HIGHLIGHTS

AEDV

en la 6ª edición del SPIN

Skin Inflammation & Psoriasis International Network Congress

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PSORIASIS

Dra Ofelia Baniandrés

HGU Gregorio Marañón

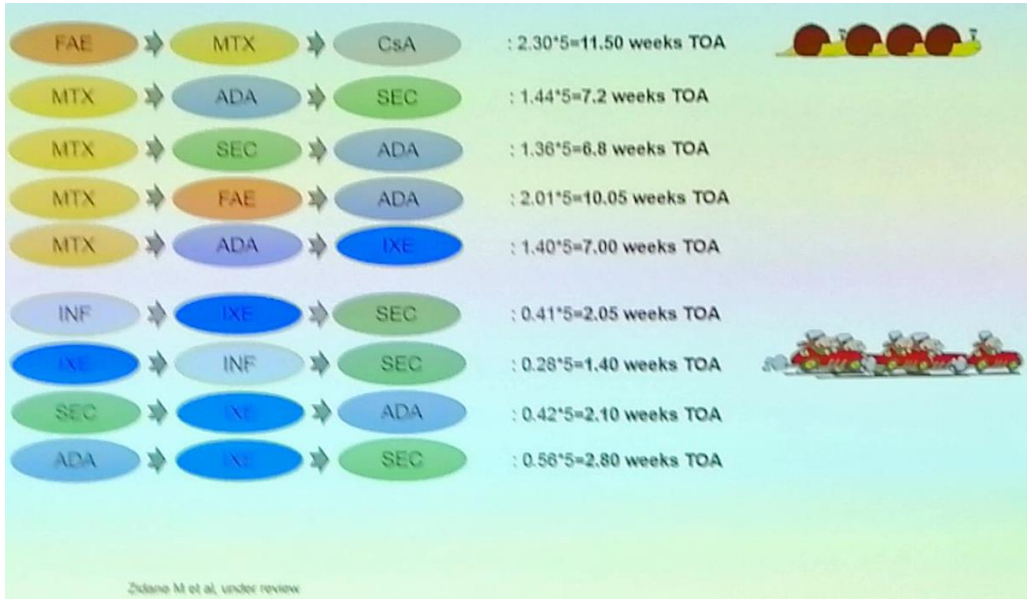
Iniciativa científica de:

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA AEDV 1909

INDIVIDUALIZED THERAPY IN MAJOR INFLAMMATORY SKIN DISEASES

Chairs: Jan Gutermuth (Belgium) & Ronald Vender (Canada)

1. Treat to target - Alexander Nast (Germany)



TOA=Weighted mean time until 25% of the patients achieved PASI 75 response

- The choice of different treatment sequences may lead to very different „waiting times“. Individually tailored treatments targets adapted to patients preferences are needed“

INDIVIDUALIZED THERAPY IN MAJOR INFLAMMATORY SKIN DISEASES

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2. Transitioning between biologics
Ronald Vender (Canada)

- No washout
- Switch at next scheduled dose of the failed biologic
- Use standard induction dosing
- Followed by standar maintenance dosing

Failed Biologic	Start new biologic in..
Etanercept[1]	1 week
Adalimumab[1]	2 weeks
Infliximab[1]	2-4 weeks
Certolizumab[2]	2 weeks
Ustekinumab[2]	4 weeks
Secukinumab[2]	2 weeks
Ixekizumab[2]	2 weeks
Brodalumab[2]	2 weeks
Guselkumab[2]	4 weeks
Tildrakizumab[2]	4 weeks
Risankizumab[2]	4 weeks

Mrowietz et al., JEADV 2013 (online first)

INDIVIDUALIZED THERAPY IN MAJOR INFLAMMATORY SKIN DISEASES

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3. Combination therapy - Pablo Coto (Spain)

- Combinations with phototherapy are safe and may work with systemic (Retinoids, Methotrexate, apremilast, fumaric acid esters) or biological agent(etanercept)
- Combination with Apremilast and retinoids are also suitable to combine with others therapies with an increase in efficacy and a good safety profile.
- Methotrexare is the most frequent used in combined therapy (adding MTX to CZM does not improve efficacy.

INDIVIDUALIZED THERAPY IN MAJOR INFLAMMATORY SKIN DISEASES

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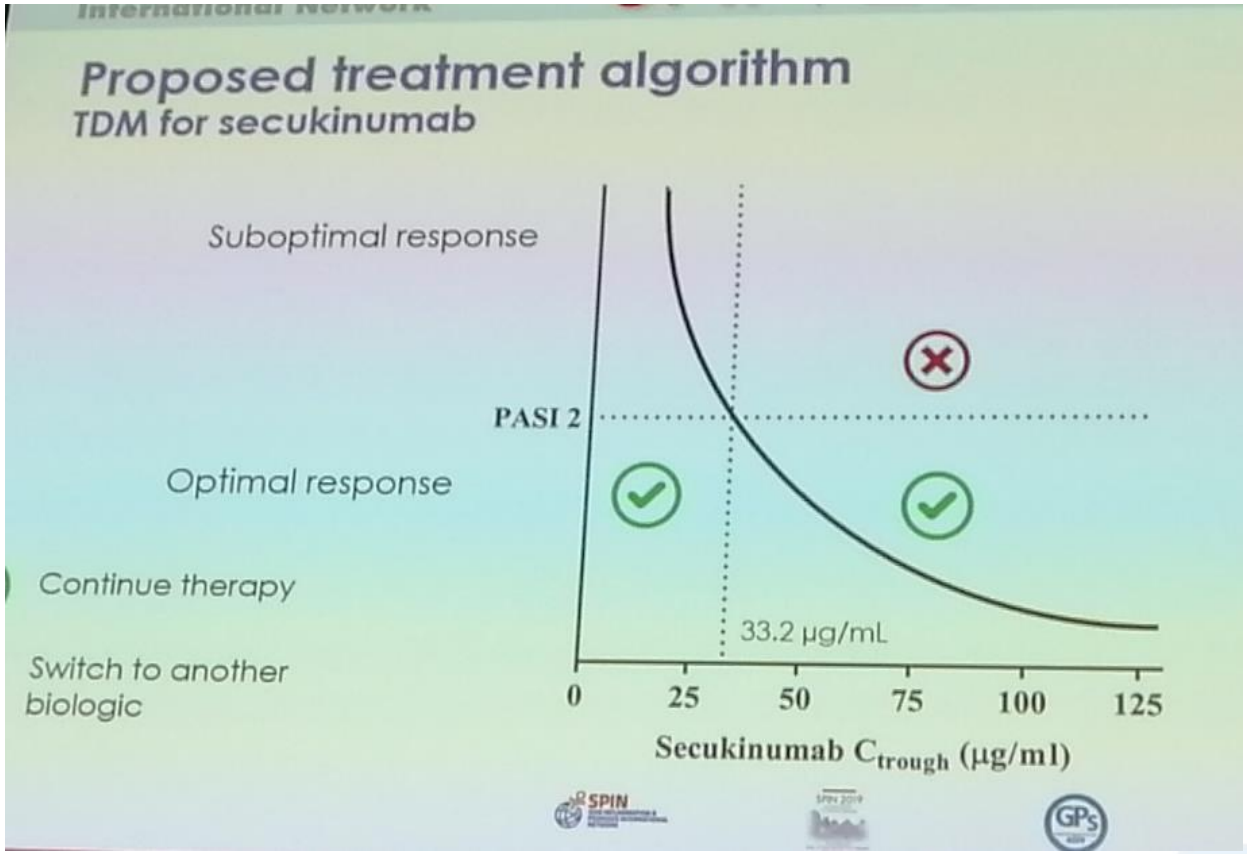
4. Therapeutic drug monitoring in biologics - Ann Gils (Belgium)

- Can stratify primary non-responders from patients with insufficient exposure
- Can confirm secondary non-responders caused by low drug esposure posibly due to formation of anti-drug antibodies
- Can be used in follow up of patients with secondary loss response receiving dose escalation
- Can identify overexposed patients
- Can guidedose de-escalation in overexposed patients

Clinical response correlates with 4-week post injection ustekinumab concentrations in moderate to severe patients

DEFINING A MINIMAL EFFECTIVE SERUM THROUGH CONCENTRATION OF SECUKINUMAB IN PSORIASIS: A STEP TOWARDS PERSONALIZED THERAPY

Jo Lambert (Belgium)



FREE COMMUNICATIONS:

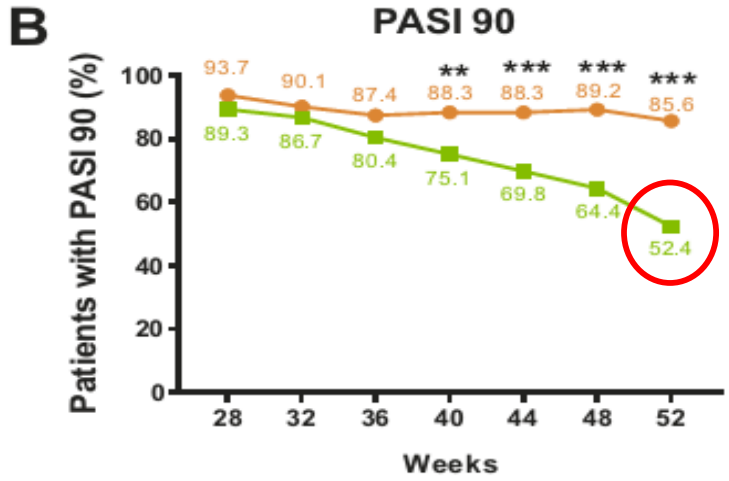
IDENTIFICATION OF CLINICAL AND BIOMARKER PARAMETERS ASSOCIATED WITH LONG-TERM MAINTENANCE OF PASI 90 RESPONSE FOLLOWING GUSELKUMAB TREATMENT WITHDRAWAL IN PSORIASIS

X.Liu , P.Branigan , Y.Chen , B.Scott , M.Banaszewska , P.McGovern , Z.Yao , S. Fakharzadeh *, S.Li , Y.Wasfi , M.Song , K.Campbell , E. J.Muñoz-Elías

- Long-term maintenance of PASI 90 response to guselkumab following drug withdrawal was associated with
- Shorter disease duration
- Lower BMI
- Achiving PASI 100 improvement al week 28
- Lower levels of serum IL17F and MIP1 beta al baseline
- High guselkumab concentration at week 28

EFFICACY AND SAFETY OF CONTINUOUS Q12W RISANKIZUMAB VERSUS TREATMENT WITHDRAWAL: RESULTS FROM THE PHASE 3 IMMHANCE TRIAL

Eficacia a semana 52 tras la randomización.



PASI 90 en el 52,4% de los pacientes a semana 52 tras únicamente 3 dosis de risankizumab (sem 0, 4 y 16)

; **P<.01; ***P<.001.

Table 2. Treatment-Emergent Adverse Events

	Part A1 (4:1)		Part B (Re-randomization 1:2)	
TEAEs, n (%)	RZB N=407	PBO N=100	RZB → RZB N=111	RZB → PBO N=225
Any AE	185 (45.5)	48 (48.0)	78 (70.3)	145 (64.4)
Drug related AEs[a]	33 (8.1)	7 (7.0)	15 (13.5)	20 (8.9)
Serious AE	8 (2.0)	8 (8.0)	7 (6.3)	14 (6.2)
Drug related serious AE[a]	0	1 (1.0)	1 (0.9)	1 (0.4)
Severe AE	6 (1.5)	4 (4.0)	5 (4.5)	13 (5.8)
AE leading to drug discontinuation	2 (0.5)	4 (4.0)	1 (0.9)	2 (0.9)
Infection[a]	69 (17)	18 (18.0)	53 (47.7)	89 (39.6)
Serious infection	0	1 (1.0)	2 (1.8)	2 (0.9)
Opportunistic infection	0	0	1 (0.9)	1 (0.4)
Active Tuberculosis[c]	0	0	0	0
Latent Tuberculosis	0	0	0	0
Serious hypersensitivity	0	0	0	0
Adjudicated MACE	0	1 (1.0)	1 (0.9)	0
Hepatic events	3 (0.7)	2 (2.0)	5 (4.5)	5 (2.2)
Malignancy	3 (0.7)	0	1 (0.9)	4 (1.8)
Malignancy excluding NMSC	2 (0.5)	0	1 (0.9)	3 (1.3)
AE leading to death	0	0	1 (0.9)[d]	0
Deaths (ind. non-treatment emergent)	0	0	1 (0.9)	0

No hubo señales adicionales de seguridad a semana 52. A destacar:

De los 31 pacientes con TB latente que no recibieron profilaxis durante el estudio y sí fármaco activo, no hubo reactivación de TB a semana 55.

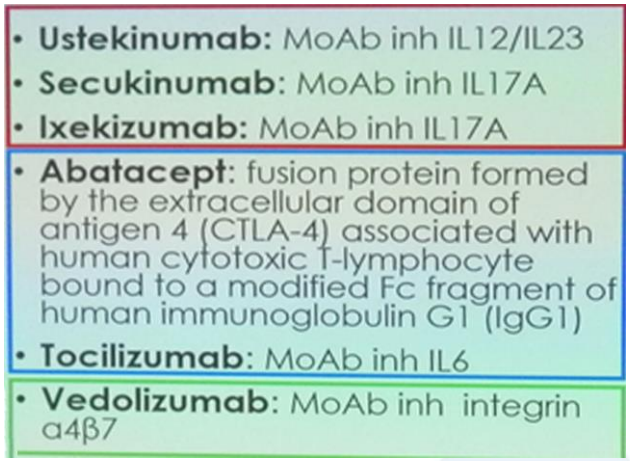
Langley R et al. AAD 2019, P10093
**Bachelez H et al. SPIN 2019, P068*

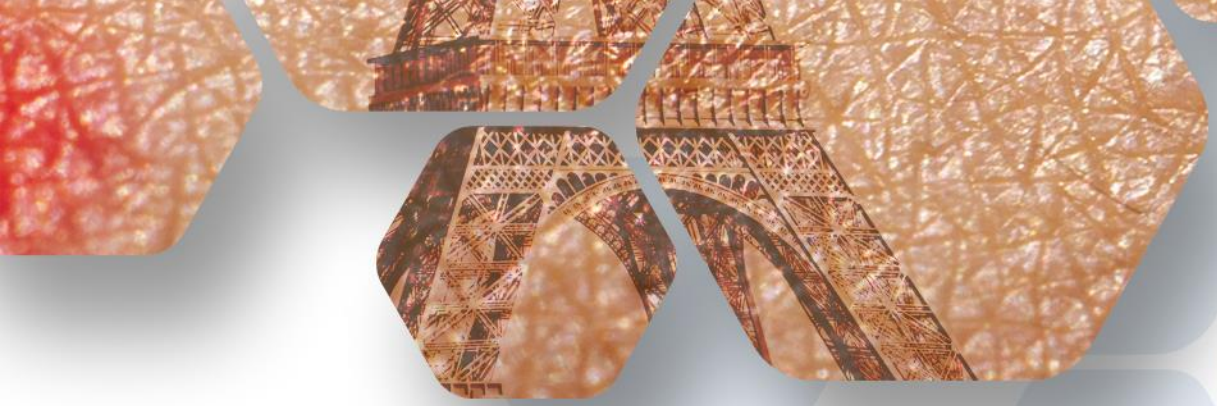
Special situations: children, pregnancy, old age, cancer patients in major inflammatory skin diseases

Chairs: Isabel Belinchon (Spain), Emad Elgamal (Egypt)

Paradoxical reactions - Anna Lopez (Spain)

- Disbalance in the contraregulation between TNF alfa e IFN
- Genetics factors polymorphism of a single nucleotide that affect genes involved in the production of cytokines:IL23R, CTLA4.
- The most common paradoxical psoriasis reaction is paradoxical psoriasis. (Hidradenitis suppurativa, pioderma gangrenosum)





MUCHAS GRACIAS

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