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, acitretin, fumaric acid esters, psoralen-ultraviolet A, hydroxyccarbazide. SI were defined by association with hospitalisation; use of intravenous antimicrobial therapy; and/or led to death. Incidence rates to first SI were measured. Propensity-score weighted Cox proportional hazards models were used to compare the risk of SI and hazard ratios were derived. 1352, 3271 and 994 biologic-naive participants were included in the etanercept, adalimumab and ustekinumab cohorts respectively and 3421 biologic-naive participants were included in the non-biologic cohort. In total, 283 patients had a SI: the incidence rates were: non-biologic 14.2/1000 person-years (95% confidence interval [CI] 11.5 to 17.4); etanercept 15.3/1000 person-years (11.6 to 20.1); adalimumab 14.8/1000 person-years (11.4 to 16.6); ustekinumab 15.7/1000 person-years (10.8 to 21.1). No statistically significant increases in the risk of SI were observed for etanercept (hazard ratio [HR] 1.10; 95% CI 0.75 to 1.60); adalimumab (HR 0.93, 95% CI 0.69 to 1.26) or ustekinumab (HR 0.92, 95% CI 0.60 to 1.41) compared to non-biologics. Our results suggest that the risk of SI should not be a key discriminator when choosing between non-biologics, etanercept, adalimumab and ustekinumab for the treatment of psoriasis.

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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We present the 30-week data comparing repeated switching of patients continued treatment with etanercept (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 cycles. PASI 75 response at week 12 was 53.3% in ETN and 50.2% in GP2015. ETN is as efficacious and safe as GP2015.

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

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Atopic dermatitis (AD), a chronic inflammatory skin disease, affects children and adults. Pooled efficacy and safety results are presented from 2 identical 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 (I.SGA), 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 proportion of patients who achieved I.SGA score of clear (0) or almost clear (1) and success in I.SGA 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 I.SGA at every weekly in-clinic evaluation (day 8: 14.7% vs.5.4%, day 15: 24.4% vs.11.0%, day 22: 29.8% vs.15.9%). More crisaborole-treated than vehicle-treated patients achieved an I.SGA score of clear (0) or almost clear (1) at day 29 (50% vs.35.2%, P<0.001). Mean percentage change from BL in I.SGA scores at every in-clinic evaluation was greater in crisaborole-treated patients than in vehicle-treated patients. Treatment-emergent adverse events occurred at a low frequency, and most were mild or moderate. Pooled analysis from 2 large Phase 3 trials showed that crisaborole ointment was well tolerated and improved global disease severity.

004 Patients with hidradenitis suppurativa have a high psychiatric disease burden

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Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease of hair follicles which is associated with various comorbidities. The aim of our study was to clarify the associations between HS and psychiatric disorders. We conducted a nationwide prospective study that included 4381 patients with HS and 39545 psoriasis and 42428 melanocytic nevi (MN) patients as controls. Patient data were obtained from the statutory Finnish Care Register for Health Care. Statistical analyses were performed using STATA and the SAS software package. The incidence of HS in Finland was 2.7/100,000 persons/year, at least one psychiatric diagnosis was found in 24.1% of the HS patients compared with 19.1% of those with psoriasis (OR 1.24; 95% confidence interval [CI] 1.24–1.46) and 13.5% of those with MN (OR 2.04; CI 1.84–2.22). Every mental disorder examined was significantly more frequent in HS than in the two other groups. Major depression was more common in the HS group than in the psoriasis (15.3% vs. 12.1%, OR 1.31, 95% CI 1.19–1.44) and in the MN group (8.3%, OR 2.00, 95% CI 1.81–2.22). Anxiety disorders were diagnosed in 6.9% of HS patients compared with 5.0% of those with psoriasis (OR 1.41, 95% CI 1.23–1.62) and 3.8% of those with MN (OR 1.90, 95% CI 1.65–2.19). The total prevalence psychiatric disorders was 4.7% in the HS group compared with 3.3% in the psoriasis group (OR 1.46, 95% CI 1.24–1.72) and 1.7% the MN group (2.74, 95% CI 2.29–3.28). Specifically, “schizophrenia or schizotypal disorder” was more frequent in the HS group than in patients with psoriasis (2.4% vs. 1.5%, OR 1.57, 95% CI 1.24–1.98) or in patients with MN (2.4% vs.0.7%, OR 3.38, 95% 2.59–4.94). The main finding of our study is that HS patients have a higher risk for mental disorders than patients with psoriasis. For dermatologists treating HS patients it is important to take into account the high psychiatric comorbidity burden in HS.

005 WITHDRAWN

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

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People with severe psoriasis are at risk of developing liver fibrosis due to obesity, alcohol and metotrextate. In Europe only people taking metotrextate are screened for liver fibrosis. Aims were:(1) To identify the proportion of patients attending our service with liver fibrosis(2) Identify the most important risk factors associated with fibrosis(3) Evaluate non-invasive tests for liver fibrosis Methods: 400 adults with severe psoriasis were recruited 2012-2015. Data collection to assess risk factors included a questionnaire, PHSI, anthropometric indices and fasting blood draw. Abdominal ultrasound measured fatty liver disease. Diagnosis of fatty liver disease was made by transient elastography (Fibroscan). Diagnostic accuracy of blood tests and clinical measures were compared to Fibroscan results. Characteristics at enrolment were; age (years): 49.5 ± 15.7, body mass index (BMI): 32.2 ± 5.8, waist (cm): 102 ± 16, and PAI: 7.5 ± 4.9. 86.6% had fatty liver disease, 20% liver fibrosis (Fibroscan ≥7.8 kPa). Prognostic risk factors significantly associated with fibrosis on univariate analysis included age ≥60, BMI ≥30, waist, fatty liver disease and HOMA-IR (Homeostatic Model Assessment of Insulin Resistance calculated from fasting glucose and insulin). Sex, metotrextate duration, psoriasis duration and alcohol use were not significantly associated with fibrosis. Multivariate analysis identified the model of waist measurement, HOMA-IR and AST as the best predictors of model of fibrosis (R² = 0.31). For both 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. Metabolic parameters were the most important factors associated with fibrosis. We should no longer restrict screening to people taking metotrextate but should screen according to waist measurement.