HIGHLIGHTS

AEDV

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ATOPIC DERMATITIS

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Iniciativa científica de:

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA AEDV 1909

GENETICS IN PSORIASIS AND ATOPIC DERMATITIS. Dr barker

- Filaggrin (FLG)is the main genetic determinant of atopic dermatitis
- 20-40% patients with AD have FLG mutation (dependent on severity)
- Individual with FLG mutation have x3 risk of AD
- >50% individuals with mutation do not develop atopic disease
- In the natural history of AD 6 latent clases (sub-phenotypes) has been identified
- New class of AD: mid-onset-resolving AD independent of FLG, associated with asthma

ATOPIC DERMATITIS PATHOGENESIS AND DIFFERENCES AND SIMILARITIES FROM PSORIASIS.

E Guttman-Yassky

- Psoriasis and chronic AD are generally characterized by psoriasiform dermatitis
- Epidermal hiperplasia and T-cell infiltrates characterizes both
- View of psoriasis and AD as “polar” immune diseases
- AD emerges as a systemic disease in moderate-to severe Ad
  - Increased activate T cells
  - Increased circulatory cytokines
  - Cardiovascular associated markers (aterosclerosis signaling)
- Abnormal cytokine profile already exists in non-lesional AD skin unlike psoriasis

- Asian vs European American AD
  - Asians higher prevalence AD (7-10% vs 3-7%)
  - Asians lower prevalence psoriasis (<0,5% vs 2-3 %)
- Increased TH17+ cells in Asian peripheral blood and in acute lesional skin AD . No in american-european
- Increased Th17 and Th22 axes
- Lesional asian AD shows a more psoriasiform phenotype
  - Increased hiperplasia
  - Marked parakeratosis
  - Focal hypogranulosis

- Dupilumab
  - Impacts both the inflammation and the barrier dysfunction of AD
  - Reversed the AD barrier defects in the 16 week study
  - Reversed the dysregulation of the AD transcriptome
- ILV-094/anti-IL-22

FOCUS SESSION 2
BIOMARKERS IN ATOPIC DERMATITIS .
E Guttman-Yassky

Translational medicine approach in AD

- AD more difficult to quantify clinically leading to high placebo responses
- Defining specific biomarkers in skin and blood can help
  - Identify pathogenic pathways. Skin linking cytokine activation, barrier defects and severity
  - Develop precision medicine approaches . Blood useful for therapeutic selection

- Serum and tape strip biomarkers may be specially important in pediatric studies
- Endotypes based on molecular profilling
- Endotypes based on specific clinical or ethnic subsets

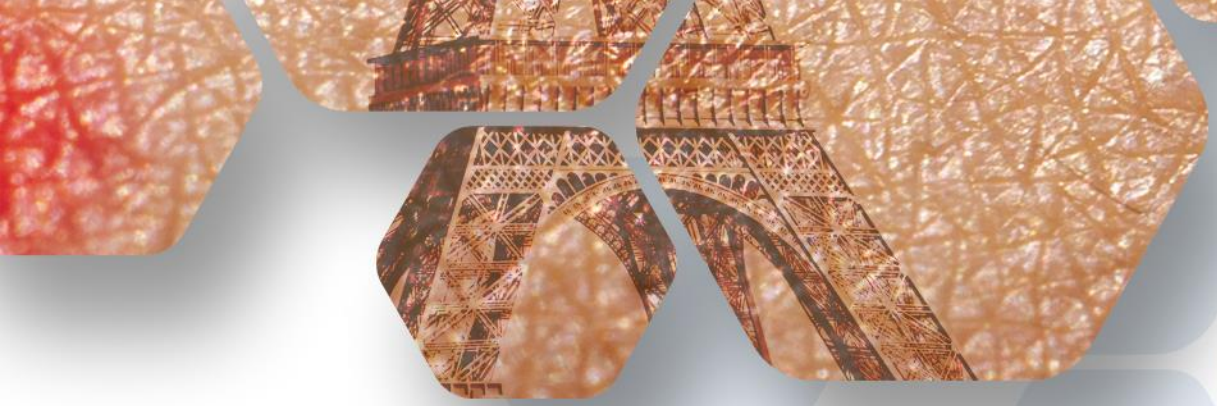
The integrated biomarker model may be useful for drug selection tailored to characteristics of distinct AD populations

A CASE SERIES OF DUPILUMAB IN COMBINATION WITH OTHER BIOLOGIC THERAPIES IN SEVEN PATIENTS. P019. Dr H Lima

Pat	Age	Gender	Other Significant Medical problem(s)	Concomitant No Biologic Immunomodulator	First Biologic (Year)	Dupilumab Start (Duration)
#1	51	F	Systemic Lupus Hidradenitis Suppurativa	Plaquenil 400mg (2013) Prednisone 75–10mg (2013)*	Adalimumab (2017)	Apr 2018 (1 year)
#2	18	F	Asthma CSU	Cyclosporine 400mg (2017)* Prednisone 50-10mg (2016)*	Omalizumab (2017)	Jun 2018 (10 months)
#3	58	M	Depression Ichthyosis Asthma	Cyclosporine 400mg (2012)* Prednisone 75-10mg (2000)*	Omalizumab (2014)	Jul 2018 (9 months)
#4	34	F	Crohn's Disease	Azathioprine 150mg (2012) Prednisone 30-10mg (2018)*	Adalimumab (2013)	Jan 2019 (4 months)
#5	40	F	Alopecia totalis, Blefaritis, Depression Dilated cardiomyopathy Asthma	Cyclosporine 300mg (2012) Prednisone 50-10mg (2010)/	Omalizumab (2013)	Feb 2019 (3 months)
#6	32	F	Ischiorectal abscess, Arthritis Crohn's Disease	Methotrexate 20mg (2018) Prednisone 40-5mg (2016-2017)ᵞ	Adalimumab (2016)	Mar 2019 (2 months)
#7	54	F	Erythrodermic (2014) Eosinophilic asthma	Multiple courses of prednisone (last 5 years)	Beranlizumab (2018)	Mar 2019 (45 days)

* Stopped after Dupilumab; / Weaning off; ᵞ Used only during these 2 years

PROS	CONTRA
Biologic appealing treatment possibility.	Remaining therapeutic gap that exists in these diseases.
Benefit of presence of effective and safe disease-specific biologics for these diseases	There are no published studies with these combinations.
Provide a platform of which other combinations can be used (biosimilars and small molecules).	Increase our attentiveness to safety outcomes.
Efficacious	Economic cost plays an increasing role in the real-world application of this two biologics therapeutic strategy.
No apparent interference between biologics	No efficacy evaluated in large RCT specific subgroups.
Reduces the use of no biologics immunomodulators	Safety and interaction outcomes to be determined.
Increase quality of life	More expensive than immunomodulator combinations.
Facilitate holistic approach to patients	



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