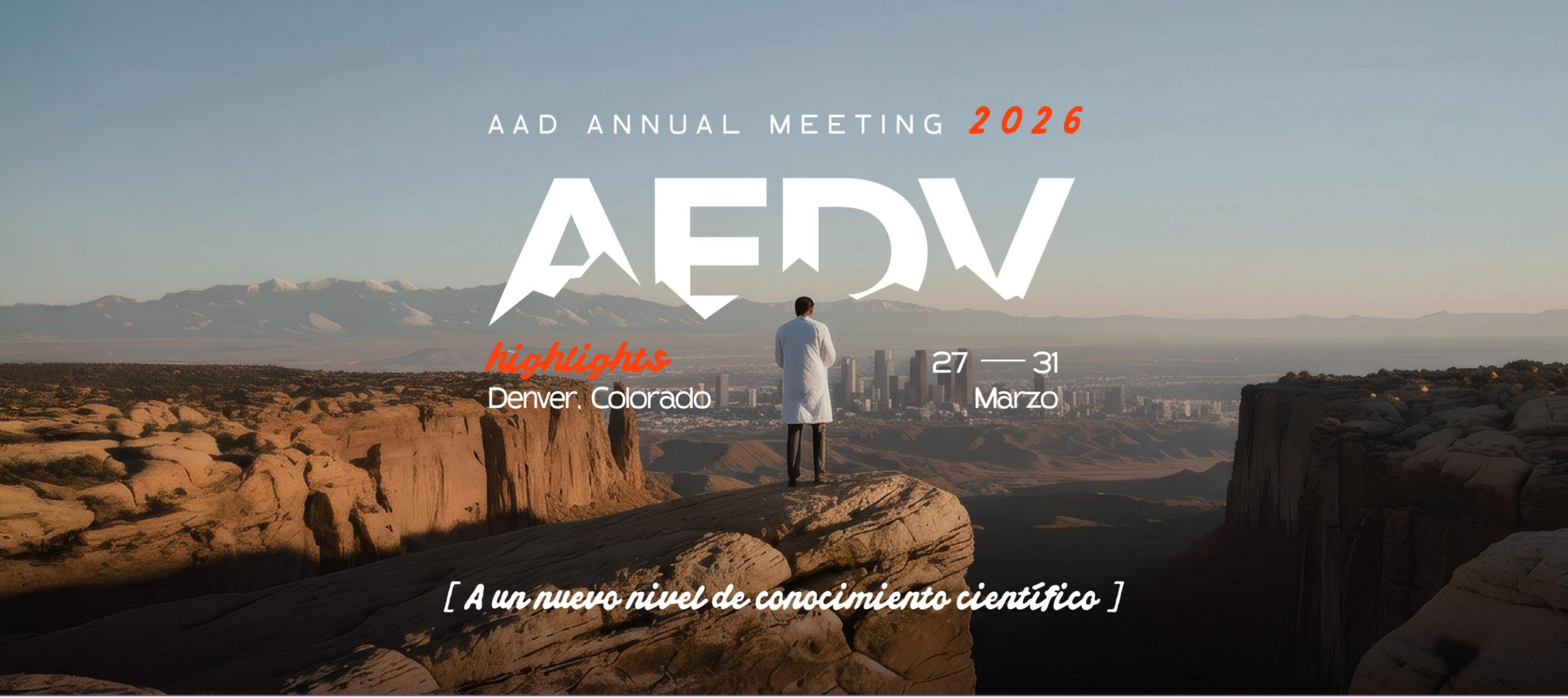


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Con el patrocinio de:

ucb


# Dermatitis atópica e inmunoalergia cutánea

# Del control hacia la modificación de la enfermedad

Alberto Guerrero

Hospital Universitario Infanta Cristina

@dr.guerreroderma

highlights
Denver, Colorado

AAD ANNUAL MEETING 2026

27 — 31
Marzo


# Video 1: dermatitis atópica

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# CONFLICTO DE INTERÉS


- He participado como ponente y/o consejero/asesor y/o recibido financiación en investigación de Almirall, Leo Pharma, Novartis, Sanofi–Regeneron, Abbvie, Galderma y Pfizer
- Recibo honorarios por esta presentación

# Indice

Video 1

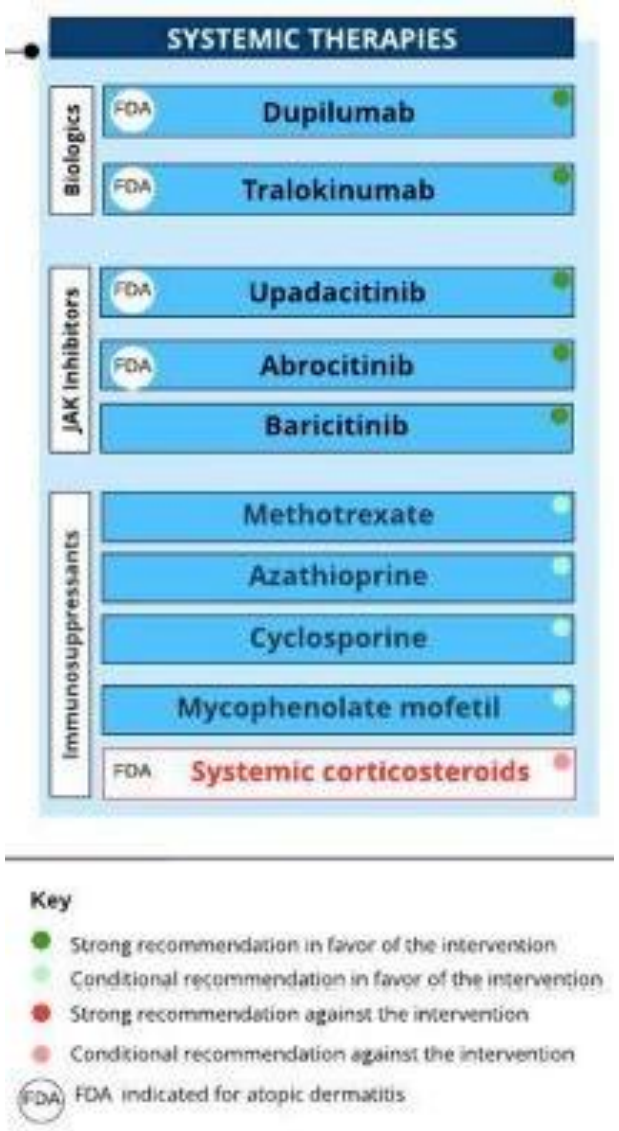
- Dermatitis atópica
  - Guías americanas
  - “Low disease activity” y remisión
  - Inhibidores de JAK
  - Biológicos
  - Reducción de dosis
  - Futuro

Video 2

- Prurigo nodular
- Urticaria
- Epicutáneas

# Actualización guías americanas

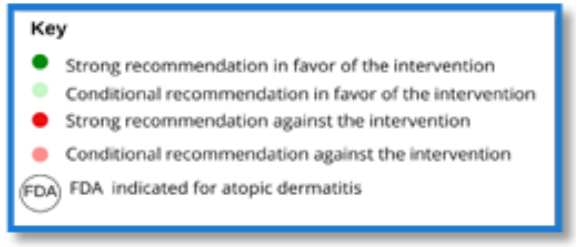
## 2023

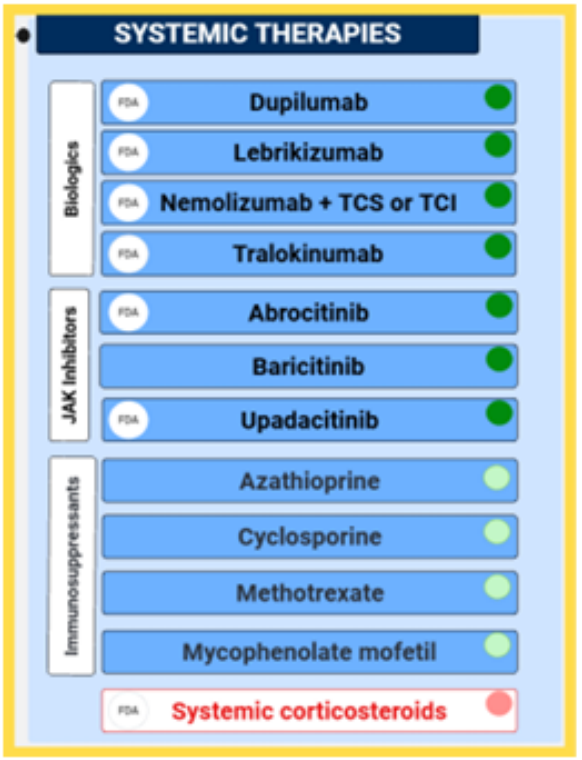



## 2025

The updated search identified four new trials not included in prior 2023 or 2025 guidelines.

As shown in the figure, based on the updated evidence review, dupilumab, tralokinumab, lebrikizumab, nemolizumab + TCS/TCI, upadacitinib, abrocitinib, and baricitinib (in no order) all maintained ***strong recommendations*** in favor of the intervention.




| Recommendation Strength | Implication |
|---|---|
| *Strong* | Benefits clearly outweigh risks and burdens, or risks and burden clearly outweigh the benefits |
| *Conditional* | Benefits finely balanced with risks and burden |

# Modificación de enfermedad

## International Eczema Council Low Disease Activity and Remission Consensus for Atopic Dermatitis

**Joseph F. Merola,** MD, MMSc*, Beth A. Childs, MSc*, Brooke R. Bartley, MD*, Robert Bissonnette, MD, MSc, Thomas Bieber, MD, PhD, MDRA, Emma Guttman-Yassky, MD, PhD, Amy S. Paller, MD, MS, Eric L. Simpson, MD, MCR, April W. Armstrong, MD, MPH, **Alan D. Irvine**, MD, DSc

* Denotes co-first authorship.

# Modificación de la enfermedad

## Consensus Definitions

| Disease State | Signs* (as performed by clinician) vIGA-AD** | or | Signs* (as performed by clinician) EASI | Symptoms (as reported by patient) PP-NRS | Duration | %Consensus |
|---|---|---|---|---|---|---|
| LDA | ≤ 2 | | ≤ 7 | ≤ 4 | *Single timepoint* | 96% |
| vLDA | 0/1 | | ≤ 3 | 0/1 | *Single timepoint* | 97% |
| On-Drug*** Complete Control | 0 | | 0 | 0/1 | 6 months | 95% |
| Off-Drug*** Remission | 0 | | 0 | 0/1 | 12 months | 96% |

*Modular Framework:* ***Signs (patient-reported)*** *and* ***symptoms (clinician-assessed)*** *activity comprise* ***overall disease state***

**Disease State** $_{Signs}$ + **Disease State** $_{Symptoms}$ = **Disease State** $_{Overall}$

*LDA: Low Disease Activity; vLDA: Very Low Disease Activity*
** Studies should ideally capture both vIGA-AD and EASI*
*** Or an equivalent IGA scale*
**** "Drug" was defined as all AD-related medications, excluding only non-medicated moisturizers/emollients*

# iJAK

- Efectividad a lar
- Experiencia en p

## Seguridad

**LONGER-TERM AE RATES P2/3 STUDIES**
**UPDATED MARCH,2026**

UPA exp: 9600 PY (7y)
ABRO exp: 9600 PY (6.5y)

| | ABRO[1] (N=3850) | UPA[2] (N=2683) | AD POPULATION (UK[9,10], US[6-8], Danish[4,5]) |
|---|---|---|---|
| S. INFECTION | 1.7-2.2 (5%) | 2.2-2.7 | - |
| ZOSTER | 2.5-4.1 (6-9%) | 3.2-5.1 | 0.5 -1.1 (not AD[3]) |
| VTE | 0.1-0.3 (<1%) | 0.1-0.2 | 0.1-0.4 |
| MACE | 0.1-0.3 (<1%) | <0.1-0.2 | 0.3-0.6 |
| MALIGNANCY | 0.2-0.4 (<1%) | 0.3-0.4 | 0.5-0.8 |

# Real-World Effectiveness of Upadacitinib for Atopic Dermatitis Across Body Regions by Prior Biologic Exposure in the AD-VISE Study

*Melinda Gooderham[1], Claudia Lang[2,3], Charles W. Lynde[4], Chia-Yu Chu[5], Alexandros Katoulis[6], Irena Walecka-Herniczek[7], Michael Lane[8], Alvaro Moreira[8], David Prefontaine[8], Ahmed Ameen[9]*

[1]SKiN Centre for Dermatology; Department of Medicine, Queen's University, Kingston, ON, Canada; [2]Department of Dermatology, University Hospital Zurich, Zurich, Switzerland; [3]Immunologie-Zentrum Zürich, Zürich, Switzerland; [4]Lynde Institute for Dermatology & Lynderm Research Inc, Markham, Ontario, Canada; [5]Department of Dermatology, National Taiwan University Hospital and National Taiwan University College of Medicine, Taipei, Taiwan; [6]2nd Department of Dermatology and Venereology, National and Kapodistrian University of Athens, Medical School "Attikon" General University Hospital, Athens, Greece; [7]Dermatology Department, National Institute of Medicine of the Ministry of the Interior and Administration Warsaw, Poland; [8]AbbVie Inc., North Chicago, IL, USA; [9]NMC Specialty Hospital, Abu Dhabi, United Arab Emirates

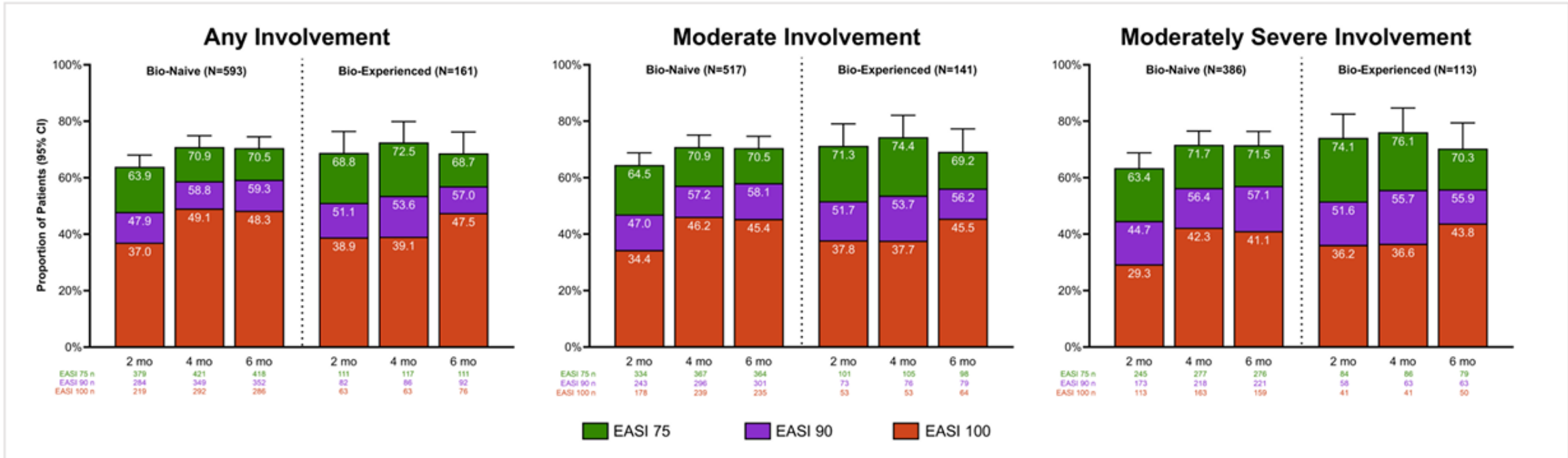
## OBJECTIVE

Report the effectiveness of upadacitinib on skin clearance by body region, baseline disease severity, and prior biologic experience in patients with atopic dermatitis in the real-world AD-VISE study after up to 6 months of treatment

Beyrouti A, Deuze J, Fontas E, Foureau A, et al. Switching From Dupilumab to Tralokinumab or Janus Kinase Inhibitors in Cases of Ocular and/or Facial Adverse Events in Patients With Atopic Dermatitis: A Multicenter Retrospective Study. J Allergy Clin Immunol Pract. 2025 Feb;13(2):353-360.

# RESULTS Cont.

## Figure 1. Achievement of EASI 75, 90, and 100 in the Head and Neck

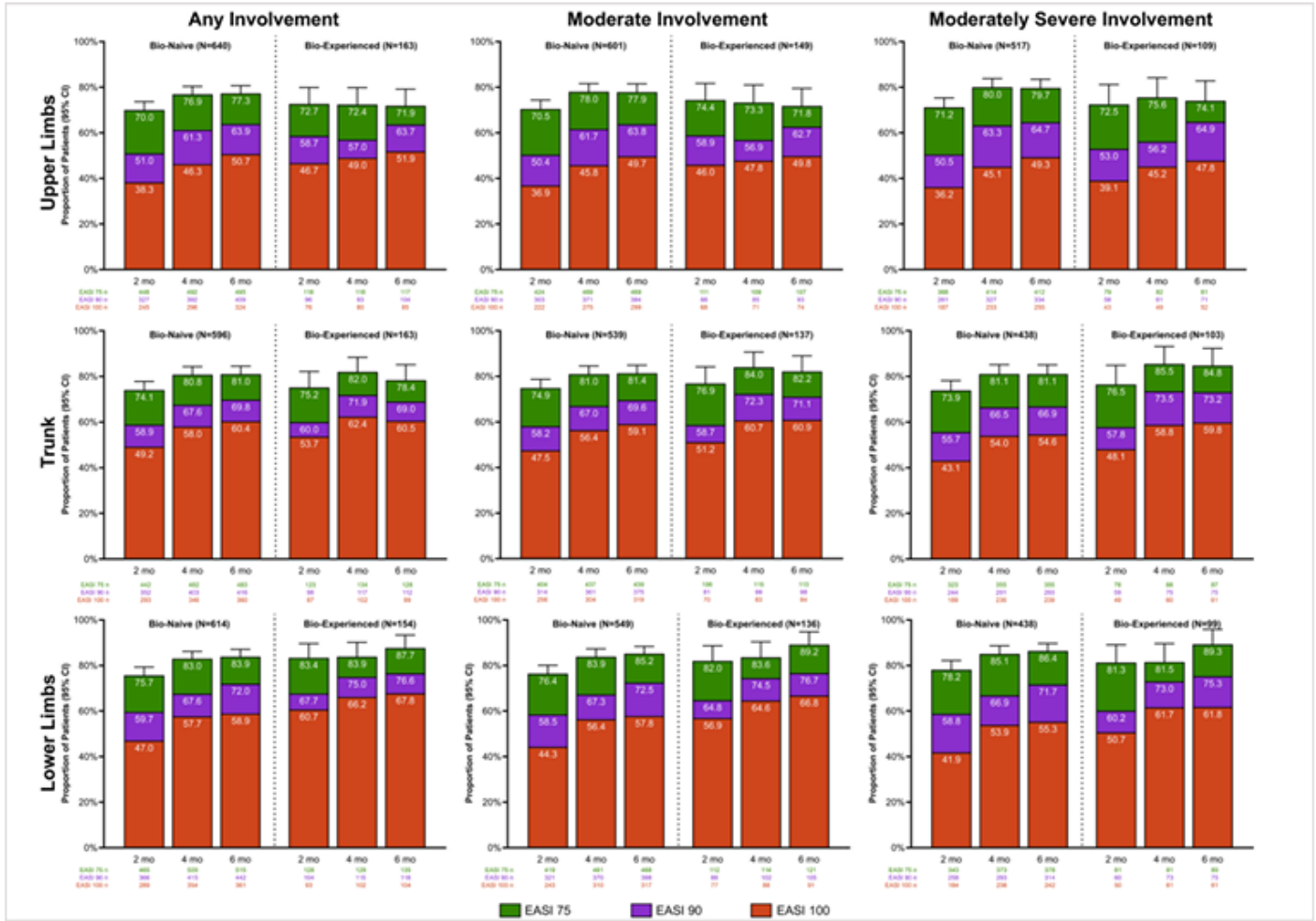



EASI, eczema area and severity index

- In the head and neck region, similar achievement rates of EASI 75/90/100 were reported at months 2, 4, and 6, regardless of baseline head and neck involvement or prior biologic experience
- Approximately 70% of patients with head and neck involvement achieved EASI 75 at 6 months
- A majority of patients with AD treated with upadacitinib (between 55.9% to 59.3%) achieved EASI 90 in the head & neck at 6 months
- EASI 100 was achieved by 41.1% to 48.3% of patients at 6 months

# RESULTS Cont.

## Figure 2. Achievement of EASI 75, 90, and 100 in the Upper Limbs, Trunk, and Lower Limbs




EASI, eczema area and severity index

- Effectiveness of UPA was largely consistent regardless of the baseline severity of body region involvement
- Rates of EASI 75/90/100 achievement at months 2, 4, and 6 were similar across body regions and prior treatment status
- Most patients (71.8% to 89.3%) achieved EASI 75 at 6 months
- A majority of patients (62.7% to 76.7%) achieved EASI 90 at 6 months
- EASI 100 was achieved by 47.8% to 67.8% of patients at 6 months

## Biológic

- Efectividad
- Experiencia

74573

# Exposure–Response Modeling Predicted Long-Lasting Responses with Lebrikizumab Every 8 Week Maintenance Dosing for Moderate-to-Severe Atopic Dermatitis and Aligned with Observed Clinical Trial Data

April Armstrong[1], Andrew Blauvelt[2], Alan Irvine[3], Peter Lio[4], Linda Stein Gold[5], Gaia Gallo[6], Hany Elmaraghy[6], Yuxin Ding[6], Brian Moser[6], Emma Guttman-Yassky[7]

[1]Division of Dermatology, David Geffen School of Medicine at UCLA, Los Angeles, CA, USA; [2]Blauvelt Consulting, LLC, Annapolis, MD, USA; [3]Trinity College, Dublin, Ireland; [4]Medical Dermatology Associates of Chicago, IL, USA; [5]Henry Ford Health System, Detroit, MI, USA; [6]Eli Lilly and Company, Indianapolis, IN, USA; [7]Icahn School of Medicine at Mount Sinai, New York, NY, USA

Study was sponsored by Eli Lilly and Company

# Biológicos

## RESULTS

- The same 150 virtual patients were simulated 900 times for each Q4W and Q8W regimen
- The model adequately predicted observed clinical
  and Q8W dosing regimens in the ADjoin study ad

**Figure 3: Simulated Model (A) and Observed Cl**
**32-week ADjoin Addendum Study**

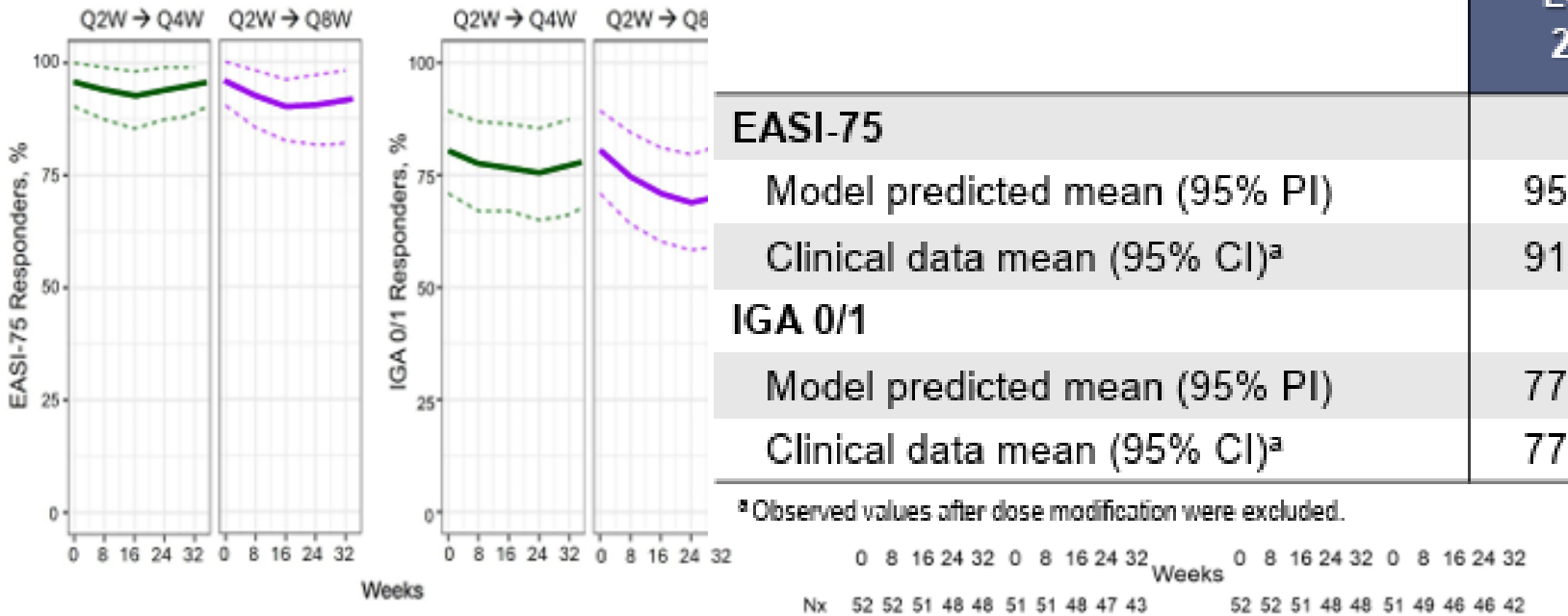



**Table 1: EASI-75 and IGA 0/1 Model Predictions Versus ADjoin Study Data**

| | Lebrikizumab 250 mg Q4W | Lebrikizumab 250 mg Q8W |
|---|---|---|
| **EASI-75** | | |
| Model predicted mean (95% PI) | 95.0 (88.3, 99.0) | 91.4 (81.6, 98.1) |
| Clinical data mean (95% CI)[a] | 91.7 (83.8, 99.5) | 90.7 (82.0, 99.4) |
| **IGA 0/1** | | |
| Model predicted mean (95% PI) | 77.3 (66.0, 87.4) | 70.3 (59.2, 81.6) |
| Clinical data mean (95% CI)[a] | 77.1 (65.2, 89.0) | 71.4 (57.8, 85.1) |

[a] Observed values after dose modification were excluded.

For Part A, the regimens were simulated starting at induction, including Week 16 responders and nonresponders. Simulation incorporated escape arm per protocol, in which patients with less than EASI-50 discontinued or transitioned to lebrikizumab Q2W. The solid (dashed) lines show the mean percentage (2.5th and 97.5th percentiles) of responders over the 900 simulated trials. Only data for patients on Q2W regimen prior to ADjoin addendum were included. For Part B, observed values after dose modification were excluded.

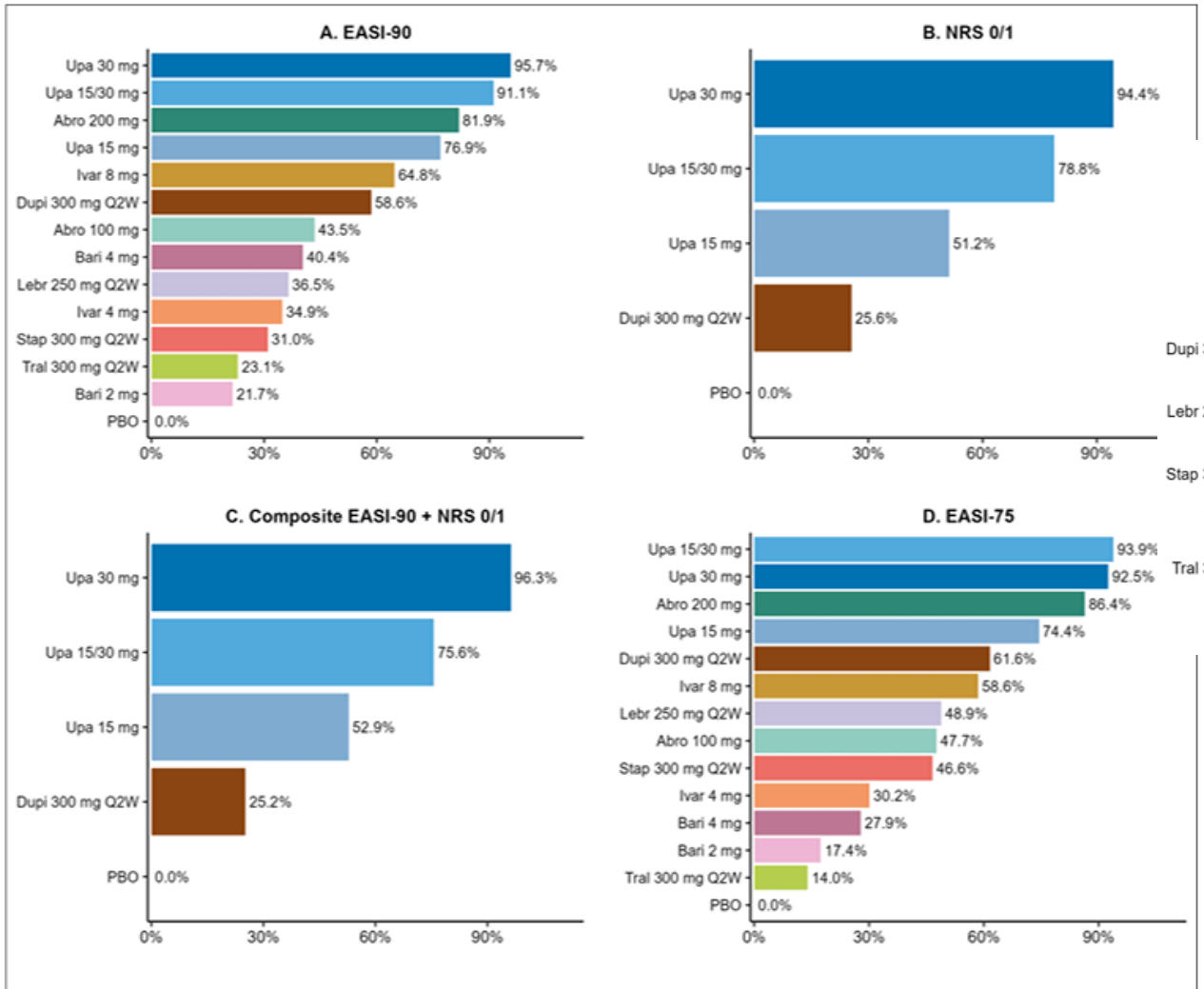
# Eficacia comparada

## Comparative Efficacy of Targeted Therapies for Moderate-to-Severe Atopic Dermatitis without Topical Corticosteroids: an updated network meta-analysis

Suyun Ji[1]

[1]Department of Dermatology, Dermatology Hospital, Southern Medical University, Guangzhou, China.

### Fig 1.Network meta-analysis diagram

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# Reducción de dosis

## Predictors of Sustained Long-Term Response After Dose Reduction in Moderate-to-Severe Atopic Dermatitis: A Systematic Review

Marina Mordehachvili Burlá MD [1]; Lyria de Oliveira Rosa [2]; Beatriz Ximenes Mendes, MD [3];
Fernanda Valeriano Zamora, MD, MSc[4]; Joe K Tung, MD, MBA[5];
Maria Tsoukas, MD, PhD[6]; Roger Haber, MD[6]

| Predictor | Abrocitinib | Baricitinib | Dupilumab | Lebrikizumab | Tralokinumab | Upadacitinib |
|---|---|---|---|---|---|---|
| Older Age | ↔; k=2, n=850 | NA | ↓; k=1, n=22<br>↔; k=1, n=595<br>↑; k=1, n=808 | NA | ↔; k=1, n=24 | ↔; k=2, n= 101* |
| Lower BMI | ↔; k=2, n=850 | NA | ↑; k=1, n= 52<br>↔; k=2, n= 76 | NA | ↔; k=1, n=24 | ↔; k=1, n= 51* |
| Allergic Rhinitis | ↓; k=1, n=798 | NA | ↔; k=2, n= 647 | NA | ↔; k=1, n=24 | ↔; k=2, n= 101 |
| Prior Systemic Therapy | ↓; k=1, n=798 | NA | ↔; k=2, n= 1,413<br>↓; k=1, n= 54 | NA | ↔; k=1, n=24 | ↔; k=1, n= 50 |
| Low Baseline Disease Activity/Early Response | ↑; k=1, n=798 | ↑; k=1, n=526 | ↑; k=2, n= 518<br>↔; k=3, n= 669 | ↑; k=1, n=291 | ↑; k=1, n=337 | ↔; k=1, n= 51* |
| Prurigo Nodularis Phenotype | NA | NA | ↑<br>k=1, n= 818 | NA | ↔<br>k=1, n=24 | NA |
| High Eosinophils | ↔; k=1, n=103 | NA | ↓<br>k=1, n= 27<br>↔<br>k=2, n= 647 | NA | NA | ↔<br>k=2, n= 101* |
| Lower IgE | ↔; k=1, n=103 | NA | ↑<br>k=1, n= 52<br>↔<br>k=2, n= 74 | NA | NA | ↔<br>k=2, n= 101* |
| Continuous Dosing | ↑; k=1, n=103 | ↑; k=1, n=526 | ↑<br>k=2, n= 452<br>↔ (vs tapering)<br>k=2, n= 69 | ↔ (vs tapering)<br>k=1, n=291 | ↔ (vs tapering)<br>k=1, n=337 | ↑<br>k=1, n= 50 |
| Dose Withdrawal | ↓; k=2, n=850 | ↓;k=1, n=526 | ↓<br>k=3, n= 504 | ↓<br>k=1, n=291** | ↓<br>k=1, n=337 | ↓ (vs dupilumab)<br>k=1, n= 51* |

## Heat Map Summarizing Reported Predictors Of Sustained Response After Dose Tapering

Associations with sustained response:

- ↑ positive predictor
- ↓ negative predictor;
- ↔ no statistically significant association
- NA not assessed

| Gradient levels: |
|---|
| Level 1 (minimal evidence), n = 1–100 |
| Level 2 (limited evidence), n = 101–300 |
| Level 3 (moderate evidence), n = 301–700 |
| Level 4 (extensive evidence), n > 700 |

# GLP1/GIP

## Impact of GLP-1 and Dual GLP-1/GIP Receptor Agonists on Inflammatory Outcomes in Atopic Dermatitis: A Real-World Cohort Study

Dylan Wambold[1], Connor Kim[1]

- 12,207 AD and 16,624 PsO patients received semaglutide, while 4,520 AD and 6,017 PsO patients received tirzepatide after matching
- In AD, both GLP-1-based therapies were associated with reduced risks of inflammatory outcomes including pruritus, urticaria, cellulitis, and ophthalmologic complications.
- In PsO, GLP-1-RA therapy was associated with lower risks of infection related outcomes and arthropathic PsO, with additional reductions in cardiovascular events observed with semaglutide.
- Overall trends were similar between semaglutide and tirzepatide, suggesting class-wide anti-inflammatory effects of incretin-based therapies.

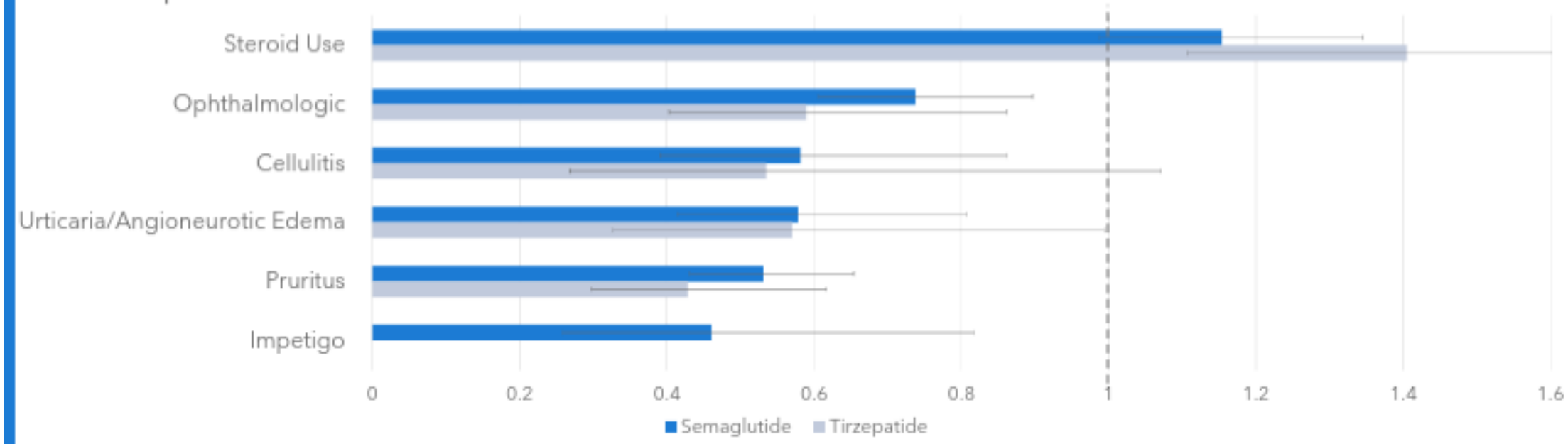


**Figure 1.** Hazard ratios for dermatologic outcomes among AD patients treated with semaglutide or tirzepatide compared with matched controls.

D2026

# Futuro

## An anti-OX40 antibody to treat moderate-to-severe atopic dermatitis: a multicentre, double-blind, placebo-controlled phase 2b study


Emma Guttman-Yassky [1], Eric L Simpson [2], Kristian Reich [3], Kenji Kabashima [4], Ken Igawa [5], Tetsuya Suzuki [6], Hirotaka Mano [6], Takeshi Matsui [6], Ehsanollah Esfandiari [7], Masutaka Furue [8]

# Futuro

## Zumilokibart (APG777): An extended half-life, IL-13-targeting antibody being evaluated in atopic dermatitis

**Novel Regulatory T-cell enhancing Biologic Rezpegaldesleukin: Phase 2b Efficacy, Safety, and Baseline Severity–Dependent Treatment Response in Moderate-to-Severe Atopic Dermatitis**

Preclinical Development of an Anti-IL-22 Antibody for the Treatment of Atopic Dermatitis

**Results from an Open-Label Phase 2 Trial of ATI-2138, an Investigational Oral Covalent Inhibitor of Interleukin-2-Inducible T Cell Kinase (ITK) and Janus Kinase 3 (JAK3), in Patients with Moderate-to-Severe Atopic Dermatitis**

**Safety, Tolerability, Pharmacokinetics, and Pharmacodynamics of BBT001, a Novel Bispecific IL-4Rα/IL-31 Antibody: Results from the Single- and Multiple-Ascending Dose Portions of a Phase I Study in Healthy Volunteers and Patients with Atopic Dermatitis**

Peter Schrader[1], Hariz Hassan[2], Jane Huang[2], Lisa Li[2], Wei Liang[2], Jingjing Jiang[2], Thang Ho[2], Shanshan Xu[2]

# Take “consult” message

- “Mínimo control de enfermedad → terapias efectivas y seguras a largo plazo
- Espaciamiento o reducción de dosis → terapias cada vez más selectiva
- Crecimiento exponencial en cuanto a desarrollo de nuevas moléculas

#EDVenAAD2026

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