

 #WCD2019

AEDV

HIGHLIGHTS

24th World Congress of Dermatology (WCD)

10-15
JUNIO
2019

Milán



Patrocina:

janssen  Immunology
PHARMACEUTICAL COMPANIES OF 

Organiza:



AEDV

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Enfermedades sistémicas y autoinmunes

Dra. Almudena Nuño González

Hospital Universitario La Paz. Madrid

Patrocina:



Organiza:



Topical Jak inhibitors (Dr. Robert Bissonnette)

Treatment for:

- Atopic dermatitis +++++
- Chronic hand dermatitis +++
- Psoriasis ++
- Vitiligo +++
- Alopecia areata?

VITILIGO:

- Ruxolitinib 1,5% cream for vitiligo:
 - More effective on the face than the rest of the body
- Topical JAK inhibitors should be combined with phototherapy (tofacitinib and ruxolitinib)

ALOPECIA AREATA

- Ruxolitinib 1% cream vs tofacitinib 2% vs clobetasol 0,05% vs vehicle
- No more effective than steroids

Tapiranof (topical AhR agonists) (Dr. Robert Bissonnette)

Aryl hydrocarbon receptor agonist (Tapiranof=benvitimod)

Phase 2 completed in AD and psoriasis

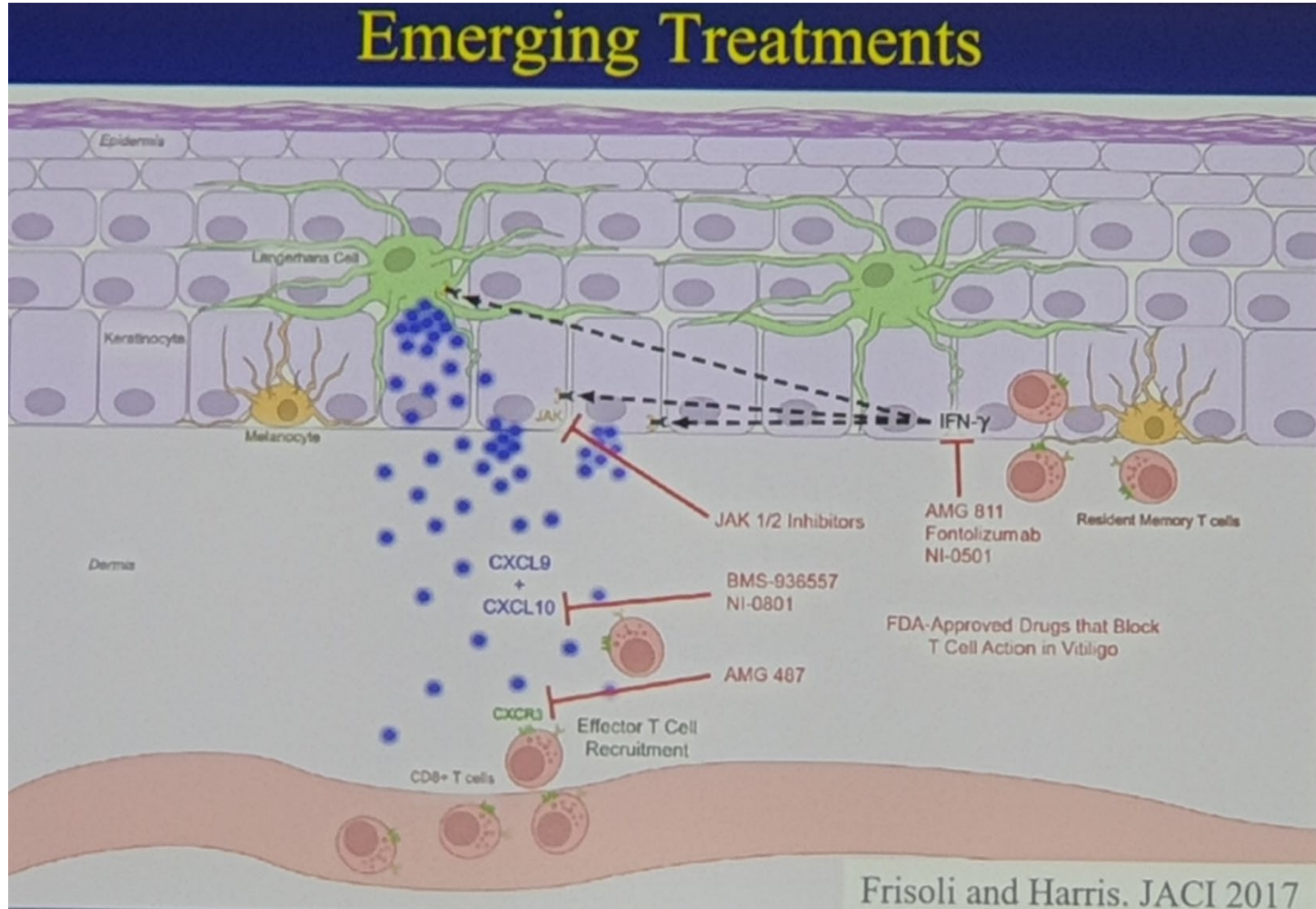
Tapiranof decreases IL-17

Tapiranof adverse events:

- Folliculitis
- Headache
- Application site pruritus, oedema, erythema or pain

Tapiranof controls inflammation but also causes hyperpigmentation: future research as topical drug for vitiligo.

Vitiligo (Dr. John Harris)



Vitiligo (Dr. John Harris)

Immunity Article
CD49a Expression Defines Tissue-Resident CD8⁺ T Cells Poised for Cytotoxic Function in Human Skin
Stanley Cheuk,¹ Heinrich Schulze,² Irine Gellera-Sinical,^{1,2} Ekke Martini,¹ Samuel C. Chiung,¹ Nicole Marquardt,¹ Anna Göbel,¹ Edda Dellafiora,¹ Andrea Ikenik,¹ Marianne Forkel,¹ Charlotte Höllig,¹ Annette Tjebkunt,¹ Jakob Mikkelsen,¹ Lasse Folkersen,¹ Jenny Mjølberg,¹ Lenart Blomqvist,¹ Marcus Ehnström,¹ Mona Ståhle,^{1,2} Yenan T. Bryceson,^{1,2} and Liv Eldemir^{1,2*}

SCIENCE IMMUNOLOGY | RESEARCH ARTICLE
CANCER
Resident memory T cells in the skin mediate durable immunity to melanoma
Brian T. Malik,¹ Katelyn T. Byrne,^{1,2} Jennifer L. Vella,² Peisheng Zhang,¹ Tamer B. Shabaneh,¹ Shannon M. Steinberg,¹ Aleksey K. Molodtsov,¹ Jacob S. Bowers,² Christina V. Angeles,^{4,5} Chrystal M. Paulos,² Yina H. Huang,^{1,3} Mary Jo Turk^{1,3*}

ORIGINAL ARTICLE
Vitiligo Skin Is Imprinted with Resident Memory CD8 T Cells Expressing CXCR3
Katia Boniface¹, Clément Jacquemin¹, Anne-Sophie Darrigade², Benoît Dessarthe¹, Christina Martins¹, Nesrine Boukhedouani¹, Charlotte Vernisse¹, Alexis Grasseau¹, Denis Thiolat¹, Jérôme Rambert¹, Fabienne Lucchese¹, Antoine Bertolotti², Khaled Ezzedine⁴, Alain Taieb^{1,2} and Julien Seneschal^{1,2}

SCIENCE TRANSLATIONAL MEDICINE | RESEARCH ARTICLE
AUTOIMMUNITY
Richmond et al., *Sci. Transl. Med.* 10, eaam7710 (2018) 18 July 2018
Antibody blockade of IL-15 signaling has the potential to durably reverse vitiligo

Vitiligo (Dr. John Harris)

SCIENCE TRANSLATIONAL MEDICINE | RESEARCH ARTICLE

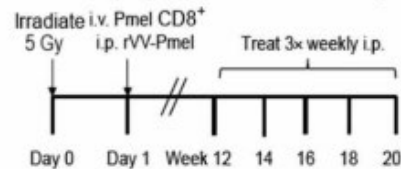
AUTOIMMUNITY

Antibody blockade of IL-15 signaling has the potential to durably reverse vitiligo

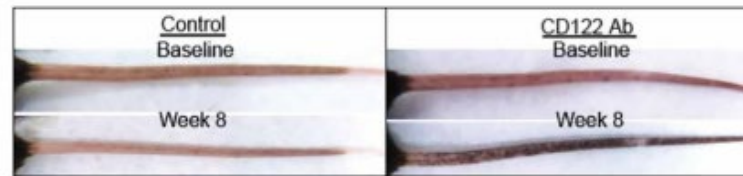
Jillian M. Richmond¹, James P. Strassner¹, Lucio Zapata Jr.¹, Madhuri Garg¹, Rebecca L. Riding¹, Maggi A. Refat¹, Xueli Fan¹, Vincent Azzolino¹, Andrea Tovar-Garza², Naoya Tsurushita³, Amit G. Pandya², J. Yun Tso³, John E. Harris^{1*}

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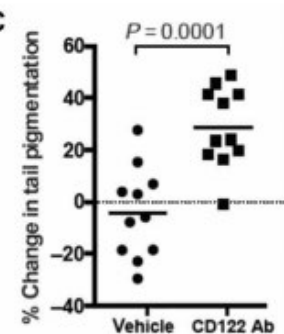
A Repigmentation study



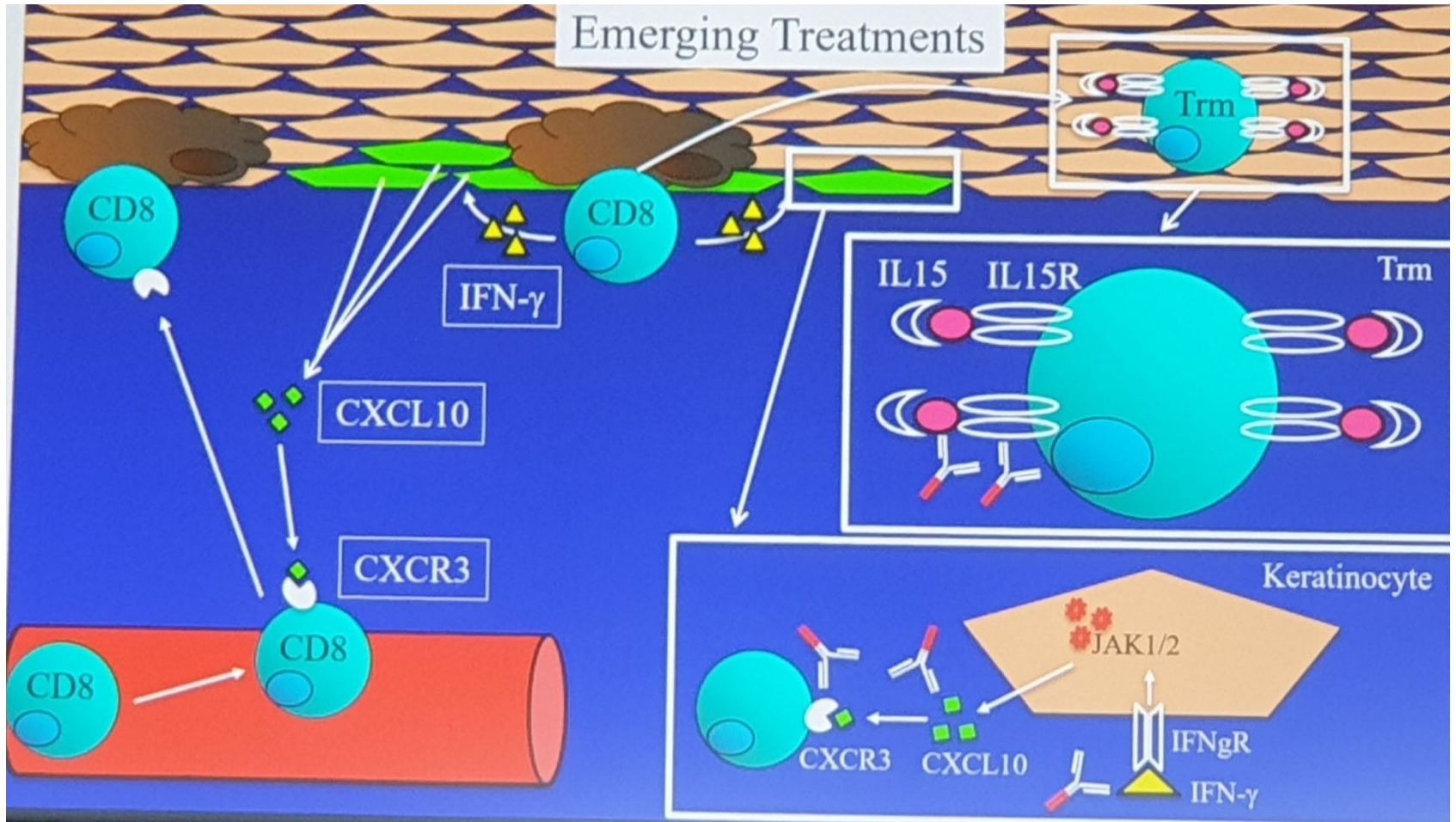
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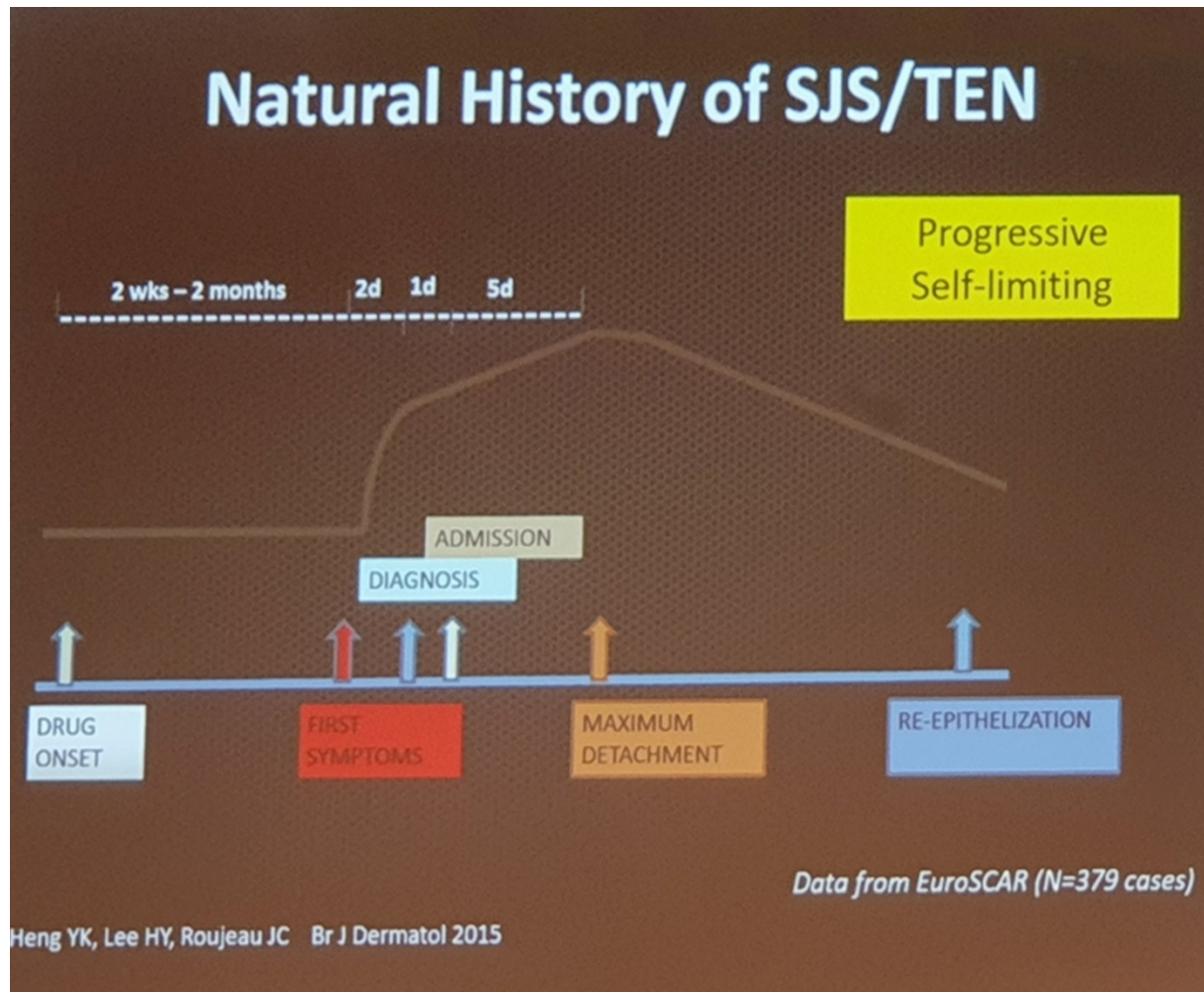
Vitiligo (Dr. John Harris)



Milán



SSJ- TEN (Dr. Haur Yueh Lee)



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New Evidence Supporting Cyclosporine Efficacy in Epidermal Necrolysis



Jean-Claude Roujeau¹, Maja Mockenhaupt², Jean-Claude Guillaume³ and Jean Revuz⁴

Sixty years after its original description by Sir Alan Lyell, epidermal necrolysis (from Stevens-Johnson syndrome to toxic epidermal necrolysis) seems finally amenable to a specific treatment in addition to essential symptomatic measures in specialized settings. A recently published systematic review and an article by Gonzales-Herrada et al. strongly suggest that cyclosporine is effective in reducing the risk of death.

Journal of Investigative Dermatology (2017) 137, 2047–2049. doi:10.1016/j.jid.2017.07.828



ORIGINAL ARTICLE

Cyclosporine for Epidermal Necrolysis: Absence of Beneficial Effect in a Retrospective Cohort of 174 Patients—Exposed/Unexposed and Propensity Score-Matched Analyses



Florence Poizeau^{1,5}, Olivier Gaudin^{1,5}, Laurence Le Cleach^{1,2}, Tu-Anh Duong¹, Camille Hua¹, Claire Hotz¹, Saskia Ingen-Housz-Oro^{1,2}, Emilie Sbidian^{1,2}, Ouidad Zehou¹, Audrey Colin¹, Nicolas de Prost³, Bénédicte Lebrun-Vignes^{2,4}, Olivier Chosidow^{1,2}, Pierre Wolkenstein^{1,2} and Laurence Fardet^{1,2}



SSJ- TEN (Dr. Haur Yueh Lee)

The Journal of Clinical Investigation

CLINICAL MEDICINE

Randomized, controlled trial of TNF- α antagonist in CTL-mediated severe cutaneous adverse reactions

Chuang-Wei Wang,^{1,2} Lan-Yan Yang,³ Chun-Bing Chen,¹ Hsin-Chun Ho,^{1,4} Shuen-Iu Hung,⁵ Chih-Hsun Yang,^{1,4} Chee-Jen Chang,^{6,7} Shih-Chi Su,^{1,8} Rosaline Chung-Yee Hui,^{1,4} See-Wen Chin,¹ Li-Fang Huang,³ Yang Yu-Wei Lin,¹ Wei-Yang Chang,³ Wen-Lang Fan,⁸ Chin-Yi Yang,¹ Ji-Chen Ho,^{4,9} Ya-Ching Chang,^{1,4} Chun-Wei Lu,^{1,4} Wen-Hung Chung,^{1,2,4,8} and the Taiwan Severe Cutaneous Adverse Reaction (TSCAR) Consortium¹⁰

Table 8. Clinical characteristics as additional risk factors for mortality among patients treated with etanercept or corticosteroids compared with retrospective data on CTL-mediated SCAR patients treated with supportive care

| | Supportive care ^A (retrospective data) | Etanercept | Corticosteroid |
|--|--|--------------------------------|---------------------------------|
| Age, yr, mean \pm SD | 56.00 \pm 24.65 | 52.73 \pm 16.78, $P = 0.444$ | 59.84 \pm 24.20, $P = 0.503$ |
| Heart rate, /min, mean \pm SD | 96.81 \pm 11.99 | 95.33 \pm 16.52, $P = 0.644$ | 91.23 \pm 13.75, $P = 0.177$ |
| BUN, mg/dl, mean \pm SD | 24.75 \pm 16.31 | 20.38 \pm 18.33, $P = 0.285$ | 32.33 \pm 36.57, $P = 0.197$ |
| HCO ₃ ⁻ , mEq/l, mean \pm SD | 21.38 \pm 4.11 | 23.09 \pm 4.25, $P = 0.082$ | 22.34 \pm 3.84, $P = 0.244$ |
| Glucose, mg/dl, mean \pm SD | 157.06 \pm 59.77 | 137.6 \pm 73.59, $P = 0.297$ | 153.86 \pm 78.56, $P = 0.790$ |
| SCORTEN, mean \pm SD | 1.97 \pm 1.29 | 1.85 \pm 1.29, $P = 0.100$ | 1.95 \pm 1.36, $P = 0.209$ |

^AReference group. All P values were calculated by Student's t test.



SSJ- TEN (Dr. Haur Yueh Lee)

RISK FACTOR FOR SEPSIS IN SJS/ TEN

On admission:

Age

BSA more than 10% OR 14,3 (13,4-15,2)

Haemoglobin less than 10 g/dl OR 2,4 (2,2-2,6)

Cardiovascular OR 2,1 (2.0-2.3)

Parameters that
predict positive
cultures:

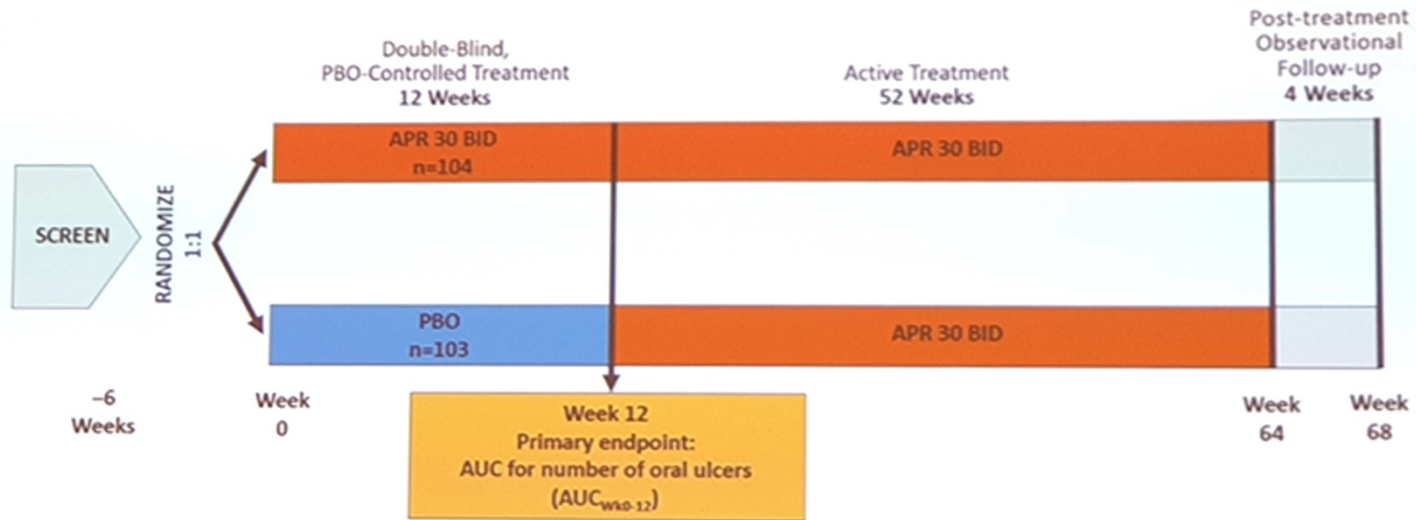
Procalcitonin more than 1 µgr OR 2,4 (1,1-4,8)

Hypothermia OR 2,4 (1,1-5,3)

Negative predictive value of skin cultures.

Apremilast phase III for Behçet disease (Dr. A. Mahr)

BCT-002 (RELIEF) OVERALL STUDY DESIGN

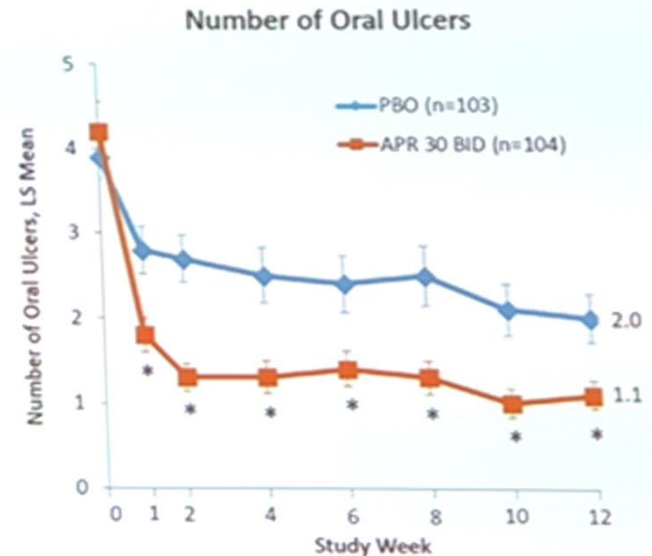
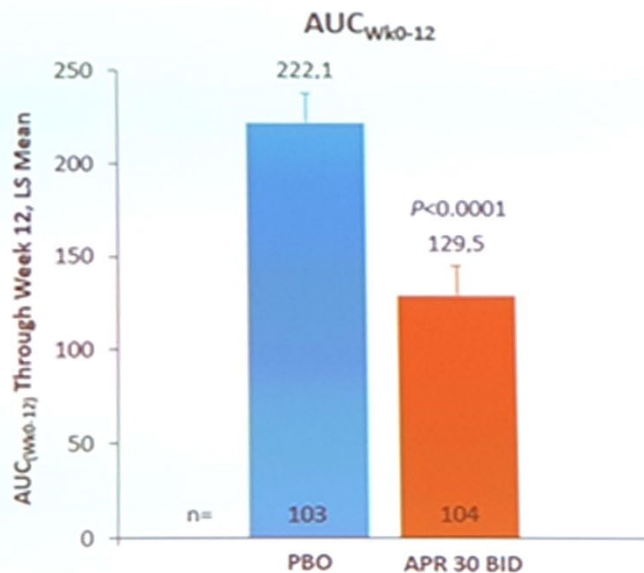


AUC_{Wk0-12} = number of oral ulcers from baseline over 12 weeks.

- Patients were stratified by gender, history of uveitis, and region (Japan and other)
- Dose titration occurred over the first week

Apremilast phase III

PRIMARY ENDPOINT: AUC_{Wk0-12} , AND NUMBER OF ORAL ULCERS (WEEKS 0 TO 12)



ITT population. Error bars represent standard error. Multiple imputation used for imputing missing data.

* $P \leq 0.0015$ vs. PBO (nominal P value).

LS=least-squares; ITT=intent-to-treat.

Improves QoL of patients

Adverse events: diarrhea, nausea, headache, abdominal pain

