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

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272 of non-biological systemic treatment were observed. Patient rates of AE of gastrointestinal individual compounds.

cohort. SAE were few in number and equally distributed between both cohorts. We expect a trend towards an increase in the non-biologic cohort was visible. SAE including death, hepatobiliary, blood, lymphatic and reproductive tract disorders did not differ significantly, a trend towards more frequent occurrence in the biologics cohort existed. Likewise patient rates of drug-related safety events per 100 patient-years/exposure classified by system organ classes of MedDRA were used for calculations. Between 2011 and 2016, 473 patients were included. 35% were female. The mean age was 46.7 years. 37% suffered from both psoriasis and psoriatic arthritis. 61% had nail involvement. Since 2012, 1264 patient years of biological and 2720 non-biological systemic treatment were observed. Patient rates of AE of gastrointestinal nature were lower in the biologic compared to the non-biologic cohort (4.3 vs 14.1/100 py, p<0.05). Patient rates of non-serious infections did not differ significantly although a trend towards more frequent occurrence in the biologics cohort existed. Likewise patient rates of hepatobiliary, 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, malignant neoplasms and others did not differ significantly between the treatment cohorts. A significant increase in gastrointestinal AE was observed in the non-biological treatment cohort. SAE were few in number and equally distributed between both cohorts. We expect that higher inclusion numbers and more observation time will allow further stratification to individual patients.

Autoreactive B-cells phenotype analysis in pemphigus patients before and after anti-CD20 treatment

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Pemphigus Vulgaris (PV) is a B-cell mediated autoimmune disease affecting skin and mucous membranes. Pathogenic autoreactive antibodies are directed against desmogleins (Dsg1/Dsg3). We recently showed that the first line use of Rituximab (RTX), an anti-CD20 antibody allowed signifying outcomes on treatment and understanding the immunological mechanisms which mediate this long lasting CR. Total B cells and Dsg specific B cells were studied by flow cytometry using recombinant protein HIS-tagged and an anti-poly-HIS antibody in PV patients and healthy controls (HC).

At day 0, Dsg-specific B cells were detected in PV patients, corresponding to 0.1 and 0.6% of CD19+ B cells. Interestingly, Dsg-specific B cells were also detected in some HC although at a much lower level than in PV patients (0.02-0.16% of CD19+ B cells). Patients' Dsg-specific B cells detected at baseline were enriched in memory IgG+ B cells. Interestingly, Dsg-specific B cells were still detected at M36 in many patients, even in those in CR. We observed: i) a major change in the balance naive/memory B cells after RTX, and ii) a major decrease of memory IgG+ Dsg specific B cells relative to baseline and proportional increase of naive IgM Dsg specific B cells. Our results showed that Dsg-specific B cells are present in peripheral blood of PV patients both at baseline and at M36 after RTX, even in patients in CR. However, the Dsg-specific IgG+ memory B cells were markedly reduced at M36 relative to baseline during the acute phase of PV.

Prevalence, characteristics and burden of pruritus in chronic dermatoses

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Many dermatological conditions are associated with pruritus and in some of them it is a hallmark symptom. Crucial data on its prevalence, characteristics and burden are still missing for many dermatoses. Here, we have analyzed prevalence, characteristics of chronic pruritus, including its distribution patterns (body heatmaps), its burden and the presence of suicidal thoughts in different dermatoses. Unselected patients with active dermatoses, that can be, reported, associated with pruritus and control patients with angiodema 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 of chronic pruritus were reported by 100/77% patients with chronic spontaneous urticaria (143), 88/73% psoriasis (138), 100/91% atopic dermatitis (AD, 128), 100/78% chronic indurative urticaria (76), 100/96% prurigo (75), 65/47% cutaneous T cell lymphoma (57), 100/78% fasciitis (54), 100/78% Sweet's syndrome on uninfected skin (50/45%), 28% parapsoriasis en plaque (29), 39/31% cutaneous B cell lymphoma (26), 100/67% bullous pemphigoid (15), 82/64% lichen planus patients (11). The most intense maximal pruritus was higher in patients with pruritus on unaffected skin and 22% in patients with livedoid vasculitis. In general, the visual analogue scale was 8 ± 1.4, followed by AD (7.5 ± 2.2). Suicidal thoughts due to pruritus were reported by many patients with itchy skin diseases, ranging from 0% in parapsoriasis en plaque in 19% in patients with pruritus on unaffected skin and to 22% in patients with livedoid vasculitis. In general, the frequency was increased, for example for atopic dermatitis, psoriasis and vitiligo, and was relatively high for patients with pruritus on unaffected skin and for patients with livedoid vasculitis as well as for patients with urticaria. Comparing patients with severe daytime pruritus with patients on unaffected skin was observed in 37.5% patients (control was 4.4%). These data suggest the association bete

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

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LP is a common chronic inflammatory disorder of skin and mucous membranes whose immunology is not fully understood. Therapeutic inhibition of IL-17a and strongly support the concept that Th17 cells are critically involved in the immune pathogenesis of LP.

HLA-B46 associates with sarcoidosis susceptibility in patients with psoriatic arthritis

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The association between HLA and psoriatic spondylarthropathies (PsPA) has been reported, HLA-B27 accounting for 89.17% and HLA-B8 for 14.0% in Western countries. However, Western data could not completely be applied to Asian people because of the effect of ethnic HLA distribution. This is a retrospective single-center observational study. Consecutive patients with spondylarthropathies (PsA) who attended our hospital from 2011 to 2016 were recruited. Patients, fulfilling CASPAR criteria, underwent radiographic examinations according to the ASAS recommendation. Of the 96 patients, 75% patients had psoriatic spondylarthropathies. We found patients could be divided in two groups by HLA-B46. In the group, HLA-B46 positive, bamboo spine was observed frequently. The severity of sarcoidosis was higher in HLA-B46 positive patients (Mann-Whitney U test, p<0.01). Moreover, among Grade 4 patients, HLA-B46 was observed in 17.5% patients (control was 4.4%). These data suggest the association between HLA-B46 and the susceptibility of PsPA among Asian patients and the importance of nail lesions. HLA-B46 is common in Han Chinese people, and the prevalence of SpA is high in these people. HLA-B46 is the risk factor for SpA in Asia.

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

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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 for each formula studied. 2 patients of all volunteers completed protocol and showed improvement 45-50% on F1 and 60% 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 improvement 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 months later for F2. Collagen levels increased compare to F1: 14.2% vs 13.2% prior to treatment, 16.8% vs 14.2% levels at end and post treatment compared to F2 which has more significant result 14.7%, 16.4% vs 14.6% at baseline, 15.2% vs 13.8% at 3 months later P<0.001. In addition, NAPSI was higher in severe sarcoidosis patients (Mann-Whitney U test, p<0.01). Moreover, among Grade 4 patients, HLA-B46 was observed in 17.5% patients (control was 4.4%). These data suggest the association between HLA-B46 and the susceptibility of PsPA among Asian patients and the importance of nail lesions. HLA-B46 is common in Han Chinese people, and the prevalence of SpA is high in these people. HLA-B46 is the risk factor for SpA in Asia.