**ABSTRACT**

**Clinical outcomes**

**007**
Sustained response following withdrawal of guselkumab treatment correlates with reduced TH17 and TH22 effector cytokine levels

P Brangmeier, J Scott, Z Yao, S Li, Y Wang, M Song, K Campbell and E Muñoz-Eléssait
Research & Development, LLC, Spring House, PA

Guselkumab (GUS) is a human therapeutic antibody targeting IL-23, a key driver of pathogenic TH17 and TH22 responses in inflammatory skin. The PRIME study is a Phase 3 study that demonstrated the efficacy of GUS in moderate-to-severe PSO and included a randomized withdrawal experiment. We explored the potential association of serum biomarkers and clinical parameters with response following withdrawal treatment. Subjects initially randomized to GUS who achieved >20% improvement vs baseline in the PASI Area Severity Index (PASI 90) response at WK 28 were re-randomized to either continue GUS (n = 193) or withdraw from GUS (n = 182). Serum biomarkers were evaluated at baseline, WK 28 and then every 4 WK throughout the withdrawal period. Clinical parameters evaluated included disease duration, body mass index (BMI), baseline body surface area and PASI score, WK 28 PASI score, and GUS pharmacokinetic parameters. PASI 90 response was better maintained at WK 48 in the continuous maintenance group compared to the withdrawal group (p < 0.001). However, sustained ef-

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throughout 28 weeks after the last dose of GUS was observed.

**008**
Congenital anomalies in neurofibromatosis 1: A retrospective register-based total population study

J Leppävirta1,2, RA Kallionpää1, E Uusitalo1, MP Ööhyönen3,4, J Peltonen1 and S Peltonen1,2

1 Department of Dermatology, Yonsei University Wonju College of Medicine, Wonju, Korea (the Republic of), 2 Medical Research Center, Yonsei University Wonju College of Medicine, Wonju, Korea (the Republic of), 3 Institute of Lifestyle Medicine, Yonsei University Wonju College of Medicine, Wonju, Korea (the Republic of) and 4 Department of Biomedical Laboratory Science, Yonsei University Wonju College of Medicine, Wonju, Korea (the Republic of).

In patients with atopic dermatitis (AD), the penetration of contact allergens is potentially increased through disrupted barrier, and hence the risk of sensitization is also increased. We performed this study to explore contact dermatitis (CD) accompanied in AD patients. 207 patients with AD who underwent patch test were included in the study. Subjects with any positive result were classified as “AD with CD” (N = 43, 20.8%), and negative result as “AD without CD” (N = 164, 79.2%). Gender, past and family history, skin lesions, laboratory findings, and gene variations including FLG, TLR4, IL13, IL5, IL-9 and IL12RB1,2 were analyzed. In the present study including subjects with moderate and severe plaque psoriasis, PASI ≤ 2 corresponded to PASI 90. This absolute outcome may be considered as an alternative response criterion for the long-term management of psoriasis.

**009**
How to predict allergic contact dermatitis accompanied in patients with atopic dermatitis

S Lee1, H Wang1, E Kim1, H Hwang2, E Choi3, N Lee1, H Lee1 and E Choi4

1 Department of Dermatology, Yonsei University Wonju College of Medicine, Wonju, Korea (the Republic of), 2 M&G, Inc., 3 Institute of Lifestyle Medicine, Yonsei University Wonju College of Medicine, Wonju, Korea (the Republic of) and 4 Department of Biomedical Laboratory Science, Yonsei University Wonju College of Medicine, Wonju, Korea (the Republic of).

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**010**
Pediatric cancers in neurofibromatosis type 1

S Peltonen1, R Matti1, K Kalliomäki1, J Pihlamo1 and J Peltonen1

1 Dept of Dermatology, Univ. of Turku and Turku Univ. Hosp., Turku, Finland, 2 Finnish Cancer Registry, Helsinki, Finland and 3 Inst of Biomedicine, Univ. of Turku, Turku, Finland

Neurofibromatosis type 1 (NF1) is the most common cancer predisposition syndrome. Our recent nationwide population-based cohort of 1414 NF1 patients showed an increased cancer risk and mortality < 20 years of age. Children with NF1 have an increased risk of brain tumors, especially optic gliomas, but epidemiologic studies on the risk of other brain tumors, mors, especially optic gliomas, but epidemiologic studies on the risk of other brain tumors,

**011**
Crisaborole ointment provides early relief of pruritus in two phase 3 clinical trials in patients with mild or moderate atopic dermatitis

E Guttman-Yassky1, C Yosipovitch1, D Murrell2 and H Hamill1

1 Icahn School of Medicine at Mount Sinai Medical Center, New York, NY, 2 University of Miami, Miller School of Medicine, Miami, FL, 3 University of New South Wales, Sydney, NSW, Australia and 4 Oregon Health and Science University, Portland, OR.

A post hoc analysis was performed from 2 identically designed, multicenter, vehicle-controlled, Phase 3 trials evaluating the impact of crisaborole topical ointment, 2%, on early improvement in pruritus stratified by baseline (BL) disease severity in patients with atopic dermatitis (AD). Global disease severity was measured by Investigator’s Static Global Assessment (IGA) in patients >2 years old with mild (IGA 2) or moderate (IGA 3) AD. Patients were randomly assigned 2:1 to receive crisaborole vehicle twice daily for 28 days. Pruritus was measured on a 4-point scale (none [0] to severe [3]). Early improvement was defined as a score of none (0) or mild (1), with a ≥1 grade improvement from BL. Early improvement in pruritus was defined as achieving improvement at day 6. Significantly more patients treated with crisaborole achieved early improvement in pruritus than with vehicle, regardless of BL disease severity (mild AD: 59.5% vs 41.3%; P < 0.001). Patients’ age and disease onset age were older in “AD with ACD” (p = 0.031). “AD with ACD” patients had more personal and family histories about ACD (p < 0.001). Nummular eczema was more common in “AD with ACD” (p = 0.019).

In multivariate logistic regression analysis, family history of AD, female, older age had higher odds of ACD (FLG 1321delA had higher odds of ACD (6.81 [1.09-13.71]). In conclusion, patients with AD who fall into one of the following cases, female over 7 years of age, showed nummular eczema, have heterogeneous mutation in FLG 1321delA, should be suspected for accompanied ACD and patch test should be done.