DATÓPICA

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PLENARY SESSION: NOVELTIES IN THERAPEUTICS
NEW MOLECULES IN ATOPIC DERMATITIS. D Thaçi

• TH2, IL4 IL13 become very important
• Real life also OLE improvements in EASI score
• Tralokinumab. Response periostin-high subgroup
• Nemolizumab phase 2 XCIMA study adults pruritus
• Anti iL-17C mAb Phase 1 MOR106
• Small molecules JAK inhibitors
• Bariticinib
• ZPL-389 anti H4
• Topical horizon
  • Crisaborole
  • RVT501
  • .....

What’s on the horizon? TOPICAL

<table>
<thead>
<tr>
<th>Agent</th>
<th>Company</th>
<th>Target</th>
<th>Oral or Topical</th>
<th>Development Status</th>
<th>Target population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisaborole¹</td>
<td>Pfizer</td>
<td>PDE4</td>
<td>Topical</td>
<td>FDA approved</td>
<td>Mild-to-moderate AD</td>
</tr>
<tr>
<td>RVT 501²,³</td>
<td>Dermavant</td>
<td>PDE4</td>
<td>Topical</td>
<td>Phase 2 completed (adults/adolescents)</td>
<td>Mild-to-moderate AD</td>
</tr>
<tr>
<td>MM36 (OPA-15406)²,⁴</td>
<td>Medimetrics</td>
<td>PDE4</td>
<td>Topical</td>
<td>Phase 2 completed</td>
<td>Mild-to-moderate AD</td>
</tr>
<tr>
<td>Tofacitinib²,⁵,⁶</td>
<td>Pfizer</td>
<td>JAK1–3</td>
<td>Topical</td>
<td>Phase 2a completed†</td>
<td>Mild-to-moderate AD</td>
</tr>
<tr>
<td>JTE-052⁵,⁸</td>
<td>Japan Tobacco</td>
<td>JAK1/2</td>
<td>Topical</td>
<td>Phase 3</td>
<td>Moderate-to-severe AD</td>
</tr>
<tr>
<td>Ruxolitinib²,⁹</td>
<td>Incyte</td>
<td>JAK1/2</td>
<td>Topical</td>
<td>Phase 2 completed</td>
<td>Mild-to-moderate AD</td>
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<tr>
<td>DS107²</td>
<td>DS Biopharma</td>
<td>Multiple</td>
<td>Topical</td>
<td>Phase 2b</td>
<td>Moderate-to-severe AD</td>
</tr>
<tr>
<td>ALX-101²,¹⁰</td>
<td>Ralexar Theraeutics</td>
<td>LXR</td>
<td>Topical</td>
<td>Phase 2b</td>
<td>Moderate AD</td>
</tr>
<tr>
<td>PR022²,¹¹</td>
<td>Realm Therapeutics</td>
<td>NS</td>
<td>Topical</td>
<td>Phase</td>
<td>Mild-to-moderate AD</td>
</tr>
</tbody>
</table>
### New or in the pipeline: Biologics

<table>
<thead>
<tr>
<th>Target</th>
<th>Compound</th>
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</thead>
<tbody>
<tr>
<td>TSLP</td>
<td>Tezepelumab</td>
</tr>
<tr>
<td>Ora1</td>
<td>Anti-Ora1</td>
</tr>
<tr>
<td>IL-4/IL-13R</td>
<td>Dupilumab (Dupixent)</td>
</tr>
<tr>
<td>IL-4</td>
<td>Pitrakinra</td>
</tr>
<tr>
<td>IL-13</td>
<td>Tralokinumab</td>
</tr>
<tr>
<td>IL-13</td>
<td>Lebrikizumab</td>
</tr>
<tr>
<td>IL-5</td>
<td>Mepolizumab</td>
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<tr>
<td>IgE</td>
<td>QGE031/ligelizumab</td>
</tr>
<tr>
<td>IL-12/IL-23</td>
<td>Ustekinumab (Stelara)</td>
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<tr>
<td>IL-22</td>
<td>Fezakinumab (intravenous)</td>
</tr>
<tr>
<td>IL-17A</td>
<td>Secukinumab (Cosentyx)</td>
</tr>
<tr>
<td>IL-31 receptor A</td>
<td>CIM331/nemolizumab</td>
</tr>
<tr>
<td>IL-31</td>
<td>BMS-981164</td>
</tr>
</tbody>
</table>
How do I manage?
Recalcitrant Atopic Dermatitis E

- Every patient ... special situation

DA since childhood
Severe
Intolerant UV

- Comorbidities:
  - Osteoporosis due to corticosteroids
  - Hipericemia
  - HTA
  - Dispepsia
  - Anxiety
  - AP epilepsy. Left Temporal lobectomy
IgE 43.150
Immunotherapy mites no effective
SCORAD 86

Since 1992, the patient has been treated with CsA 200 mg day
(in cycles 3 w) and PDN 2 days 60 mg , 3 days 30 mg and 3 days
15mg ... resting two weeks and repetition

• The patient refuses other immunosuppressants
• The patient is non-adherent to topical treatment
• The patient declines use of DUPILUMAB (it’s NEW!!!!ohhh)
• Oral corticosteroid- and CsA -dependency !!!!
• How to reverse this behaviour????
CASE 2

Woman 50 y old
Secretary
DA since 13 y old (childhood)
Smoker

Comorbidities:
• Food allergy (peach, banana) asthma, rhinitis, conjunctivitis
• Sensitized to dust mites, Parietaria, grasses, cypress, olive-tree

Previous therapies:
• Ciclosporine: cessation for HTA
• Phototherapy: stop because of inefficacy and bad tolerance
• Systemic corticosteroids - rescue courses
TREATMENT:

- Dupilumab sc.
- 600 mg initially and 300 mg every two weeks
- Emollient therapy
• AD since the age of 10
• Allergic to mites, dog, cat
• Asthma

• Smoker
• Eosinophilia
• IgE 2165

• Cataracts
• Anterior optic neuritis

• Fluconazole
• Fusidic acid
• Azathioprine: loss of efficacy
• MTX: loss of efficacy
• Mofetil mycophenolate: loss of efficacy
• CsA
• UVB
• PUVA
• PDN
SCORAD

CSA 200 MG/D

CSA 100 MG/D

DUII start

tralokimumab
GRACIAS