

HIGHLIGHTS

AEDV

en la 6ª edición del SPIN

Skin Inflammation & Psoriasis
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D ATÓPICA

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Iniciativa científica de:



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

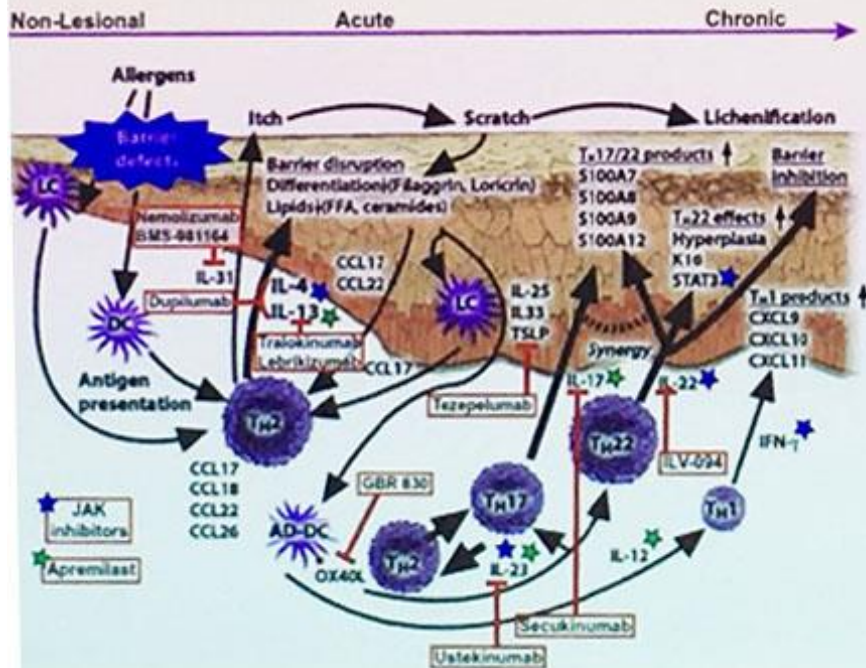
- TH2, IL4 IL13 become very important
- Real life also OLE improvements in. EASI score
- Tralokinumab. Response periostin-high subgroup
- Nemolizumab phase 2 XCIMA study adults pruritus
- Anti iL-17C mAb Phase 1 MOR106
- Small molecules JAK inhibitors
- Baricitinib
- ZPL-389 anti H4

- Topical horizon
 - Crisaborole
 - RVT501
 -

What's on the horizon? TOPICAL

Agent [*]	Company	Target	Oral or Topical	Development Status	Target population
Crisaborole ¹	Pfizer	PDE4	Topical	▪ FDA approved	Mild-to-moderate AD
RVT 501 ^{2,3}	Dermavant	PDE4	Topical	▪ Phase 2 completed (adults/adolescents)	Mild-to-moderate AD
MM36 (OPA-15406) ^{2,4}	Medimetriks	PDE4	Topical	▪ Phase 2 completed	Mild-to-moderate AD
Tofacitinib ^{7,5,1}	Pfizer	JAK1-3	Topical	▪ Phase 2a completed†	Mild-to-moderate AD
JTE-052 ⁶⁻⁸	Japan Tobacco	JAK1/2	Topical	▪ Phase 3	Moderate-to-severe AD
Ruxolitinib ^{2,9}	Incyte	JAK1/2	Topical	▪ Phase 2 completed	Mild-to-moderate AD
DS107 ²	DS Biopharma	Multiple	Topical	▪ Phase 2b	Moderate-to-severe AD
ALX-101 ^{2,10}	Ralexar Therapeutics	LXR	Topical	▪ Phase 2b	Moderate AD
PRO22 ^{2,11}	Realm Therapeutics	NS	Topical	▪ Phase	Mild-to-moderate AD

New or in the pipeline: Biologics



Target	Compound
TSLP	Tezepelumab
Oral	Anti-Oral
IL-4/IL-13R	Dupilumab (Dupixent)
IL-4	Pitrakinra
IL-13	Tralokinumab
IL-13	Lebrikizumab
IL-5	Mepolizumab
IgE	QGE031/ligelizumab
IL-12/IL-23	Ustekinumab (Stelara)
IL-22	Fezakinumab (intravenous)
IL-17A	Secukinumab (Cosentyx)
IL-31 receptor A	CIM331/nemolizumab
IL-31	BMS-981164

HOW DO I MANAGE? RECALCITRANT ATOPIC DERMATITIS E Serra Baldrich

- Every patient ...special situation
 - DA since childhood
 - Severe
 - Intolerant UV
- **Comorbidities :**
 - Osteoporosis due to corticosteroids
 - Hiperuricemia
 - 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

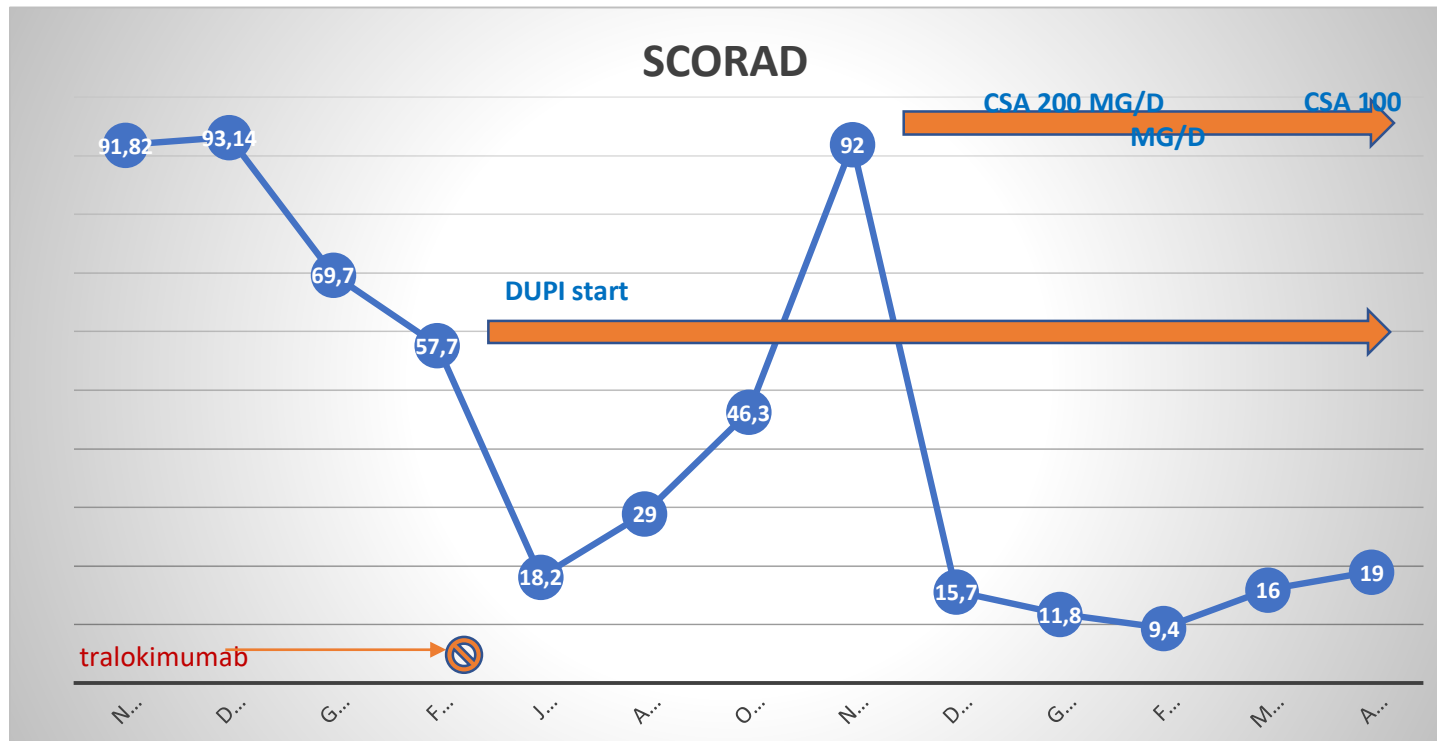
 - Cataracts
 - Anterior optic neuritis
- Fluconazole
 - Fusidic acid
 - Azathioprine: loss of efficacy
 - MTX: loss of efficacy
 - Mofetil mycophenolate: loss of efficacy

 - CsA

 - UVB

 - PUVA

 - PDN





GRACIAS

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