001 Risk of serious infection associated with biologic therapies in psoriasis: A prospective cohort study from the British Association of Dermatologists Biologic Interventions Register (BADBIR)
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In a prospective cohort study from BADBIR (09/2007-10/2016), we compared the risk of serious infections (SI) associated with the use of biologic therapies in patients with psoriasis against a cohort on non-biologic systemic therapies (non-biologics). Etanercept, adalimumab, and ustekinumab were compared to non-biologics, inclusive of any exposure to methotrexate, ciclosporin, aciclovir, fumaric acid esters, psoralen-ultraviolet A, hydroxyurea.

002 Switching treatments of etanercept biosimilar GP2015 with originator product does not impact efficacy, safety and immunogenicity in patients with chronic plaque psoriasis
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The objective of the phase III EGALITY study was to show equivalence in efficacy, safety, and immunogenicity of the etanercept biosimilar GP2015 and the originator product (ETN) in patients with chronic plaque psoriasis. We present the 30-week data comparing repeated-switched and continued-treatment arms. Patients who continued treatment with ETN (N=531) with moderate to severe plaque psoriasis were randomized to receive 50 mg GP2015 or ETN twice weekly s.c. up to week 12. Patients with ≥50% improvement in psoriasis area and severity index (PASI 50) at week 12 were re-randomized to continue with the same treatment or to undergo 3 consecutive weeks of cross-over treatment. The primary endpoint of equivalence in PASI 75 response rate at week 30 was 1.9%, n=5, in all in ETN group. At week 36, 12 weeks after the last of multiple switches, another patient switching from ETN to GP2015 found ADA positive. All ADAs were transient and non-neutralizing. Equivalence in efficacy of GP2015 and ETN was observed in moderate to severe psoriasis. Multiple switching between treatments did not impact efficacy, safety, or immunogenicity. ADAs were consistent with previous ETN trials in psoriasis.

003 Crisaborole ointment improves global atopic dermatitis severity: Pooled results from two phase 3 clinical trials
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Nationale (AD), a chronic inflammatory skin disease, affects children and adults.
Pooled efficacy and safety results are presented from 2 identically designed, multicenter, vehicle-controlled Phase 3 studies in children and adults given crisaborole ointment, a non-steroidal, phosphodiesterase 4 inhibitor. Patients ≥2 years with mild to moderate AD were randomly assigned 2:1 to receive crisaborole or vehicle twice daily for 26 days. The primary endpoint defined success in Investigator’s Static Global Assessment (IGA), 5-point scale graded from clear [0] to severe [4] as clear (0) or almost clear (1), with a ≥2-grade improvement from baseline (BL) at day 29. Secondary endpoints included proportions of patients who achieved IGA score of clear (0) or almost clear (1) and success in IGA at weekly in-clinic evaluations (days 8, 15, and 22). Of 1522 enrolled participants, 1016 were randomly assigned to receive crisaborole and 506 to receive vehicle. Significantly more crisaborole-treated than vehicle-treated patients achieved success in IGA at day 29 (P = 0.001). One fifth of our patient population have liver fibrosis and advanced fibrosis, HOMA-IR and waist measurements provided the strongest predictive measures with all AUCs > 0.78. One fifth of our patient population have liver fibrosis and advanced fibrosis, HOMA-IR and waist measurements provided the strongest predictive measures with all AUCs > 0.78. One fifth of our patient population have liver fibrosis and advanced fibrosis, HOMA-IR and waist measurements provided the strongest predictive measures with all AUCs > 0.78. One fifth of our patient population have liver fibrosis and advanced fibrosis, HOMA-IR and waist measurements provided the strongest predictive measures with all AUCs > 0.78. One fifth of our patient population have liver fibrosis and advanced fibrosis, HOMA-IR and waist measurements provided the strongest predictive measures with all AUCs > 0.78.