Safety of systemic psoriasis treatments evaluated in the Swiss Dermatology Network for Targeted Therapies (SDNTT)


Abstract: In this retrospective observational study patients ≥18 years treated at 100 Swiss dermatology departments with systemic antipsoriatic drugs (biologics, non-biologics) for plaque psoriasis were included. Clinical and safety data were recorded in prospectively maintained data-management. The primary endpoint was good or very good PASI response rate after 12 weeks of treatment. Data from 8441 biologic and 1012 non-biologic patients were available. The overall good or very good PASI response rate was 45% (95% CI 43-47) and 49% (95% CI 46-51) for biologic and non-biologic treatment respectively. Incidence rates of all serious AEs were 6% for biologics and 2% for non-biologics. AEs were reported in 10% for biologics and 8% for non-biologics. The overall AE rate was 25% for biologics and 27% for non-biologics. The AE rate for all non-serious infections did not differ significantly although a trend towards more frequent occurrence in the biologics cohort existed. Likewise patient rates of hepatitis, blood, lymphatic and reproductive tract disorders did not differ significantly, a trend towards an increase in the non-biologic cohort was visible. SAE including death, mandated hospitalization and anaphylaxis were 1% in the biologic and 0.5% in the non-biologic cohort. These data suggest that systemic antipsoriatic drugs are safe and effective in routine care, with a notable difference in overall AE rate between biologic and non-biologic treatment regimes.

Therapeutic efficacy of IL-17 blockade identifies lichen planus as a Th17-driven skin disorder

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Abstract: Lichen planus (LP) is a chronic inflammatory disorder of skin and mucous membranes in which IgG autoantibodies are directed against desmogleins Dsg1 and Dsg3, leading to T-cell-mediated cytotoxicity against epidermal keratinocytes. This NET workshop will provide an overview of LP disease, including its distribution patterns (body heatmaps), its burden and the presence of suicidal thoughts due to pruritus and control patients with angioedema filled out the study questionnaire. 880 in- and out-patients of dermatology university department with 18 different dermatological diagnoses returned completed questionnaires. Pruritus in the disease course/current pruritus were reported by 100%/77% patients with itchy skin diseases, ranging from 0% in para- ticaria (143), 88%/73% psoriasis (138), 100%/91% atopic dermatitis (AD, 128), 100%/78% chronic indurative urticaria (76), 100%/96% prurigo (75), 65%/45% cutaneous T cell lymphomatis (CTCL) (100), 100%/93% lupus erythematosus (LE) (100). Collagen type VII collagen was present in 21% of controls and 26% of LP patients. The differential diagnosis of LP is made by the presence of symmetrically distributed macules, papules, plaques, or nodules. The diagnosis is confirmed by histological examination of skin biopsies, which reveals a lichenoid infiltrate with a predominance of CD8+ T cells, B lymphocytes, and plasma cells. The LP workshop will also discuss the treatment approaches for LP, including topical and systemic therapies, and the role of phototherapy and biologics. The workshop will also address the challenges and future directions in the management of LP.

Evaluation of mitochondria-organelle peptides versus nano-sized cellular extracts in aesthetic dermatology: Comparative case study

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Abstract: Comparative case study aimed to analyze efficacy of two peptide formulas: F1 with molecular weight 1-10 kDa and F2: combination of 1-10 kDa with 45-65 kDa. Twice a week injections performed 6 weeks on 10 volunteers for each formula spending 2 ml on upper face. All 20 volunteers completed protocol and showed improvement 45-50% on F1 and 60-75% on F2 in skin tightening and texture at end of treatment vs 15-45% and 50-60% at 3 months later respectively. Clinical improvement of wrinkles ranged from good to moderate in F1 and good in F2. Starting from week 3 average roughness decreased by 14.1% and 19.7% on F1 vs to 27.6% and 34.5% on F2 at end of study and 3 months after. Total wrinkle height decreased by 23.4% and 17.3% on F1 and by 26.7% and 25% at end and 3 month later for F2. Collagen scores types I and III showed highest on F1 66.4% and 67.2% vs F2 changes 69% and 69.4% accordingly (P<0.05). F1 showed newly synthesized collagen 14.6% and 17.5% and 16.3% before, at end and post treatment compared to F2 which has more significant result 14.7% and 17.6% accordingly (P<0.05). Quantitative evaluation of type VII collagen revealed differences between F1 and F2: 10.2% at baseline, 11.2% vs 12.6% at end and 10.9% vs 11.9% at 3 months post-treatment. Total dermal elastin on F2 and tropoelastin levels increased compared to F1: 14.2% vs 13.2% prior to treatment, 16.8% vs 14.2% levels at end and 15.2% vs 13.8% at 3 months later P<0.05. Both formulations achieved good outcome on 4 weeks of treatment with high patient satisfaction confirmed by CANS scale. In conclusion, minimally invasive mesotherapy with F1 and F2 demonstrated effectiveness and safety in skin tightening and texture improvement. Aesthetics of skin treated with F1 and F2 was statistically considerable outcomes on treatment and prolonged effect compare to F1. Clinically F2 appeared visible on periocular area smoothing numerous fine lines whereas F1 revealed significant noticeable effect on forehead. In future clinical practice it is advisable to use both formulas on different areas in accordance to achieve maximum result.