001 The potential role of prolactin as a biologic marker in diagnostic of psoriasis vulgaris
S Georgescu, C Ewe, D Botezatu1 and I Nicolae2

This study demonstrated that nemolizumab suppressed pruritus and improved eczema and sustained efficacy and accompanied with patient satisfaction. Autologous fibroblast transplantation for regeneration of facial contour deformities. Our objective was to evaluate the safety, efficacy and durability of autologous fibroblast transplantation in patients with wrinkle and acne scar. This single-arm, open-label, phase III clinical trial was studied during 2010 to 2015. Patients aged 15-65 years old with an evaluator's assessment score of more than 2/7, underwent three injections of autologous cultured fibroblasts in 4-6 week intervals and followed up for 2, 6, 12, 24 and 36 months. Collagen type I and vimentin expression, Collagen type I gene expression and Cytogenetic analysis were assessed before transplantation. Safety and efficacy evaluations were based on comparisons of the baseline and follow up evaluation patient assessment scores.

002 A study on serum vitamin D, and serum and tissue cathelicidin levels and its relationship in rosacea
O Lai1, M Kasperkiewicz2, A Betlachin1, L Ji1, S Goschen1 and D Woodley1

Therapeutic response guided dosing strategy to optimize long-term adalimumab treatment in patients with hidradenitis suppurativa: integrated results from the PIONEER phase 3 trials
W Guillen1, MM Okun1, A Martorell2, Z Ceng1, X Huang1, D Williams1 and Y Gu1

003 A single-arm, open-label phase III clinical trial of autologous fibroblast transplantation for facial contour deformities; long-term follow up
S Shahiyan, A Bajouri and N Aghdami

Fibroblast cells and collagen fibrils are decreased during skin aging and also destructed following acne scars. Recently, autologous fibroblast transplantation has emerged as a novel treatment for regeneration of facial contour deformities. Our objective was to evaluate the safety, efficacy and durability of autologous fibroblast transplantation in patients with wrinkle and acne scar. This single-arm, open-label, phase III clinical trial was studied during 2010 to 2015. Patients aged 15-65 years old with an evaluator's assessment score of more than 2/7, underwent three injections of autologous cultured fibroblasts in 4-6 week intervals and followed up for 2, 6, 12, 24 and 36 months. Collagen type I and vimentin expression, Collagen type I gene expression and Cytogenetic analysis were assessed before transplantation. Safety and efficacy evaluations were based on comparisons of the baseline and follow up evaluation patient assessment scores.

004 Increased relapses and complications in pemphigus patients treated by the same physicians in a public safety net versus a private university healthcare system
O Lai1, M Kasperkiewicz2, A Betlachin1, L Ji1, S Goschen1 and D Woodley1

Humanized anti-interleukin-31 receptor A antibody nemolizumab (CIM331) suppresses pruritus and improves eczema in patients with moderate-to-severe atopic dermatitis
K Kabashima1, M Funae1, J Hanlin1, G Palka2, I Miyazncky2, A Wolfenberg2, R Galus1, N Hihara1, T Ethoi1 and T Ruzicka1

Therapeutic response guided dosing strategy to optimize long-term adalimumab treatment in patients with hidradenitis suppurativa: integrates results from the PIONEER phase 3 trials
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005 Humanized anti-interleukin-31 receptor A antibody nemolizumab (CIM331) suppresses pruritus and improves eczema in patients with moderate-to-severe atopic dermatitis
K Kabashima1, M Funae1, J Hanlin1, G Palka2, I Miyazncky2, A Wolfenberg2, R Galus1, N Hihara1, T Ethoi1 and T Ruzicka1

We report efficacy and safety of nemolizumab (CIM331), a humanized anti-IL-31 receptor A (anti-IL-31 RA) antibody, in adult patients with moderate-to-severe atopic dermatitis (AD), who were not controlled with topical treatments. In this 12-week, randomized, double-blind, placebo (pbo)-controlled, multinational Phase IIb study, patients received nemolizumab (0.1, 0.5, 2.0 mg/kg every 4 weeks (Q4W), or 2.0 mg/kg Q4W) or pbo Q4W subcutaneously.

Primary endpoint was % improvement from baseline (BL) in pruritus visual analogue scale (VAS). Analyses included changes in the Investigator's Global Assessment (IGA) score and area under the curve (AUC) for VAS, categorized as early-onset, mid-second, late-second, or third phases of the disease.

Kaplan-Meier survival analysis was performed to determine the proportion of patients achieving a Hurley-Stern high-grade CSCR (HiSCR) at week 12. The Kaplan-Meier survival analysis for HiSCR at week 12 showed that the pbo group had a significantly lower HiSCR rate than the ADew group (p=0.0163).

The second subpopulation was named the PRR Population. The HiSCR rate at the end of Period B for this subpopulation was 53.8%, with 0.1, 0.5, 2.0 mg/kg nemolizumab Q4W and pbo Q4W, respectively (all p<0.01 vs. controls). Mean % change in EASI at Week 12 was 41.4%, with 0.5 mg/kg nemolizumab and -20.9% with pbo (p=0.0247). Proportion of patients with SCrA1;20% was 20.9% with 0.5 mg/kg nemolizumab and 4.7% with pbo (p=0.0488). Total sleep time at Week 4 increased by approximately 50 minutes in the ADew groups, with 0.1, 0.5, 2.0 mg/kg nemolizumab Q4W, and pbo Q4W, respectively (all p<0.01 vs. pbo).

Common adverse events other than exacerbation of AD were nasopharyngitis and upper respiratory tract infection with a similar frequency between treatment groups and pbo. This study demonstrated that nemolizumab suppressed pruritus and improved eczema and sleep parameters, potentially by interrupting the itch-scratch cycle.