in dried blood spots from patients with COPD. J. Bras. Pneumol. 2013; 39: 547–54.

3. Torres-Durán M, Lopez-Campos JL, Barrecheguren M et al. Alpha-1 antitrypsin deficiency: outstanding questions and future directions. Orphanet. J. Rare Dis. 2018; 13: 114.

4. Blanco I, Lipsker D, Lara B et al. Neutrophilic panniculitis associated with alpha-1-antitrypsin deficiency: an update. Br. J. Dermatol. 2016; 174: 755–62.

doi: 10.1111/ajd.13345

Correspondence Letter

Dear Editor,

Teledermatology for patient management, dermatology education and research during the COVID-19 pandemic

We have read with great interest the review by Abbott and colleagues called ‘A review of literature supporting the development of practice guidelines for teledermatology in Australia’. Especially during the COVID-19 pandemic, it is crucial to have clear-cut guidelines for teledermatology visits. However, teledermatology should not be restricted to clinical patient-physician relation, but should be broadened to dermatology education, as recently reported by Reinholz and French. Here, we would like to report our Italian experience in providing medical care and ensuring educational opportunities for medical students and dermatology residents during the COVID-19 pandemic. Italy has one of the highest number of COVID-19 cases (150,189 of April 13, 2020) in Europe. In order to minimise the potential risks for additional viral spread, we have reduced the dermatology practice only to urgent and undeferrable visits and surgical procedures (e.g. melanoma, skin cancers and autoimmune blistering diseases), as they need a face-to-face approach. If visits can be carried out by video consultations, patients can benefit from a teledermatology service of our hospital.

As in other Italian hospitals, the attendance of medical students in the Dermatology Department has been suspended. Dermatology residents have been organised in reduced shifts, in order to guarantee their presence where and when needed, but not exceeding the medical supply requested in view of the reduced number of visits.

The reduction in clinic activity did not spell the end of dermatological education. Instead, we have focused on providing online material for medical students in each department to improve knowledge of skin diseases, and how these specific outpatient or inpatient services work. The educational material includes videos with detailed and updated information on common dermatological presentations, such as acne and cutaneous neoplasms, as well as information on how to perform procedures, including punch biopsies and cryotherapy. Video making was carried out by residents and supervised by a dermatologist. Videos are available on an online platform (online tutorials). The use of online platforms has also extended to supervision and assessment of students.

Residents are encouraged to continue studying and are engaged through home study, online lessons and grand rounds. Even before COVID-19, residents had access to cases and videos on surgical procedures we have a wide library of

Conflict of interest: None to declare.
Funding sources: None.

© 2020 The Australasian College of Dermatologists
clinical, histopathological and dermatoscopic pictures, as well as videos of techniques (skin biopsy, surgical excision of a naevus, cyst, etc.) With COVID-19, the amount of online teaching has increased, with daily scheduled online lessons where residents present a specific subject through clinical cases, and professors and researchers can ask for details or further insights. Each resident is designated to a specific work group, where they either contribute to update a COVID-19 and dermatology newsletter examining the disease impact on skin diseases and their treatment, to contact our patients by telephone and email, or to assist in producing videos for medical students’ teaching.

We continue to conduct weekly clinical grand rounds to discuss difficult and challenging cases, but do so online to minimise the risk of viral transmission.

The COVID-19 pandemic has focused the attention of an already blossoming way of practicing medicine. Dermatologists and residents, should be prepared to manage cases from anamnesis to therapy using online consultations. Residency programmes should be updated to improve competence for using technology-enabled services.

In conclusion, teledermatology represents an useful tool not only to guarantee clinical supply to patients, but also for keeping dermatologic research, study and update alive without unnecessary exposure risks.

ACKNOWLEDGEMENTS

None.

Eleonora Cinelli | Matteo Megna | Adriana Di Guida | Vincenzo Greco
| Maria Carmela Annunziata | Gabriella Fabbrocini

Section of Dermatology - Department of Clinical Medicine and Surgery, University of Naples Federico II, Naples, Italy

REFERENCES

1. Abbott LM, Miller R, Janda M et al. A Review of literature supporting the development of practice guidelines for teledermatology in Australia. Australas. J. Dermatol. 2020. https://doi.org/10.1111/jdv.13249 [Online ahead of print].
2. Reinholt M, French LE. Medical education and care in dermatology during the SARS-CoV2 pandemic: Challenges and chances. J. Eur. Acad. Dermatol. Venereol. 2020.https://doi.org/10.1111/jdv.16391 [Online ahead of print].
3. https://www.epicentro.iss.it/coronavirus/bollettino/Infografica_15aprile%20ITA.pdf. (Accessed 14 April 2020).
4. Radi G, Diotallevi F, Campanati A, Ofodi A. Global coronavirus pandemic (2019-nCOV): Implication for an Italian medium size dermatological clinic of a II level hospital. J. Eur. Acad. Dermatol. Venereol. 2020.https://doi.org/10.1111/jdv.16386 [Epub ahead of print].
5. Yenikomshian HA, Lerew TL, Tam M et al. Evaluation of burn rounds using telemedicine: perspectives from patients, families, and burn center staff. Telemed. J. E. Health. 2019; 25: 25-50. Epub 2018 May 7.
6. Edrippulige S, Brooks P, Carati C et al. It’s important, but not important enough: eHealth as a curriculum priority in medical education in Australia. J. Telemed. Telecare. 2018; 24: 697–2.

Research Letter

Dear Editor,

**Infliximab drug survival in chronic plaque psoriasis: follow-up of the product familiarisation program**

We update the results of a case series of 22 patients with chronic plaque psoriasis from the product familiarisation programme that took place in 2007 prior to the listing of infliximab on the Pharmaceutical Benefits Scheme in December 2007.1

Infliximab is a chimeric monoclonal antibody against tumour necrosis factor (TNF)-α administered by intravenous infusion. In randomised controlled trials, 80% of patients achieve a 75% reduction in psoriasis area and severity index (PASI75) from baseline at 10 weeks, and 61% of patients sustain PASI75 at 50 weeks.2,3

All patients enrolled in the product familiarisation programme met the eligibility criteria as previously described.1 Infliximab was administered by intravenous infusion at 5 mg/kg at weeks 0, 2 and 6 for induction and 8 week thereafter for maintenance. During each clinical

Figure 1 Kaplan-Meier curve demonstrating percentage of patients remaining on infliximab over time.

© 2020 The Australasian College of Dermatologists

Conflicts of interest: The Australasian Psoriasis Registry is supported by Epiderm and the Skin Health Institute Inc. Additional funding for the registry has been obtained from Abbvie, Celgene, Janssen, Lilly, Novartis, Pfizer and Sun Pharma. No additional funding for the study design, data collection, analyses, or preparation of the manuscript. WB, BD, RN, and CB have no conflicts of interest relevant to this work to declare. PF has advisory roles with Abbvie, Amgen, Celgene, Janssen, Lilly, Mayne Pharma, Merck, Novartis, Pfizer, Sun Pharma, UCB Pharma, Valeant, Wintemute, Galderma, GSK, Leo Pharma, and Sanofi, and is an invesigator on clinical trials with those companies and Astra Zeneca, Boehringer Ingelheim, BMS, Botanix, Celtaxsys, CSL, Cutanea, Dermira, Genentech, Regeneron Pharmaceuticals Inc, and Roche. However no funding was received for the preparation of this publication. As such, these are not relevant to this work.