AAD **ANNUAL** MEETING

AEDV highlights

SAN DIEGO

8-12 MARZO

ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA

ENFERMEDADES AUTOINMUNES Y MEDICINA INTERNA

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ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

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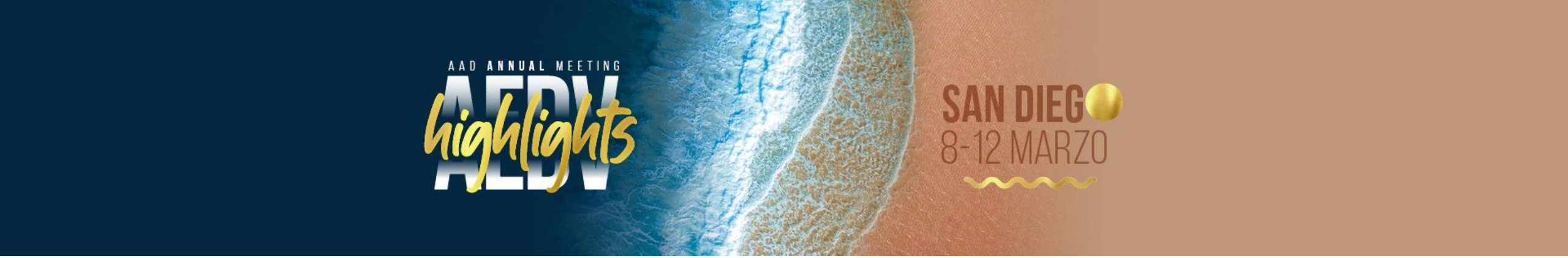


NO TENGO CONFLICTOS DE INTERÉS

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

U008 Immunology for Dermies: from Autoimmune to Autoinflammatory, 8/03/2024

AAD ANNUAL MEETING AEDV highlights

SAN DIEGO 8-12 MARZO

- 1. ¿De dónde viene B de células B? Bolsa de Fabricius.
- 2. Marcadores de células B: CD20, CD 19 y CD79 a/b.
- 3. ¿Qué virus se une a CD21 (pista: el ciclo vital de este virus ocurre en células B? EBV (HHV4).
- 3. ¿ Qué significa BKT? Brutón-quinasa.
- 4. ¿Qué inmunodeficiencia describió Bruton? Agammaglobulinemia ligada a X. Tto: Ig iv.
- 5. ¿Qué fármaco inhibe BTK? Ibrutinib, primer fármaco aprobado para EICH. Antes LLC y otras leucemias/linfomas.
- 6. ¿Qué tipos de anticuerpos?
  - Regla nemotécnica (X-quimérico: 65% humano, Z-humanizado. >90% humano, Totalmente humano: 100% humano, um-humano).
  - A > humanidad, < inmunogenicidad (MTX útil para contrarrestarla).
- 7. ¿Cuál es la diana de belimumab? Células B-Blys (estimulador de linfocitos B).
- 8. ¿Qué inmunoglobulina no fija complemento? IgG4.
- 9. ¿Cuál es el primer fármaco aprobado por FDA para profilaxis de EICH? Abatacept.
- 10. ¿Cuál es el primer fármaco aprobado por FDA para Dermatomiositis? Ig iv.

U008 Immunology for Dermies: from Autoimmune to Autoinflammatory 08/03/2024

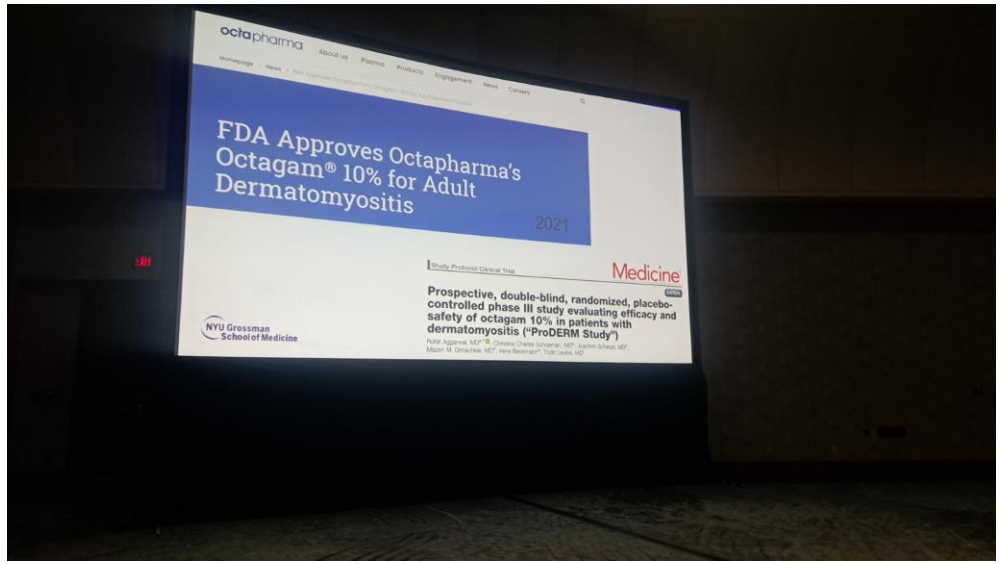
Asociación de enfermedades con HLA:

Clase I (HLA-A, -B, -C)

- Psoriasis (CW6)
- Artritis psoriásica y reactiva (B27)
- Behcet (B51)
- Liquen plano: B8 (oral) y Bw35 (piel)

Clase II (HLA-DP, -DQ,-DR)

- Urticaria: DR4, DRB4, DQ8
- Pénfigo vulgar: DR4, DRw6
- Dermatitis herpetiforme; DR3, DQw2, B8
- Herpes gestationis: DR3



F030 Autoimmune Blistering Diseases: What,s new? PENFIGOIDE 08/03/2024

Br J Dermatol 2024; **190**:258–265
https://doi.org/10.1093/bjd/ljad369
Advance access publication date: 4 October 2023

BJD
British Journal of Dermatology
Medical Dermatology

Omalizumab in the treatment of bullous pemphigoid resistant to first-line therapy: a French national multicentre retrospective study of 100 patients

What does this study add?

- Our French nationwide study of 100 patients provides the largest series to date of BP treated with omalizumab.
- This study confirms the good effectiveness and safety of omalizumab in BP, with complete remission in 77% of cases in a median time of 3 months.
- Level of IgE directed to the NC16A region of the target antigen BP180 and detected by enzyme-linked immunosorbent assay was predictive of response to omalizumab.

El papel exacto de dupilumab y omalizumab en penfigoide queda por determinar.

F030 Autoimmune Blistering Diseases: What,s new? PENFIGOIDE 08/03/2024

AAD ANNUAL MEETING AEDV highlights

SAN DIEGO 8-12 MARZO

No eficacia con mepolizumab, ixekizumab, benralizumab, Numerosos ensayos en fase I-II

Bertilimumab

a first-in-class human monoclonal antibody engineered to deflect the protein eotaxin-1

Phase 2 Trial (preliminary results release)

- By day 42 a mean reduction in BPDAI Activity Score of 70%
- By day 84, 81% decline in BPDAI from a mean baseline score of 67
- Subjects only received 3 doses of bertilimumab (on days 0, 14, and 28)
- Significantly lower cumulative dose of prednisone

Nomacopan

- a bifunctional inhibitor of complement component C5 and leukotriene B4 (LTB4)
- a completed phase 2 open label trial (NCT04035733), seven of nine patients responded to nomacopan, with no treatment-related AEs and results promising rapid control and minimizing the need for steroids in BP

Targeting C5aR1

U.S. National Library of Medicine ClinicalTrials.gov

Treatment of Bullous Pemphigoid With Avdoralimab (IPH5401), an Anti-C5aR1 Monoclonal Antibody (IPH)

The main objective is to investigate the clinical efficacy of an anti-C5aR1 antibody in addition to superpotent topical steroids compared to superpotent topical steroids alone in BP patients at 3 months.

It is a case-controlled, randomized, open-labelled, and multicenter phase II clinical trial

Primary outcome measure

The efficacy will be evaluated through the proportion of patients in complete clinical remission (CCR) at 3 months without any relapse during the study period.

The CCR will be defined as the absence of new bullous and skin inflammatory lesions and absence of pruritus for at least 2 weeks.

IL -23 as a treatment target in BP

Early Phase 1

The Effects of Tildrakizumab in Treatment of Bullous Pemphigoid

- Tildrakizumab, which targets the p19 subunit of IL-23, is FDA approved for the treatment of adult plaque psoriasis
- An open-label, single-arm phase 1 clinical trial (NCT04466292) is planning to enroll 16 patients to determine the efficacy of tildrakizumab for BP

Sutimlimab

- Sutimlimab (BIVV009, previously called TNT009) is a humanized IgG4 monoclonal antibody that inhibits C1s, a serine protease necessary for the dissemination of the classical complement pathway
- A first- in-human open-label phase 1 trial in 10 patients with active or past BP (NCT02502903) found that sutimlimab was both safe and tolerable, with common cold, fatigue, and headache being the most common AEs

AEDV 1909 ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

U016 Combining systemic therapies: should you do it? 08/03/2024

AAD ANNUAL MEETING AEDV highlights SAN DIEGO 8-12 MARZO

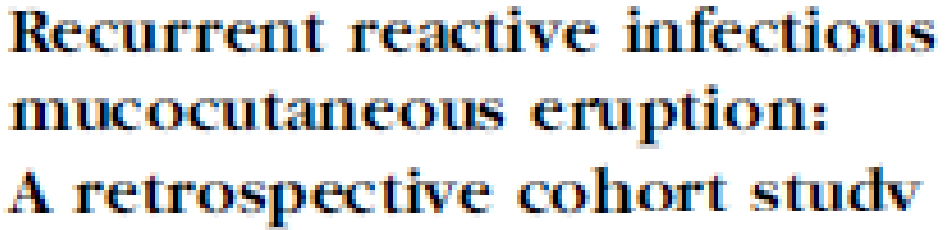
- AMPOLLOSAS Dr Steven T Chen:
    1. opciones en desarrollo: *chimeric antigen receptor T-cell therapy* y efgartigimod.
    2. primera línea rituximab, más coste efectivo que micofenolato.
- Para pénfigo:
    - Rituximab junto a micofenolato: mayores efectos adversos si mejoría en índices de remisión o recidiva.
    - Estudio retrospectivo en MGH y en BIDMC de pacientes con PV o PF últimos 5 años (hasta julio 2023)
    - Grupo en monoterapia 59% menor probabilidad de eventos adversos.
- Para penfigoide:
    - Conveniente terapia de combinación pues hay más caminos inmunológicos a abordar.

    - EN CONECTIVOPATIAS NUEVAS GUIAS EULAR 2023: ANIFROLUMAB Es “add-on” tratamiento al mismo nivel de indicación que metotrexato o micofenolato.

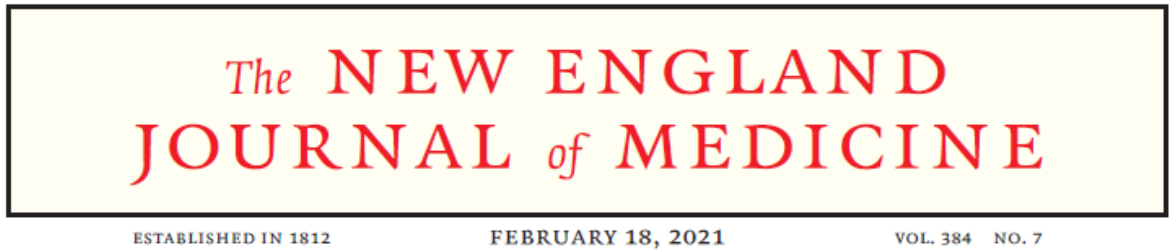
U037 Inpatient Dermatology from Horses to Zebras: Lessons learned at an academic hospital.

AAD ANNUAL MEETING AEDV highlights SAN DIEGO 8-12 MARZO

- RIME:
  - Mínima o ninguna afectación cutánea/mucosa.
  - Asociación con COVID 19.
  - Recurrencias: complicaciones psiquiátricas y oculares.
  - Contactar con Urología/Ginecología para evitar cicatrices.
  - E Gimeno et al. *JEADV 2022, sept.*
  - Si recurrencias: micofenolato.
- Vasculitis:
  - Púrpura retiforme
- Calcifilaxis:
  - Aumento de Calcifilaxis no urémica (sarcoidosis)
  - Biopsia sin epinefrina (telescópica)
  - Dx/Seguimiento: radiografía ósea (*JAAD Int 2024*)
  - Tratamiento: tiosulfato iv, apixaban, cinacalcet

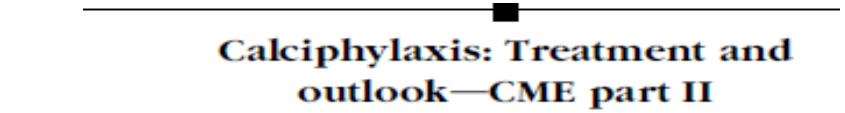

Recurrent reactive infectious mucocutaneous eruption: A retrospective cohort study

J Am Acad Dermatol
August 2023

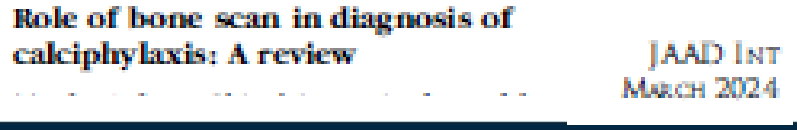

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 FEBRUARY 18, 2021 VOL. 384 NO. 7

Avacopan for the Treatment of ANCA-Associated Vasculitis


Calciphylaxis: Treatment and outlook—CME part II

J Am Acad Dermatol
May 2022


Role of bone scan in diagnosis of calciphylaxis: A review

JAAD Int
March 2024

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

S025 JAK inhibitors: a New Frontier in Dermatology 09/03/2024

AAD ANNUAL MEETING AEDV highlights

SAN DIEGO 8-12 MARZO

- Deucravactinib en LES, ensayo en fase 2. *Arthritis Rheumatol 2023; 75 (2): 242.252:* reducción CLASI-50 con dosis de 6 mg dos veces al día.
- Tofactinib en esclerosis sistémica. *Rheumatol Int 2021; 41 (10): 1743-1753:* superior a MTX.
- Tofacitinib en morfea profunda y fascitis eosinofílica. *JAAD 2018 30; 4(5): 443-445.*

Deucravactinib en LES

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S025 JAK inhibitors: a New Frontier in Dermatology 09/03/2024

AAD ANNUAL MEETING AEDV highlights SAN DIEGO 8-12 MARZO

- DERMATOMIOSITIS: fuerte firma del inteferon tipo 1 en DM
- Tofactinib ya publicado en JAAD 2022
- Futuro: PF-06823859 (Dazukibart)
  - Anticuerpo monoclonal humanizado IgG1 neutralizante frente a Interferon beta.
  - Resultados en Fase 2 (AAD 2023)
  - Reducción de CDSAI > 5 puntos en 100%, 96% y 35,7% en los brazos de 150 mg, 600 mg y placebo.
  - Ensayo en fase III (reclutamiento).
- Ensayo VALOR (preboticinib en DM)
  - Inclusión si fallo a un tto previo de DM,
  - No naive.

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S025 JAK inhibitors: a New Frontier in Dermatology 09/03/2024

AAD ANNUAL MEETING AEDV highlights SAN DIEGO 8-12 MARZO

ENFERMEDADES GRANULOMATOSAS:

1. Sarcoidosis

Inhibición de inmunidad tipo 1 con tofactinib 5 mg/d 6 meses mejora sarcoidosis

6 RC y 6 RP (*Damsky et al, Nature Communications 2022*)

Novedades:

Inhibición tópica de JAK potencialmente útil

Abrocitinib (específico de JAK 1) en sarcoidosis (NC05696759) **y Deucravacitinib** (inhibidor alostérico-Il12/23, INF tipo 1) : *open-label proof of concept*

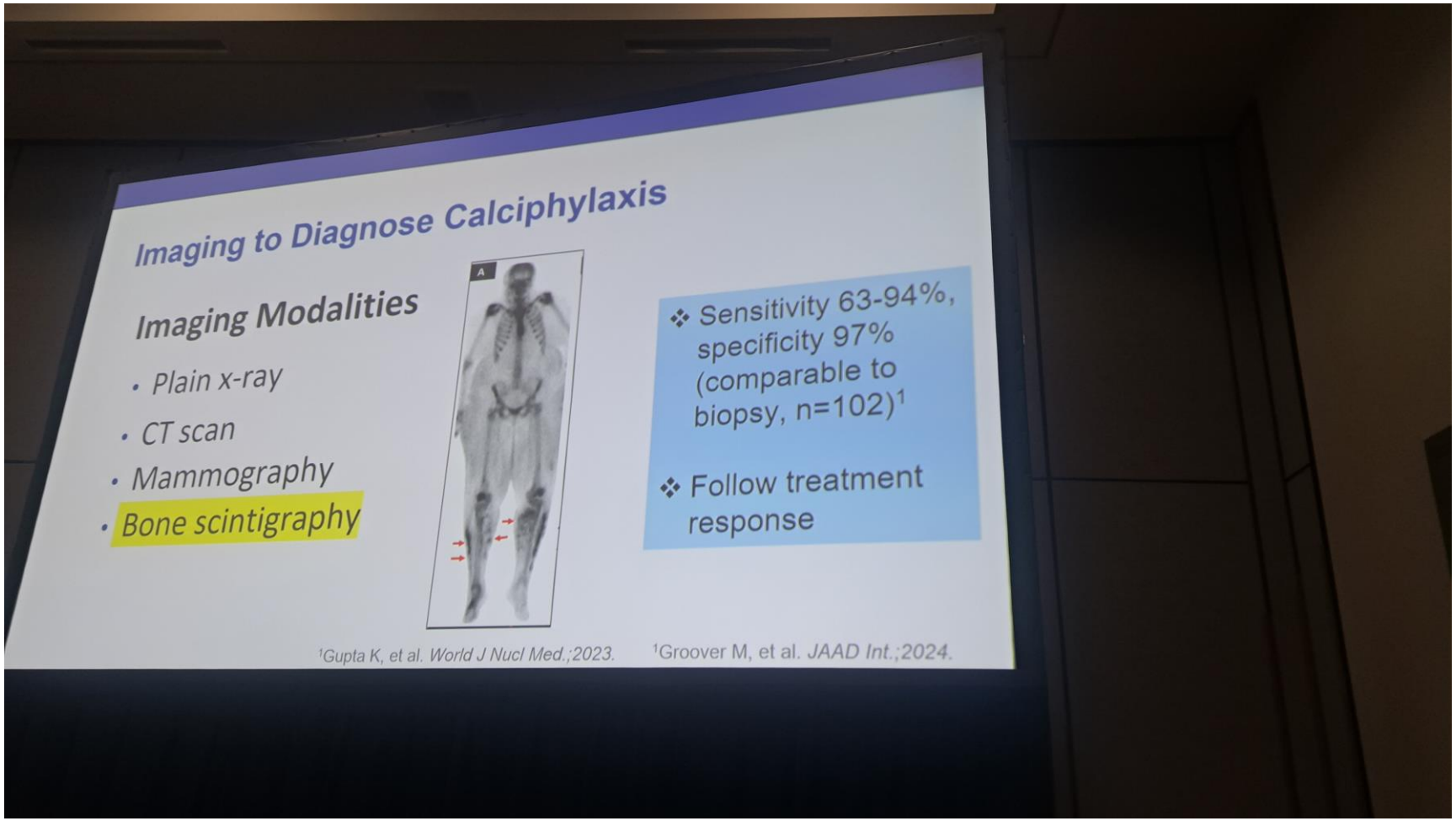
2. Granuloma anular

Tópico: AC-1101 Tofacitinib gel 2%, fase 1 completada (13 pacientes)

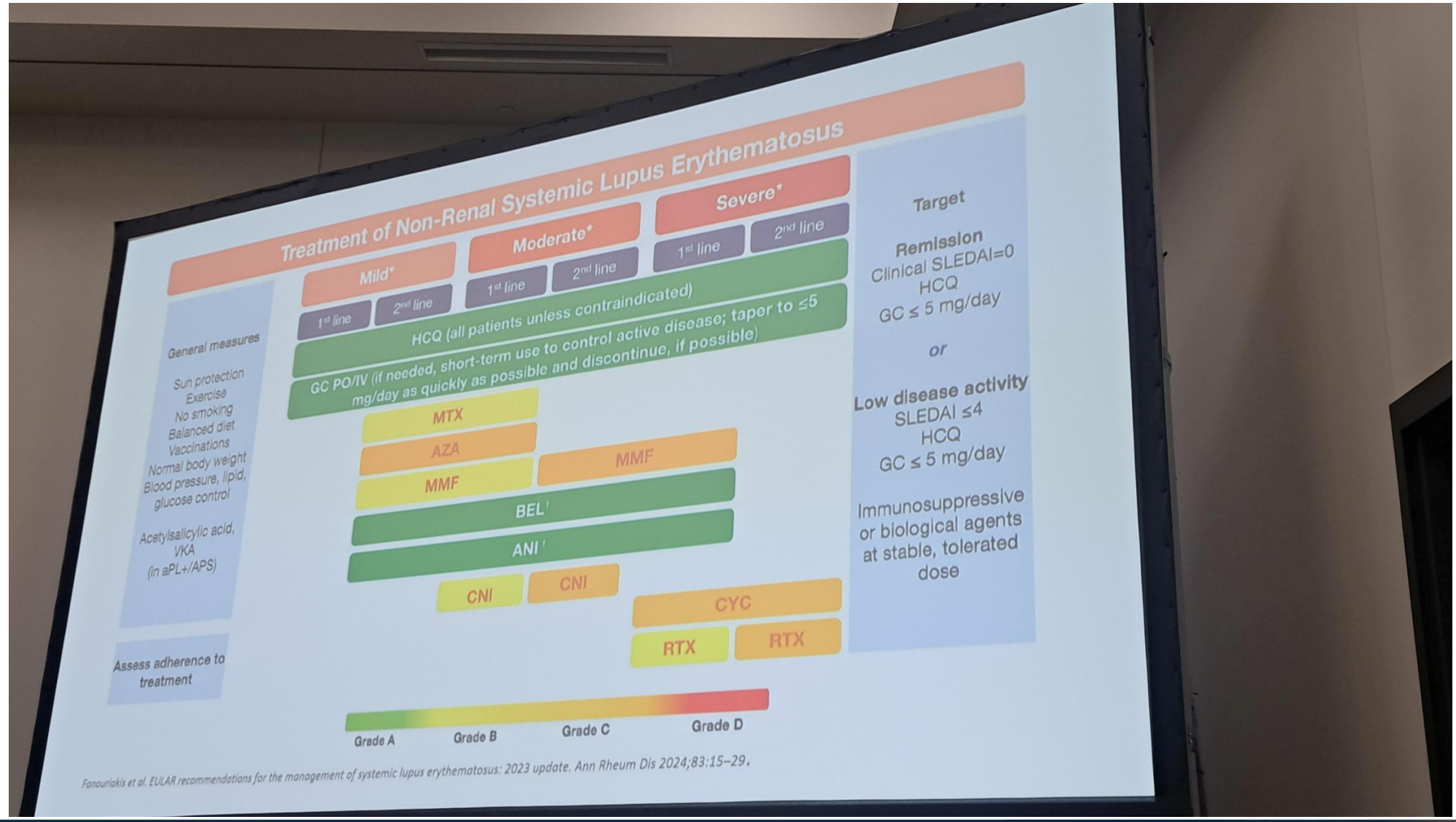
Oral: abrocitinib y deucravactinib open-label proof of concept

PIODERMA GANGRENOSO: casos anecdóticos con tofactinib 5 mg dos veces al dia

S035 Challenging adult and pediatric autoimmune connective tissue disease cases: pearls for diagnosis and management 09/03/2024



SA046 Cutaneous lupus and Dermatomyositis: management and pitfall for the general dermatologist ANIFROLUMAB 10/03/2024



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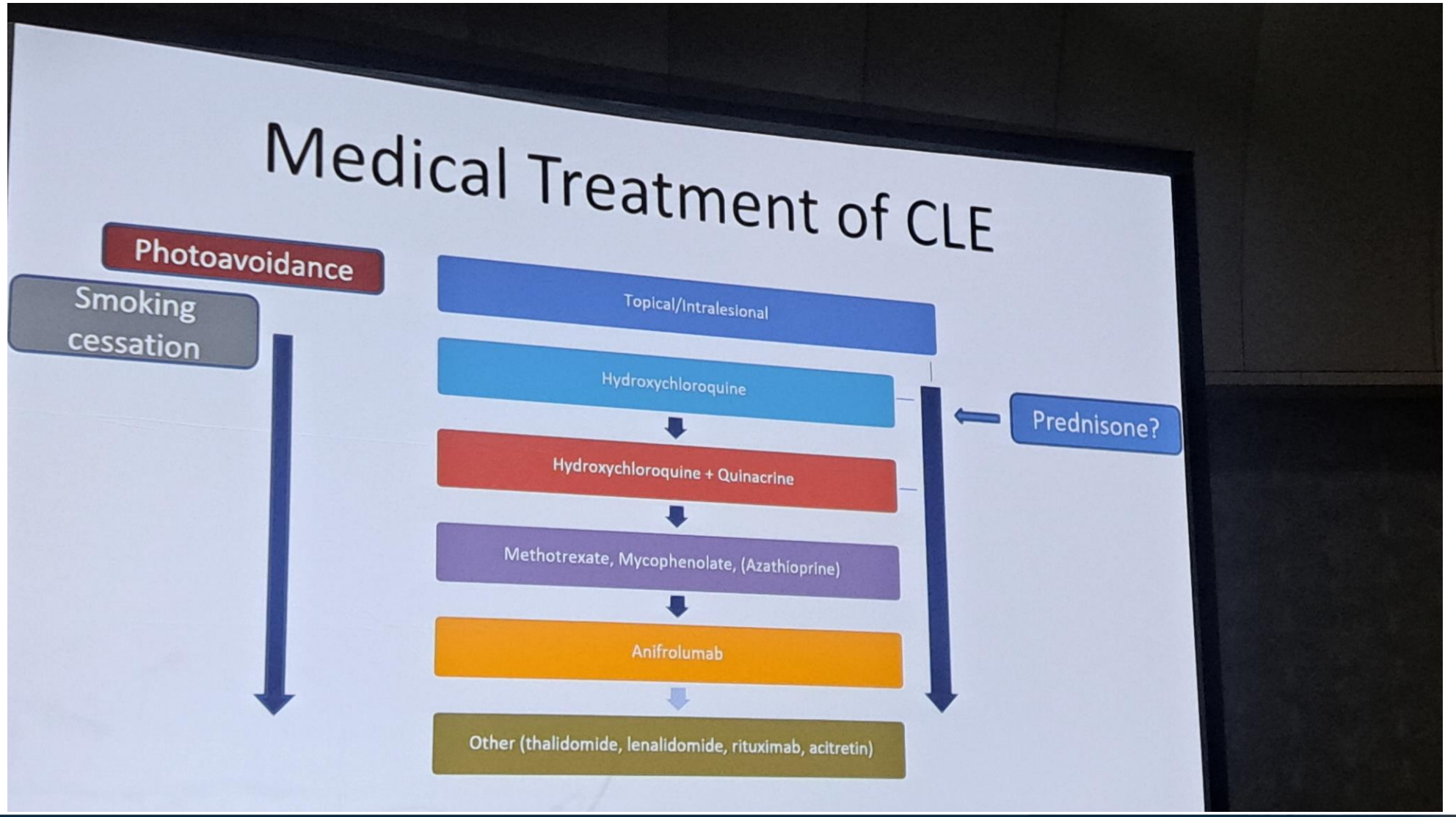
SAN DIEGO 8-12 MARZO



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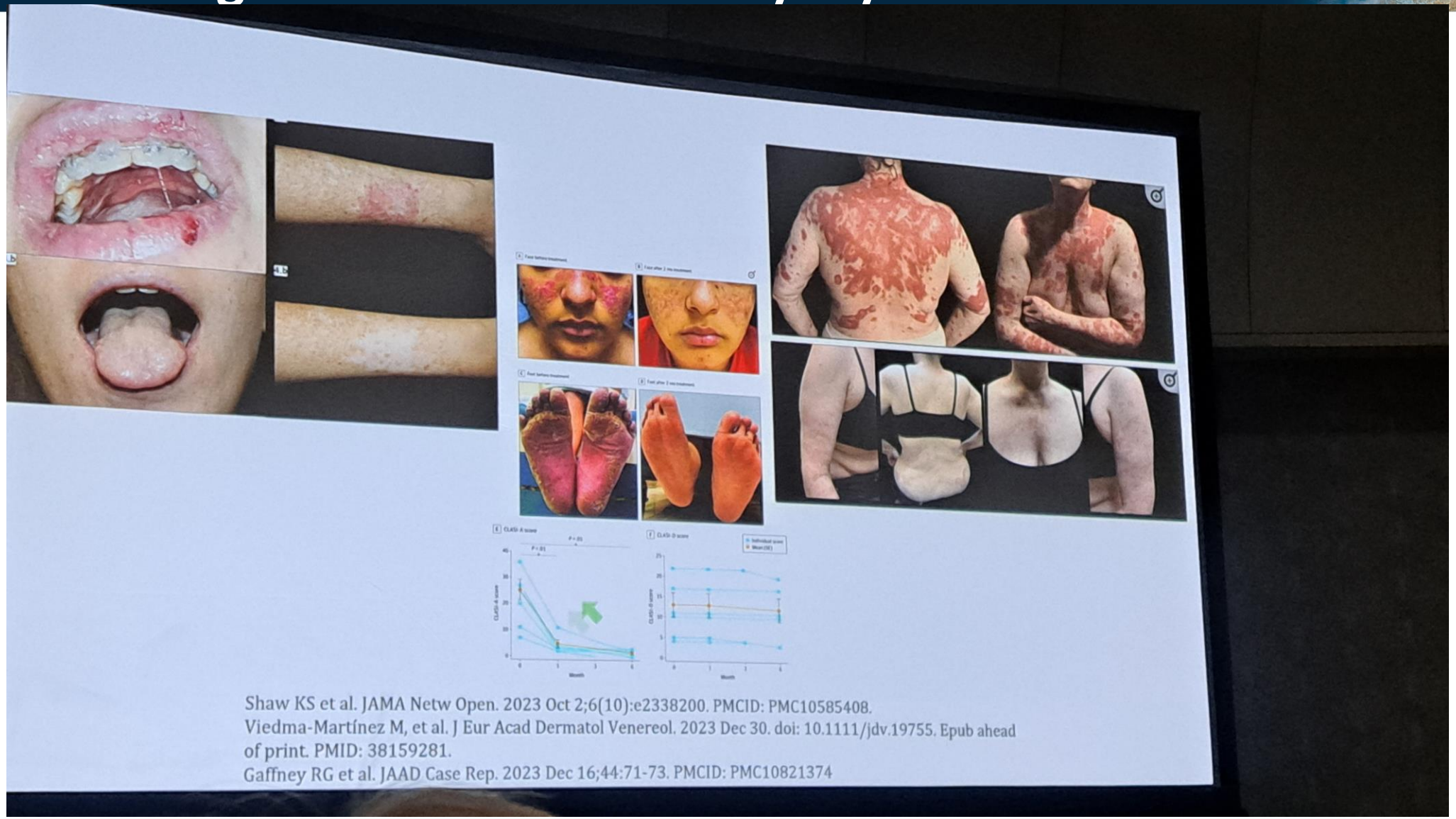

Shaw KS et al. JAMA Netw Open. 2023 Oct 2;6(10):e2338200. PMCID: PMC10585408.
Viedma-Martínez M, et al. J Eur Acad Dermatol Venereol. 2023 Dec 30. doi: 10.1111/jdv.19755. Epub ahead of print. PMID: 38159281.
Gaffney RG et al. JAAD Case Rep. 2023 Dec 16;44:71-73. PMCID: PMC10821374

SA046 Cutaneous lupus and Dermatomyositis: management and pitfall for the general dermatologist ANIFROLUMAB 10/03/2024

AAD ANNUAL MEETING AEDV highlights

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Rapid Improvement in Recalcitrant Cutaneous Juvenile Dermatomyositis With Anifrolumab Treatment

Juvenile dermatomyositis (JDM) is an idiopathic inflammatory myopathy of childhood that manifests with proximal muscle weakness and varying degrees of extramuscular pathologic findings. Although muscle disease is often responsive to first-line systemic corticosteroids and traditional steroid-sparing immunosuppressants, cutaneous involvement in JDM may persist, precluding complete disease remission.[1] Recent transcriptomic analyses have demonstrated striking upregulation of type I interferon (IFN)–stimulated genes in the peripheral blood, muscle, and lesional skin of patients with JDM, with higher IFN scores corresponding to increased disease severity.[2] As such, type I IFN has emerged as an attractive therapeutic target for patients with dermatomyositis (DM), although US Food and Drug Administration (FDA)–approved therapies are lacking.[3,4] We present a case of refractory cutaneous JDM demonstrating rapid improvement with anifrolumab, a monoclonal antibody targeting type I IFN receptor subunit 1.

Report of a Case | A 14-year-old girl presented with a 6-year history of a photosensitive eruption involving her face, neck, trunk, and extremities. She had been diagnosed with JDM at age 8 years based on radiographic evidence of myositis, confirmatory skin biopsy, and the presence of antitranscriptional intermediary factor-1γ (TIF-1γ) autoantibodies. Despite trials of systemic steroids, hydroxychloroquine,

Figure 1. Clinical Findings at Time of Initial Presentation

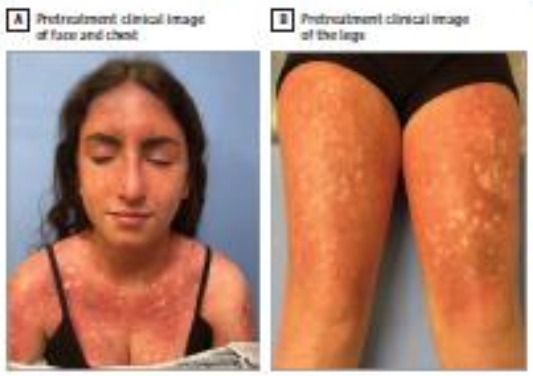
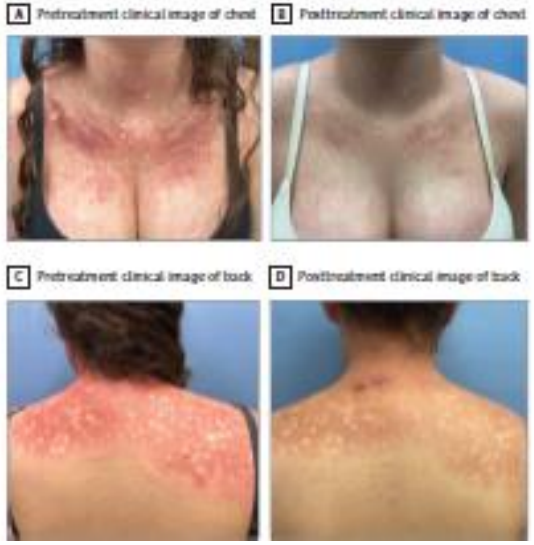
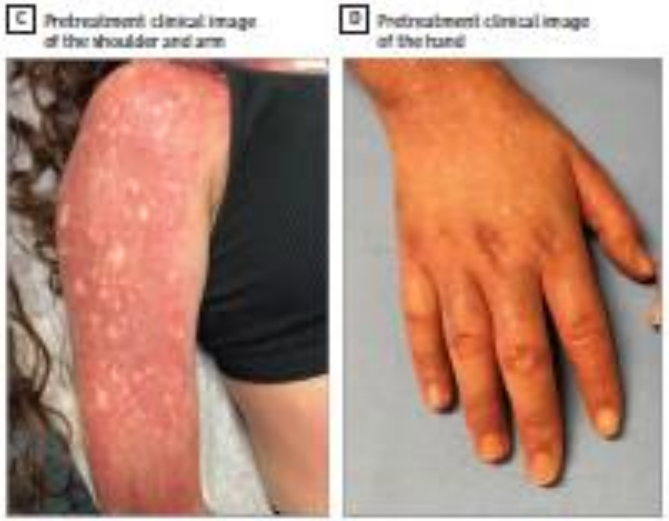
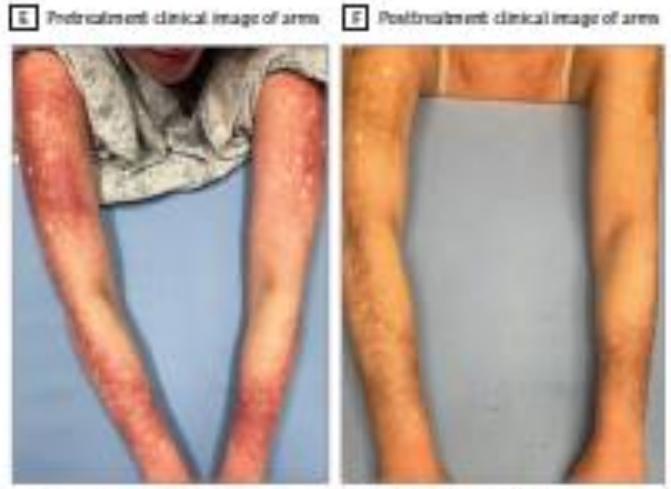


Figure 2. Rapid Improvement in Cutaneous Juvenile Dermatomyositis Disease Activity With Anifrolumab Initiation





A 14-year-old girl with a 6-year history of refractory, antitranscriptional intermediary factor-1γ juvenile dermatomyositis presented with violaceous erythema on her forehead and midface, as well as diffuse poikiloderma involving her upper chest (A), anterolateral thighs (B), and extensor arms (C). Erythematous, flat-topped papules were present on the extensor joints of her hands, and nailfold examination revealed dilated capillary loops, capillary



Although the patient experienced improvement in muscle strength and radiographic resolution of myositis after a 5-month trial of tofacitinib and intravenous immunoglobulin, she continued to experience severe cutaneous disease activity as exemplified by persistent, deep red erythema and poikiloderma on her neck, chest (A), upper back (C), and extensor arms (E). Within 72 hours of receiving anifrolumab, the patient experienced dramatic improvement in erythema, which was sustained at clinical follow-up 56 days

Herein, we describe the successful treatment of refractory cutaneous DM with anifrolumab. The selection of anifrolumab was motivated by the patient's severe, disabling, and recalcitrant disease (including to JAK inhibition) and serologic evidence of elevated IFN-β. The patient demonstrated significant clinical improvement with just 1 infusion of anifrolumab and the rapidity of clinical improvement within a matter of days was striking. We aim to highlight the importance of the type I IFN axis in patients with refractory cutaneous DM and highlight anifrolumab as a viable therapeutic option for patients with contraindications to standard therapies.

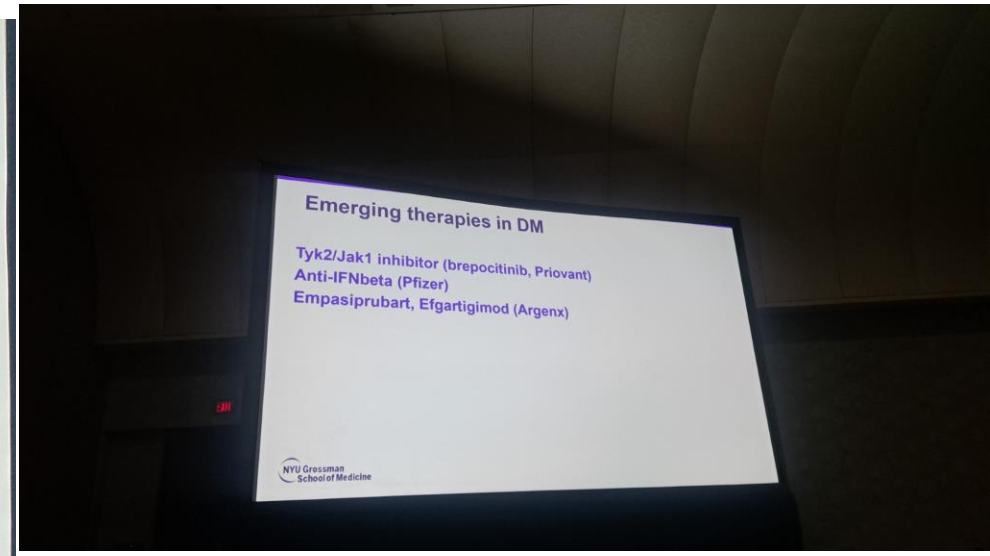
JAMA Dermatology February 2024 Volume 160, Number 2

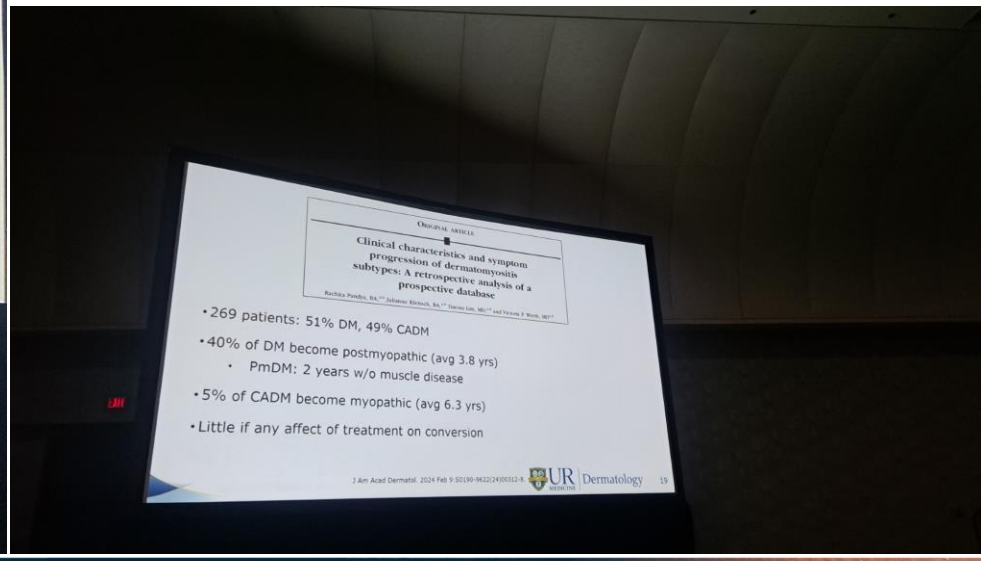
ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

SA046 Cutaneous lupus and Dermatomyositis: management and pitfall for the general dermatologist DERMATOMIOSITIS 10/03/2024

AAD ANNUAL MEETING AADV highlights

SAN DIEGO 8-12 MARZO





HIGHLIGHTS AAD 2024

AAD ANNUAL MEETING AEDV highlights SAN DIEGO 8-12 MARZO

- Importancia de los conocimientos actualizados en inmunología para el dermatólogo.
- En estudio el potencial de omalizumab y dupilumab en penfigoide ampolloso resistente.
- Revolución en el manejo de lupus cutáneo con Anifrolumab, rápida respuesta (300mg iv cada 4 semanas)
- Potencial eficacia de Anifrolumab en Dermatomiositis.
- Inmunoglobulina iv aprobada para Dermatomiositis por FDA.
- Recomendable el uso de inhibidores de JAK para dermatomiositis resistentes a tratamiento y para enfermedades autoinmunes que se solapan.

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AEDV highlights

SAN DIEGO
8-12 MARZO

La Academia Española de Dermatología y Venereología expresa su agradecimiento al patrocinador UCB, por su especial apoyo y contribución con la actividad formativa Highlights 2024.

ACADEMIA ESPAÑOLA
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GRACIAS

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