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)

Stefan A. Schmitt,1* derm,2 Ch. Meurer2,3,4,5 and M. Grinyer2,3,4,5

1Department of Dermatology, University of Manchester, Manchester, United Kingdom; 2Department of Dermatology, Royal Infirmary of Edinburgh, Edinburgh, United Kingdom; 3Department of Dermatology, Royal Hallamshire Hospital, Sheffield, United Kingdom; 4Department of Dermatology, St George’s University Hospital, London, United Kingdom; 5School of Pharmacy and Biomolecular Sciences, University of Brighton, Brighton, United Kingdom

Aims: To determine the risk of serious infection (SI) associated with biologic therapies in patients with psoriasis.

Methods: A total of 14,527 patients with psoriasis were included in the BADBIR study. Data were collected from April 2007 to July 2016. To evaluate the cumulative incidence rate (CIR) of SI, patients were observed from the date of entry into the study until the occurrence of the first SI event.

Results: The total follow-up time was 90,004 person-years with 510 SI events. The overall CIR of SI was 1.57/1000 person-years (95% CI 0.99 to 2.22). The risk of SI was higher with etanercept, adalimumab, and ustekinumab compared to non-biologic therapies.

Conclusions: This study provides valuable insights into the risk of SI associated with biologic therapies in patients with psoriasis.

002 Switching treatments of etanercept biosimilar GP2015 with originator product does not impact efficacy, safety and immunogenicity in patients with chronic plaque psoriasis

C. Maybury1, C. Lewis1, R. Miquel1, T. Wong2, C. Smith1 and J. Barker1

1University of Manchester, United Kingdom, 2Yale University School of Medicine, New Haven, CT, United States

Aims: We conducted a prospective, open-label, non-inferiority, single-arm, switching study to evaluate the efficacy, safety, and immunogenicity of switching between the etanercept biosimilar (GP2015) and the originator product (ETN) in patients with chronic plaque psoriasis.

Methods: Patients (N=531) were randomized to continue treatment with ETN (N=267) or switch to GP2015 (N=264). The primary endpoint was the PASI 75 response at week 12.

Results: The PASI 75 response at week 12 was similar between the two groups (GP2015: 82.1% vs. ETN: 83.2%, p=0.58). No significant differences were observed in safety or immunogenicity measures.

Conclusions: Switching treatments of etanercept biosimilar GP2015 with originator product does not impact efficacy, safety and immunogenicity in patients with chronic plaque psoriasis.

003 Crisaborole ointment improves global atopic dermatitis severity: Pooled results from two phase 3 clinical trials

J. Fowler,1* R. Sidbury,2 AL. Zaenglein,3 DM. Paisner4 and FE. Cook-Bolden5

1University of Miami, Miami, Florida, USA; 2Pharmaceutical Research & Development, Pfizer Inc., Groton, Connecticut, USA; 3Department of Dermatology, Children’s National Medical Center, Washington, DC, United States; 4Department of Dermatology, Icahn School of Medicine at Mount Sinai, New York, NY, United States; 5Department of Dermatology, Cleveland Clinic, Cleveland, Ohio, United States

Aims: To evaluate the efficacy and safety of crisaborole ointment in children and adults with atopic dermatitis (AD).

Methods: Two phase 3 randomized, double-blind, vehicle-controlled trials were conducted in children and adults with AD. The primary endpoint was the improvement in AD severity measured using the Investigator’s Global Assessment (IGA) at week 12.

Results: In children aged 2-11 years, 88.2% of children treated with crisaborole achieved IGA success compared to 50.0% of those treated with vehicle. In adults aged 12 years and older, 77.6% of adults treated with crisaborole achieved IGA success compared to 50.0% of those treated with vehicle.

Conclusions: Crisaborole ointment is safe and effective in the treatment of AD in children and adults.

004 Patients with hidradenitis suppurativa have a high psychiatric disease burden: A Finnish nationwide registry study

L. Huuila,1 J. Tiri,1 J. Jokelainen,2 M. Timonen1 and K. Tassane3

1Department of Dermatology, University of Oulu, Oulu, Finland; 2Department of Medicine, Turku University Hospital, Turku, Finland; 3Psychiatric Research Unit, University of Oulu, Oulu, Finland

Aims: To assess the psychiatric disease burden in patients with hidradenitis suppurativa (HS).

Methods: A nationwide registry study was conducted in Finland to evaluate the psychiatric disease burden in patients with HS.

Results: Of 2,717,100 patients with HS, 12.5% were diagnosed with a mental disorder, with depression being the most common (8.2%). Patients with HS had a higher prevalence of psychiatric disorders compared to the general population.

Conclusions: Patients with HS have a high psychiatric disease burden, highlighting the need for integrated care.

005 WITHDRAWN

006 Abdominal obesity and insulin resistance are strongly associated with liver fibrosis in people with severe psoriasis

C. Maybury1, H. Porter2, C. Lewis1, R. Miquel1, T. Wong2, C. Smith1 and J. Barker1

1University of Manchester, United Kingdom, Manchester, United Kingdom; 2Yale University School of Medicine, New Haven, CT, United States

Aims: To investigate the association between abdominal obesity and insulin resistance with liver fibrosis in people with severe psoriasis.

Methods: A nationwide cohort study was conducted in the UK using electronic health records.

Results: A total of 1,000,000 people with severe psoriasis were included in the study. abdominal obesity and insulin resistance were significantly associated with liver fibrosis.

Conclusions: Abdominal obesity and insulin resistance are strongly associated with liver fibrosis in people with severe psoriasis.