
AAD ANNUAL MEETING
AEDV
highlights
SAN DIEGO
8-12 MARZO
#AEDVENAAD2024
AEDV
1909
ACADEMIA ESPAÑOLA
DE DERMATOLOGÍA
Y VENEREOLOGÍA

Psoriasis y otras enfermedades inflamatorias

ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA

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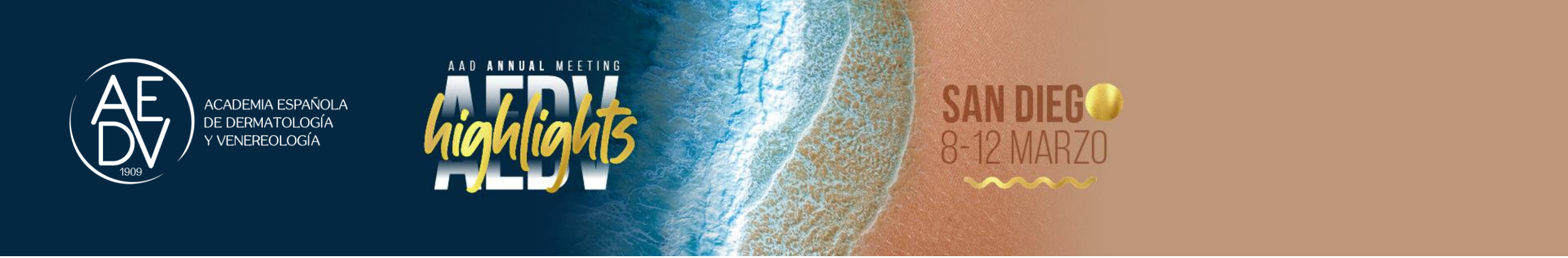
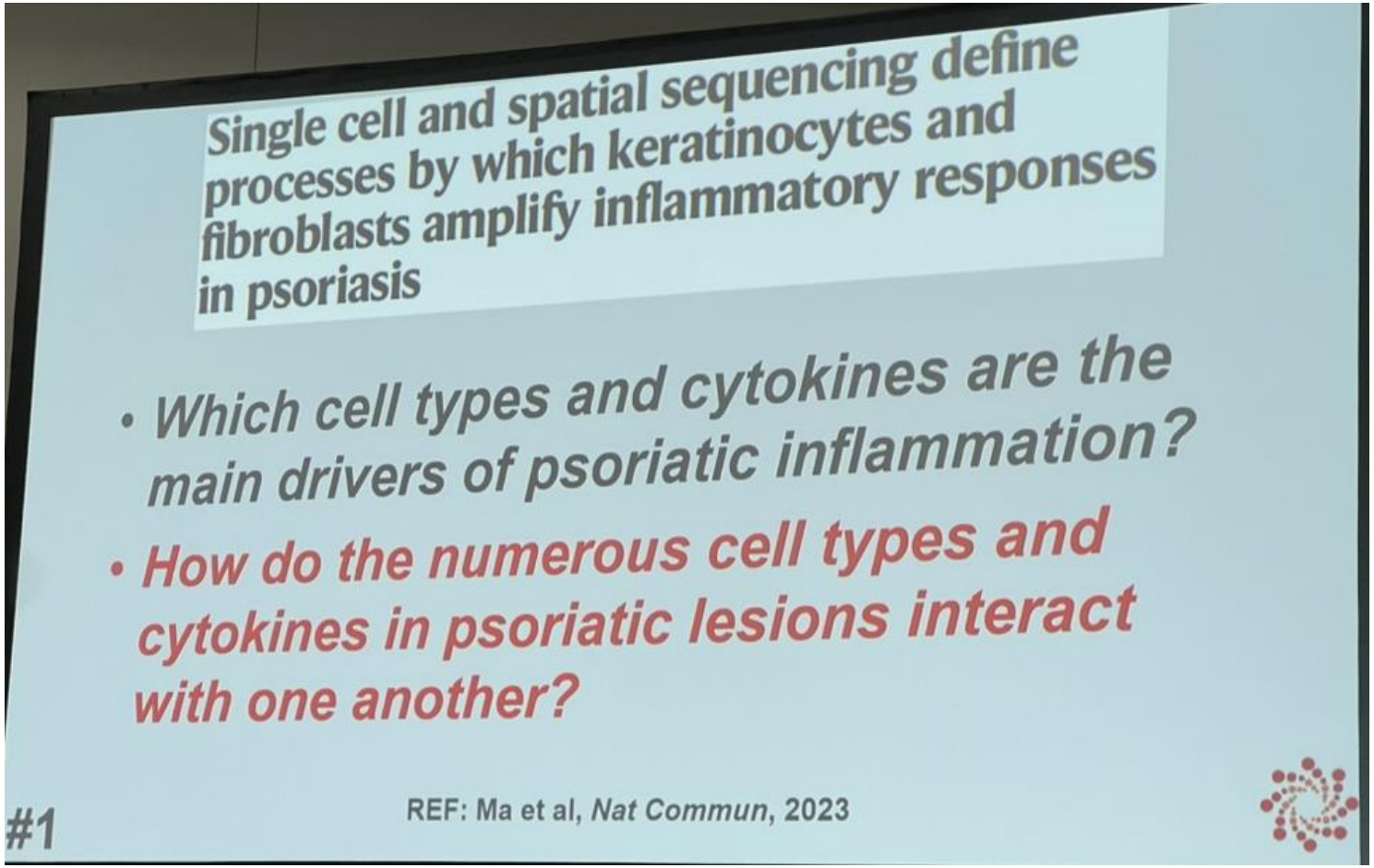


He proporcionado asesoramiento científico/recibido becas para investigación o pagos por presentaciones en reuniones médicas y/o asesoría o asistencia a congresos de:

Janssen, Lilly, Novartis, AbbVie, UCB, Leo Pharma, Cantabria Labs, Pfizer, ISDIN, LaRochePosay, Galenicum, UCB, Amgen, Gebro

1. Psoriasis
    1. Fisiopatología y biomarcadores
    2. Comorbilidades
    3. Update tratamientos aprobados
2. Liquen plano y otras dermatosis liquenoides

Fisiopatología



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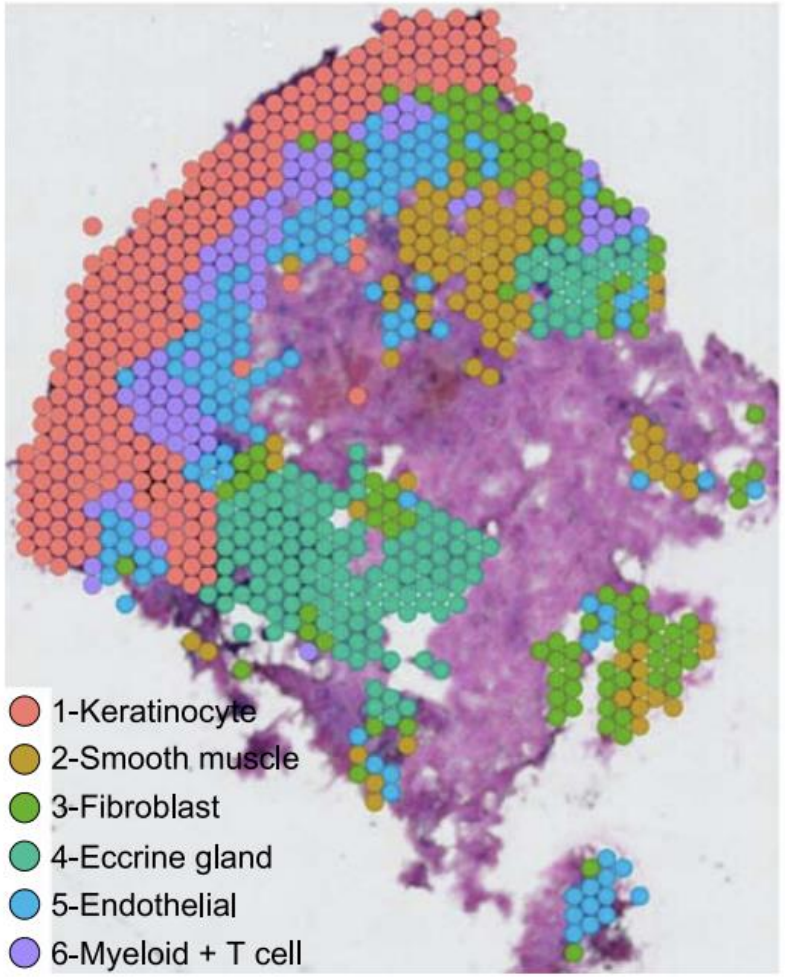
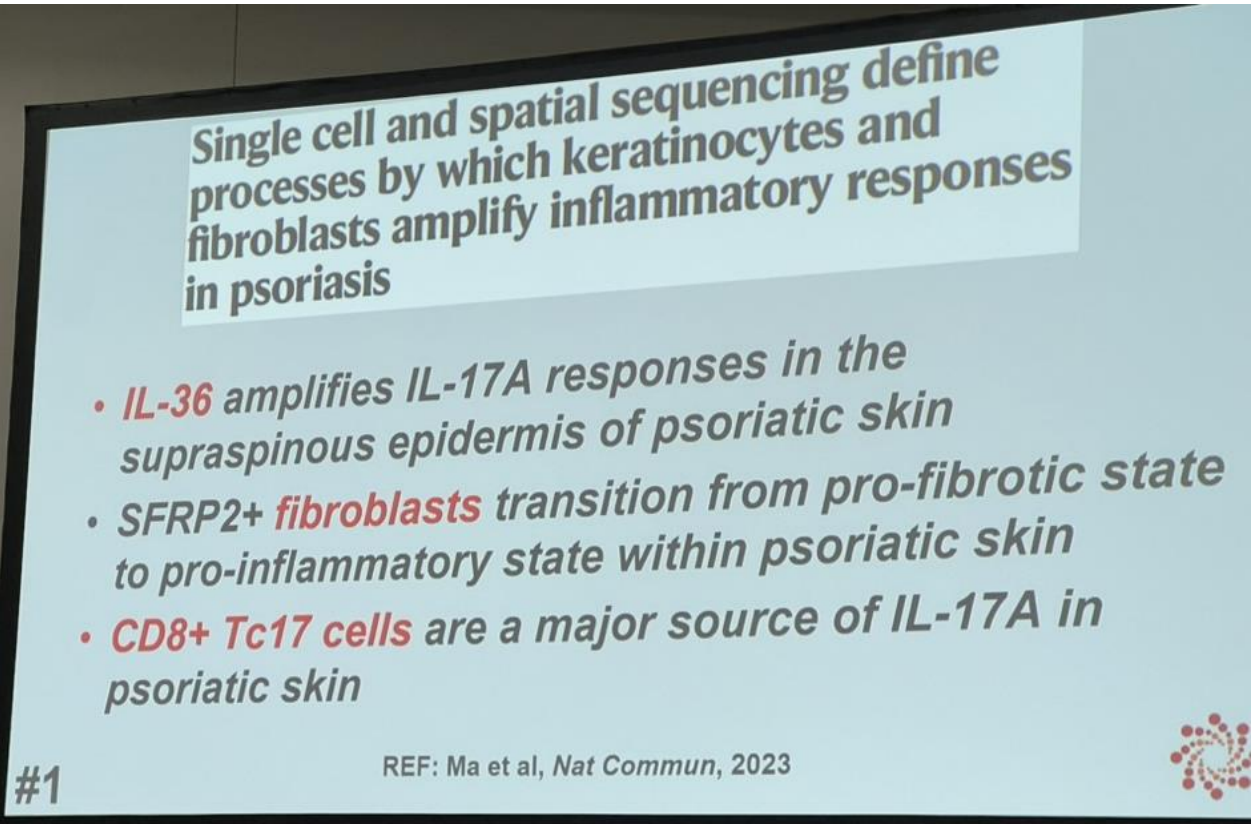


IPC Symposium at AAD 2024 San Diego

Ma F,. Nat Commun. 2023 Jun 12;14(1):3455.

Fisiopatología

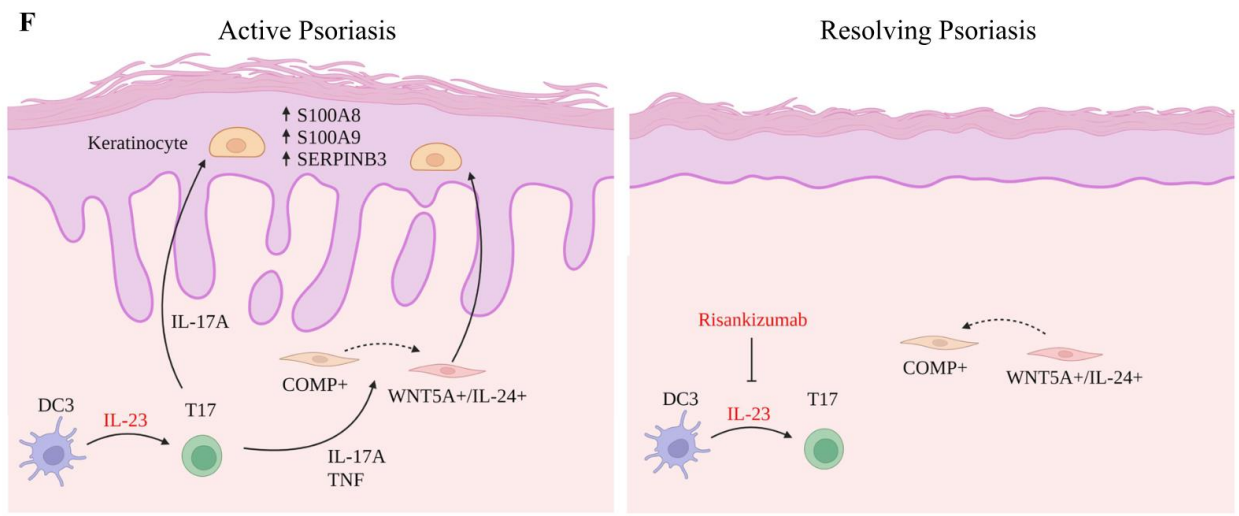


nature communications

Article

https://doi.org/10.1038/s41467-024-44994-w

Single-cell analysis of psoriasis resolution demonstrates an inflammatory fibroblast state targeted by IL-23 blockade

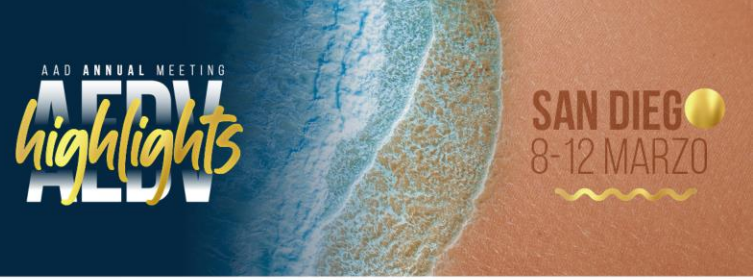


IPC Symposium at AAD 2024 San Diego

Ma F,. Nat Commun. 2023 Jun 12;14(1):3455.

Francis L, McCluskey D, Ganier C, Jiang T, Du-Harpur X, Gabriel J, Dhami P, Kamra Y, Visvanathan S, Barker JN, Smith CH, Capon F, Mahil SK. Single-cell analysis of psoriasis resolution demonstrates an inflammatory fibroblast state targeted by IL-23 blockade. Nat Commun. 2024 Jan 30;15(1):913

Biomarcadores



Gravedad

Genomic markers

– *LCE3D*
– *IL23R*
– *IL23A*
– *NFKBIL1*
– *HLA-C*06:02*

Proteomic markers

– IL-17A
– IgG aHDL – GlycA
– I-FABP
– kallikrein 8

Metabolic markers

– tyramine

Artritis psoriásica

Genomic markers

– *HLA-C*06:02*
– *HLA-B*27*
– *HLA-B*38*
– *HLA-B*08 – IL23R*
– *IL13*

Proteomic markers

– IL-17A
– CXCL10
– Mac-2 protein – integrin b5
– MMP-3
– M-CSF

Metabolic markers

– tyramine , mucic acid

Respuesta terapéutica

Genomic markers of TNF

– *CARD14*
– *CDKAL1*
– *IL1B*
– *IL12B*
– *IL17RA*

Cellular markers of adalimumab

– LPS-induced phosphorylation of NFkB in type 2 dendritic cells

Genomic marker of ustekinumab response

– *HLA-C*06-02*
– *IL1B*

Biomarcadores

AAD ANNUAL MEETING AEDV highlights SAN DIEGO 8-12 MARZO

Pharmacogenetic biomarkers for secukinumab response in psoriasis patients in real-life clinical practice

Effectiveness	Variable	Gene	Model	Risk phenotype %Resp/%Nonresp	Odds ratio	*p*	[95% Conf. Interval]
Absolute PASI ≤3 at 6 months	rs1051738	*PDE4A*	A	AC/AA (33.3/5.1)	0.03	0.006	0.003–0.36
	rs12191877	*HLACw6*	R	TT (2.3/15.0)	29.80	0.012	2.09–423.9
	rs1801274	*FCGR2*	O	AG (45.3/70.0)	3.3	0.024	1.17–9.59
Absolute PASI ≤1 at 6 months	rs2227322	*CSF3*	R	GG (16.4/1.7)	0.10	0.018	0.096–0.64
	rs645544	*SLC9A8*	R	GG (22.7/5.0)	0.21	0.017	0.05–0.75
Absolute PASI ≤3 at 12 months	rs26528	*IL27*	R	CC (21.5/2.4)	0.02	0.012	0.001–0.42
	rs12191877	*HLACw6*	R	TT (2.5/14.6)	27.38	0.005	2.75–254.0

REF: Munoz-Aceituno et al, *J Eur Acad Dermatol Venereol*, 2024

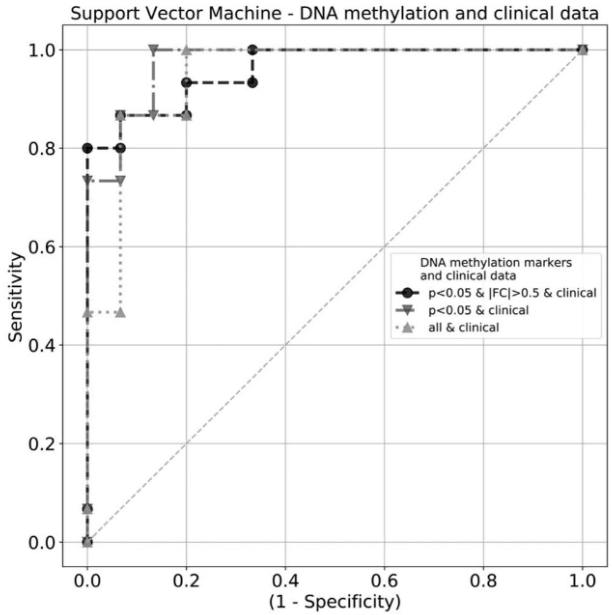
Metilación DNA como predictor PsA

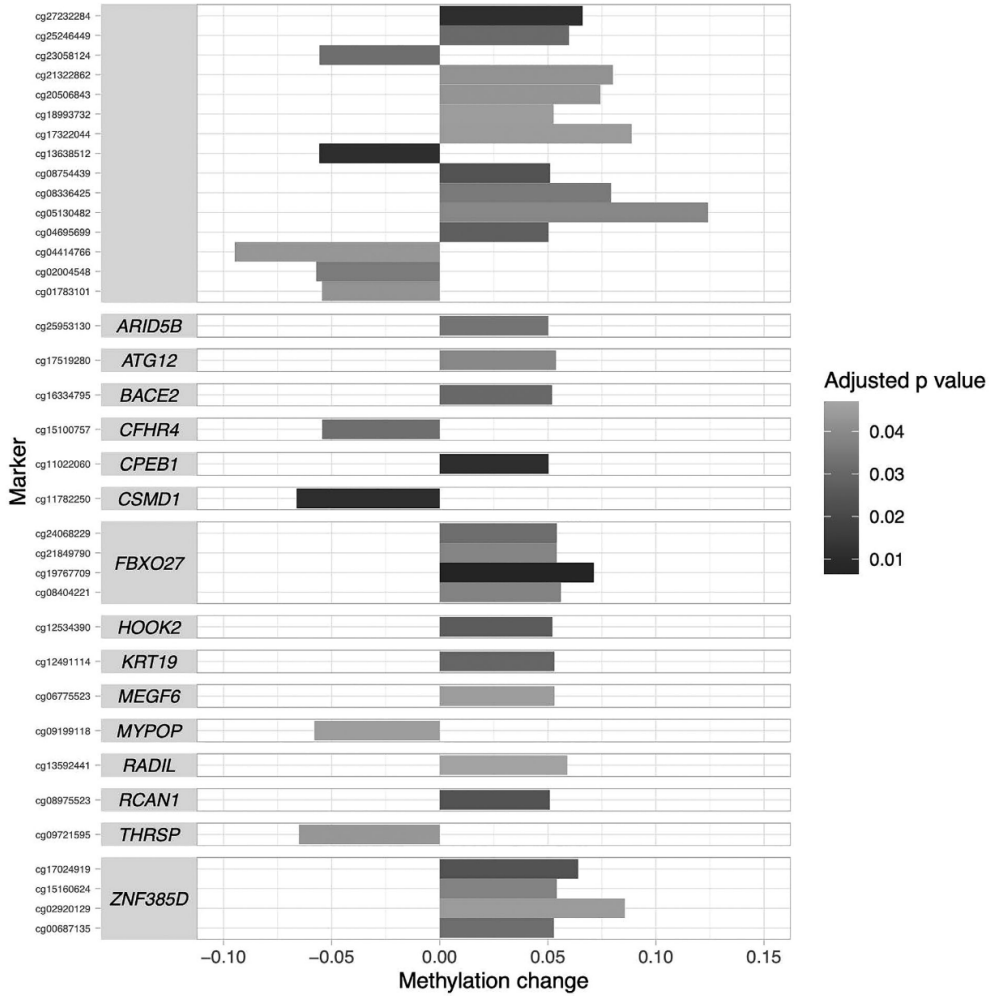
American College of Rheumatology
Empowering Rheumatology Professionals

Arthritis & Rheumatology
Vol. 75, No. 12, December 2023, pp 2178–2184
DOI 10.1002/art.42654

Prediction of Psoriatic Arthritis in Patients With Psoriasis Using DNA Methylation Profiles

- 60 pacientes con PsO que desarrollaron PsA – 60 PsO sin PsA
- Esutdio de metilación del genoma completo
- 36 zonas de metilación relevantes en 15 genes y varias zonas intrónicas.





IPC Symposium

Cruz-Correa OF, Pollock RA, Machhar R, Gladman DD. Prediction of Psoriatic Arthritis in Patients With Psoriasis Using DNA Methylation Profiles. Arthritis Rheumatol. 2023 Dec;75(12):2178-2184.

Artritis psoriásica

- PROM
- Valorar la intensidad de los síntomas musculoesqueléticos en pacientes con psoriasis (con o sin PsA)
- Desarrollado por IDEOM
- Faltan estudios de correlación

THE IDEOM MSK-Q

IDEOM MSK Questionnaire

Instructions: Please complete this questionnaire about the musculoskeletal (MSK) symptoms (pain at or around your joints or in your back, joint swelling, and/or joint stiffness) and fatigue you have experienced **over the last 7 days**.

MSK Symptoms

1. Pain
Select the number that best describes the pain you felt at or around your joint/s or in your back over the last 7 days (for example, heel pain, back pain, joint pain in your fingers and/or toes, or any other joint pain):

None=0 1 2 3 4 5 6 7 8 9 10=Extreme

2. Joint Swelling
Select the number that best describes the joint swelling you experienced over the last 7 days:

None=0 1 2 3 4 5 6 7 8 9 10=Extreme

3. Joint stiffness
For how many minutes per day have you felt joint stiffness and/or difficulty moving after you woke up in the morning or after a period of inactivity over the last 7 days:

None=0 1-10 11-20 21-30 31-40 41-50 51-60 61-70 71-80 81-90 90(+)minutes per day

Impact of MSK Symptoms (pain at or around your joints or in your back, joint swelling, or joint stiffness)

If you selected "None=0" for Questions 1, 2, AND 3, please check the box "Does not apply to me" and skip to Question 9.

☐ Does not apply to me

4. Work and/or school activities
Select the number that best describes the difficulties you experienced to participate fully in work (including household work) and/or school activities due to your MSK symptoms over the last 7 days:

No difficulty=0 1 2 3 4 5 6 7 8 9 10=Extreme difficulty

5. Family, social, and/or leisure activities
Select the number that best describes the difficulties you experienced to participate fully in family, social, and/or leisure activities (for example, meeting friends and relatives, or hobbies) due to your MSK symptoms over the last 7 days:

No difficulty=0 1 2 3 4 5 6 7 8 9 10=Extreme difficulty

6. Physical activities
Select the number that best describes the difficulties you experienced in doing daily physical activities (for example, getting in and out of bed, lifting groceries, or taking a bath or shower) due to your MSK symptoms over the last 7 days:

No difficulty=0 1 2 3 4 5 6 7 8 9 10=Extreme difficulty

7. Sleep
Select the number that best describes the sleep difficulties (for example, resting at night) you experienced due to your MSK symptoms over the last 7 days:

No difficulty=0 1 2 3 4 5 6 7 8 9 10=Extreme difficulty

8. Emotional State
Select the number that best describes the negative feelings (for example, feeling depressed, sad, or anxious) you experienced due to your MSK symptoms over the last 7 days:

None=0 1 2 3 4 5 6 7 8 9 10=Extreme

Fatigue

9. Fatigue
Select the number that best describes the fatigue (for example, persistent feeling of tiredness, lack of energy, or feeling worn out) you experienced over the last 7 days:

No fatigue=0 1 2 3 4 5 6 7 8 9 10=Totally exhausted

Gretchen , J Merola, AAD 2024 San Diego

Artritis psoriásica

AAD ANNUAL MEETING AEDV highlights

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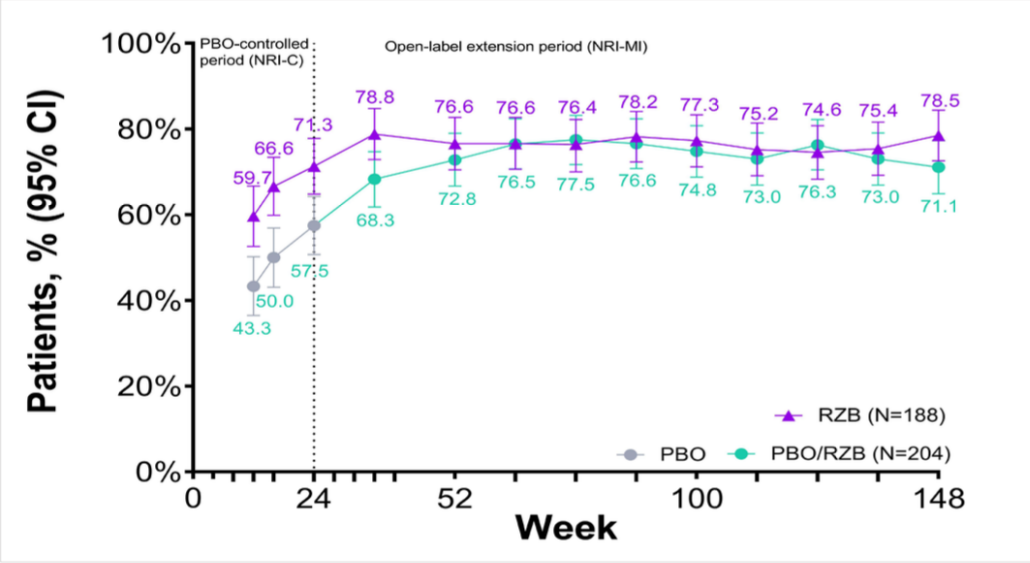
51651

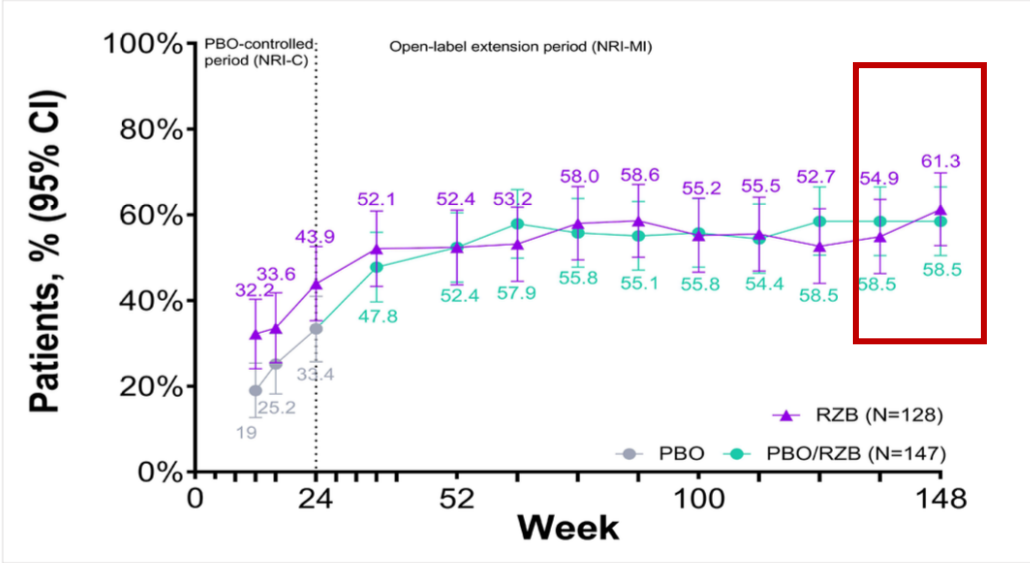
Impact of Risankizumab on Enthesitis and Dactylitis Over 148 Weeks: Integrated Analysis of the Phase 3, Randomized, Double-Blind KEEPsAKE 1 and 2 Trials

Figure 2. Proportion of Patients Achieving Resolution of Dactylitis Over 148 Weeks



NRI, nonresponder imputation; NRI-C, nonresponder imputation incorporating multiple imputation to handle missing data resulting from COVID-19; NRI-MI, as observed with missing data imputed as non-responders except those missing due to COVID-19 or geo-political conflict in Ukraine and Russia, which are imputed by multiple imputation; PBO, placebo; RZB, risankizumab.

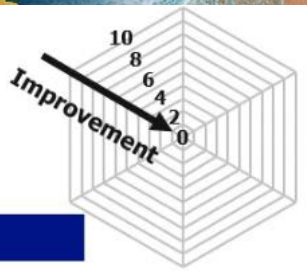
Figure 3. Proportion of Patients Achieving Resolution of Enthesitis and Dactylitis Over 148 Weeks



NRI, nonresponder imputation; NRI-C, nonresponder imputation incorporating multiple imputation to handle missing data resulting from COVID-19; NRI-MI, as observed with missing data imputed as non-responders except those missing due to COVID-19 or geo-political conflict in Ukraine and Russia, which are imputed by multiple imputation; PBO, placebo; RZB, risankizumab.

Mean BASDAI Component Scores for Patients through Week 52 (MI)

BKZ-treated patients demonstrated improvement in all BASDAI domains, including in neck/back/hip pain



BE OPTIMAL (bDMARD-naïve)

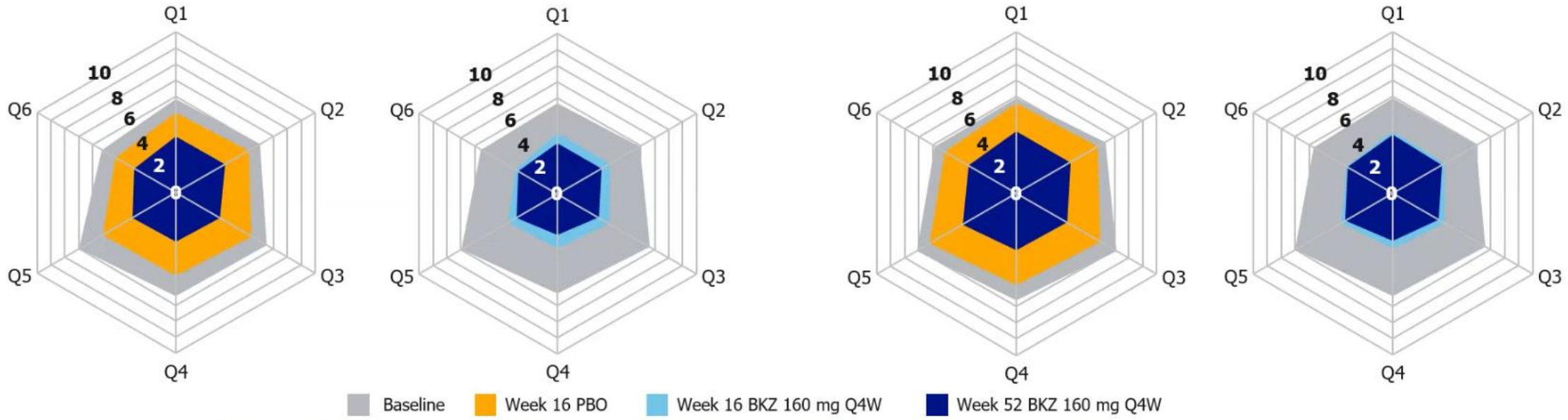
PBO/BKZ 160 mg Q4W (n=213)

BKZ 160 mg Q4W (n=311)

BE COMPLETE (TNFi-IR)

PBO/BKZ 160 mg Q4W (n=96)

BKZ 160 mg Q4W (n=204)



Q1: Fatigue; **Q2:** Neck/back/hip pain; **Q3**: Peripheral arthritis; **Q4:** Enthesitis; **Q5:** Intensity of morning stiffness; **Q6:** Duration of morning stiffness

Mean (SE) CfB in BASDAI Q2 score:	PBO/BKZ 160 mg Q4W	BKZ 160 mg Q4W
BL mean:	6.05	5.91
Week 16	–0.8 (0.2)	–2.1 (0.2)
Week 52	–2.5 (0.2)	–2.7 (0.2)

Mean (SE) CfB in BASDAI Q2 score:	PBO/BKZ 160 mg Q4W	BKZ 160 mg Q4W
BL mean:	6.36	5.94
Week 16	–0.6 (0.3)	–2.3 (0.2)
Week 52	–2.5 (0.3)	–2.5 (0.2)

Merola, JF. P51558

Comorbilidades - Neoplasias

AAD ANNUAL MEETING AEDV highlights

SAN DIEGO 8-12 MARZO

- Recogida de datos de TriNext Research Network, con acceso a historia clínica de aprox 110 millones de pacientes de 78 centros/organizaciones
- Objetivo: determinar el riesgo de malignidad

Results

- 21,718 patients on IL-12/23i or IL-23i, 42,792 on TNFi, and 19,425 on IL-17i met criteria.
- Propensity score matching for demographics, social history, and past medical history resulted in cohorts of 19,308 IL-17i patients and 19,715 IL-12/23i or IL-23i, both matched to equal numbers in the TNFi-cohort.
- In the IL-17i-cohort there were 384 new malignancies, 549 in the IL-12/23i or IL-23i-cohort, and 1547 in the TNFi cohort prior to matching.

A comparative assessment for risk of malignancy following initiation of biologic therapy among psoriasis patients: A retrospective cohort study

Chunghwan Ro[1], BS, Clinton Enos[1], MD
[1]Department of Dermatology, Eastern Virginia Medical School, Norfolk, VA

	Cohort	Patients in Cohort prior to matching	Patients in Cohort after matching	Patients with Outcome prior to matching	Patients with Outcome after matching	Hazard Ratio (95% CI)
Analysis 1	IL 12/23i or IL-23i	21718	19715	549	525	
	TNFi	42792	19715	1547	527	1.004 (0.89, 1.133)
Analysis 2	IL-17i	19425	19308	384	384	
	TNFi	42792	19308	1547	405	0.92 (0.8, 1.058)
Analysis 3	IL-17i	19425	15024	384	305	
	IL 12/23i or IL-23i	21718	15024	549	351	0.861 (0.738, 1.004)

Conclusions:

- Consistent with previous results through 2.5 years,[1] during a median follow-up period of ~8 years, malignancy rates were ~5-fold higher in psoriasis patients with a history of malignancy (excluding NMSC) than in those without a history of malignancy

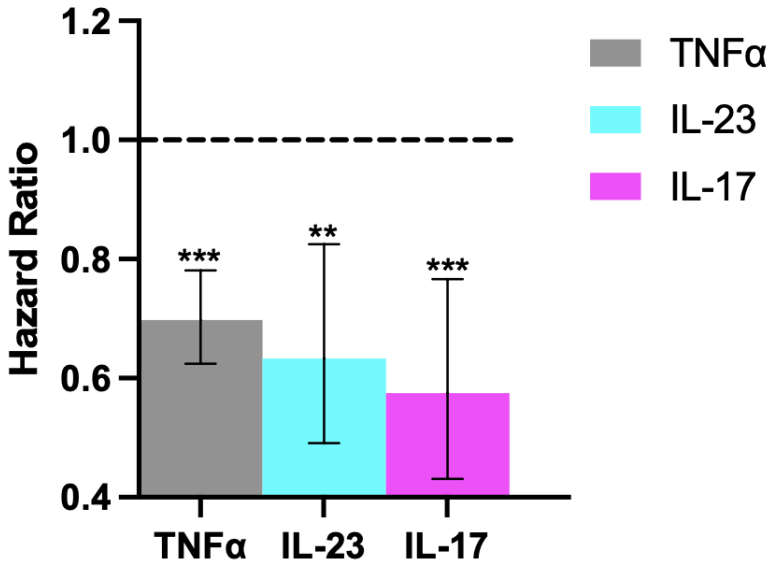
Chongwan Ro, Poster AAD 2024 San Diego

PSOLAR

Langley RG, et al. AAD Annual Meeting; March 8-12, 2024; San Diego, CA.

Neoplasias

- Retrospective cohort study of 2,103,979 patients with psoriasis using TriNetX.
- Patients grouped by biologic (IL-17 inhibitor, IL-23 inhibitor, TNF-α inhibitor) along with a no biologic control.
- Patients with IBD or a previous history of colorectal cancer were excluded from the study.
- Patients were propensity matched by the demographic and disease categories on the right



Outcomes		TNFα vs No Biologics		IL-23 vs No Biologics		IL-17 vs No Biologics	
Patients in Cohort (Patient with Outcome)	Experimental	146,800	(525)	38,879	(98)	37,485	(74)
	No Biologics	146,800	(743)	38,879	(153)	37,485	(126)
Hazard Ratio (95% CI)	Experimental / No Biologics	0.698	(0.624, 0.781)	0.633	(0.491, 0.815)	0.575	(0.431, 0.766)
Log-Rank Test P-value	Experimental	< 0.0001		0.0004		< 0.0001	

Tratamiento biológico podría disminuir el riesgo de CCR

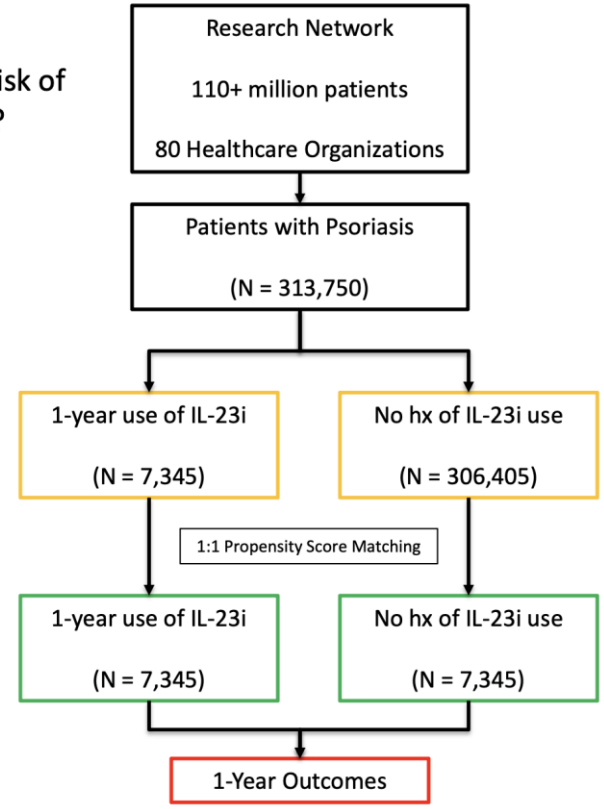
Eventos cardiovasculares

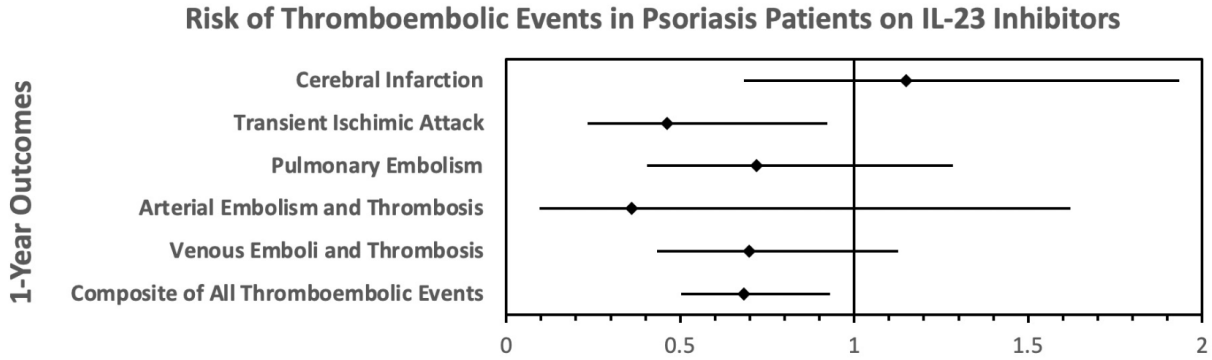
Question

How do IL-23 inhibitors impact the risk of thromboembolic events in psoriasis?

Design

Step 1: Patient Identification
Step 2: Propensity Score Matching
Step 3: Outcome Analysis





- 54% reduced risk in TIA (aHR[95% CI]= 0.46 [0.23,0.92]).
- 32% reduced risk in any thromboembolic event 0.68 [0.5,0.93]).

Patchkaninan AAAD 2024 San Diego

Tratamiento tópico

AAD ANNUAL MEETING AEDV highlights

SAN DIEGO 8-12 MARZO

1:50 PM	**Debate #1: Will non-steroidal topical medications replace topical steroids in the treatment of psoriasis?** *Kenneth B. Gordon, MD, FAAD; Bruce Elliot Strober, MD, PhD, FAAD*

Statements never made when prescribing nonsteroidal topicals

- "Don't use this on your face."
- "Don't use this in your private area."
- "Don't use this in your armpits."
- "Only use for up to 2 weeks."
- "Use this cream on your face, and this ointment on your elbows, this cream in your private area and this solution in your scalp."
- "If you keep using this topical it might eventually lose its effectiveness."
- "If you overuse this topical you might thin your skin, cause stretch marks, very prominent blood vessels and bruising."

Nonsteroidal Topicals: Multiple MOAs and Indications

- TCIs: pimecrolimus and tacrolimus
  - atopic dermatitis
  - intertrigious and facial psoriasis (off label)
- PDE4 inhibitors: crisaborole and roflumilast
  - atopic dermatitis (off label for roflumilast)
  - psoriasis (off label for crisaborole)
- Aryl hydrocarbon receptor (AHR) agonist: tapinarof
  - atopic dermatitis (off label)
  - psoriasis

- All of the above have or will have pediatric indications.

Roflumilast & topinarof

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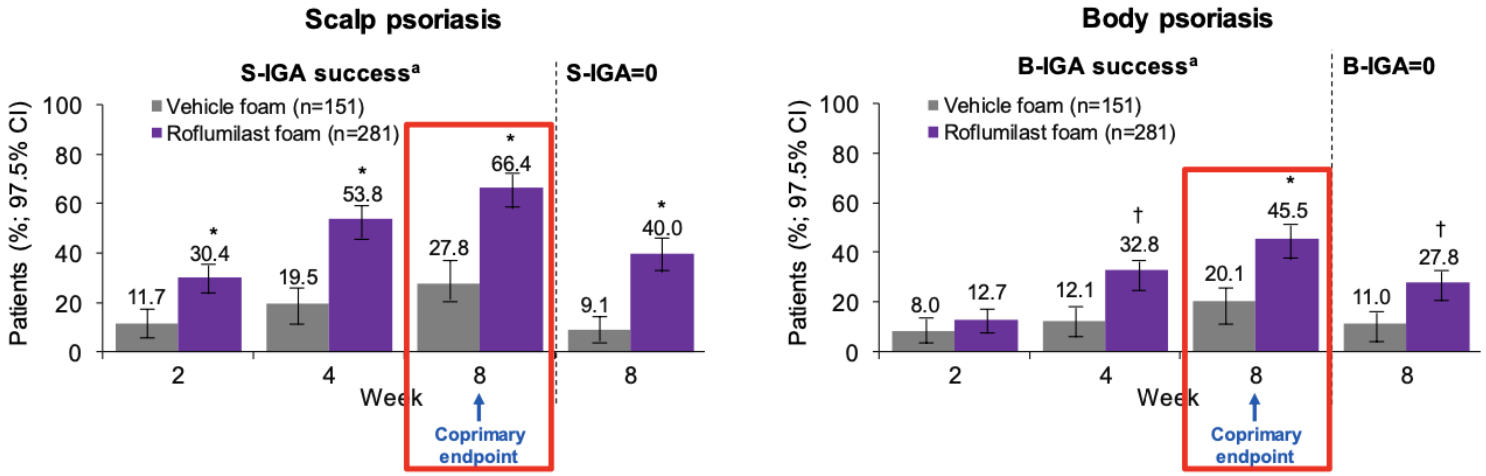
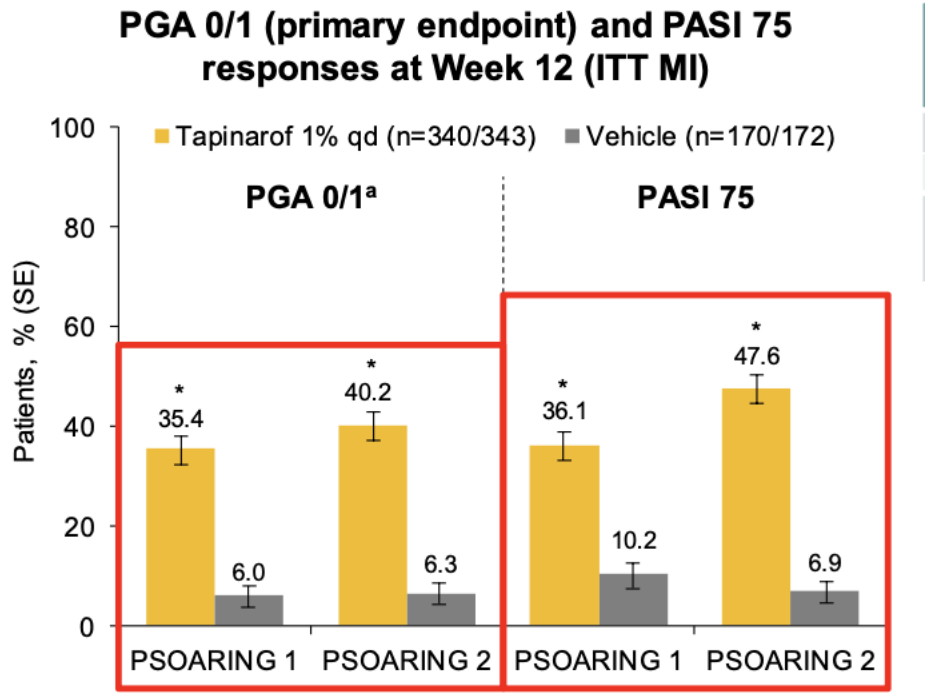
ARRECTOR: Improvement in scalp and body psoriasis with roflumilast foam 0.3% for 8 weeks



*P<0.0001 vs vehicle; †P<0.0001 vs vehicle [nominal]; [a]S-IGA Success or B-IGA Success: Clear or almost clear with ≥2-grade improvement from baseline

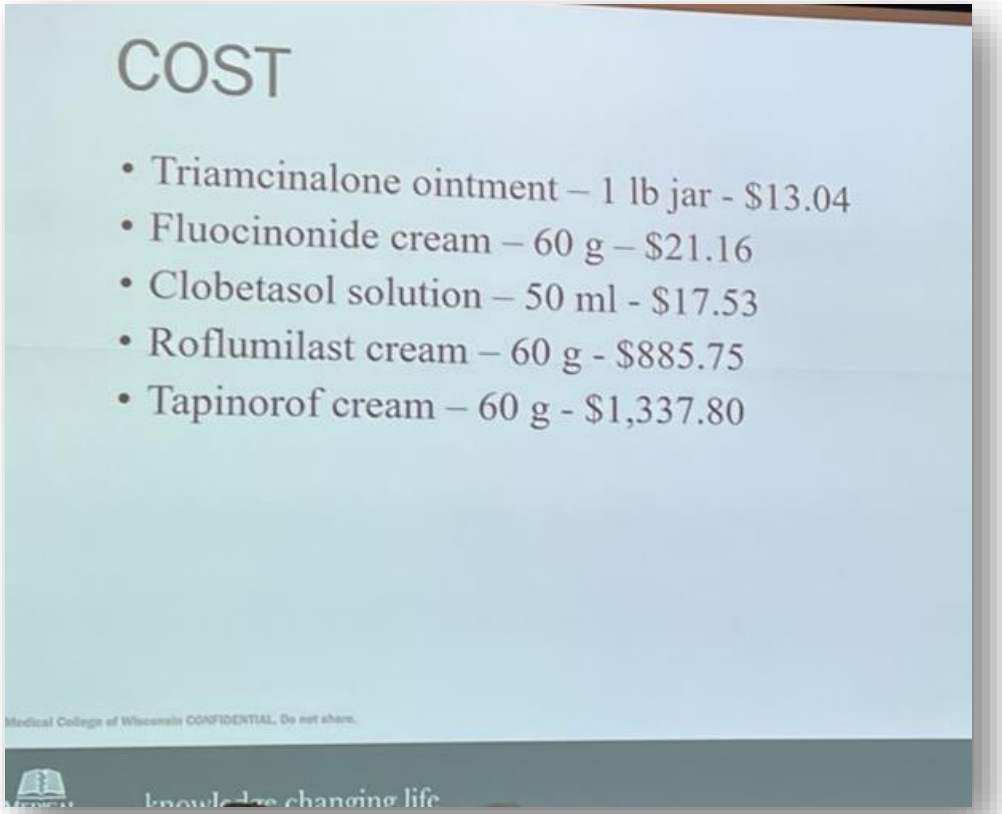
Gooderham M, et al. WCD 2023. Late-breaking poster. Sponsored by Arcutis Biotherapeutics, Inc

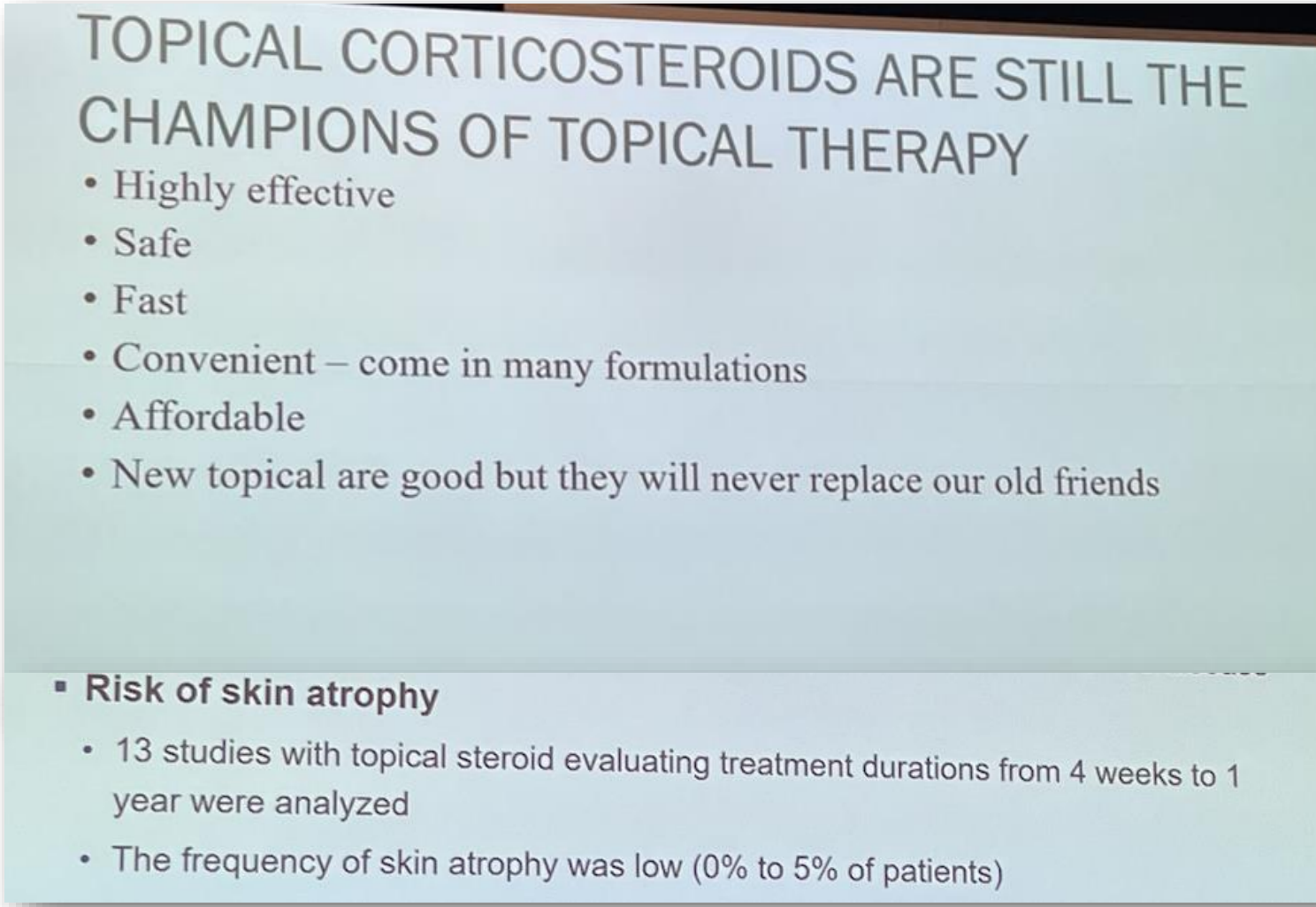


[a]PGA of 0 or 1 and ≥2-grade improvement at Week 12
*P<0.0001 vs vehicle; based upon Cochran-Mantel-Haenszel analysis stratified by baselir

Lebwohl M, et al. EADV 2020, Late breaking news D3T03.3D. Sponsored by Dermavant

Corticoides y combinaciones





Gordon AAD 2024 San Diego

Halobetasol + tazaroteno

Figure 1. Rates of IGA×BSA-75 in participants with baseline moderate-to-severe scaling.

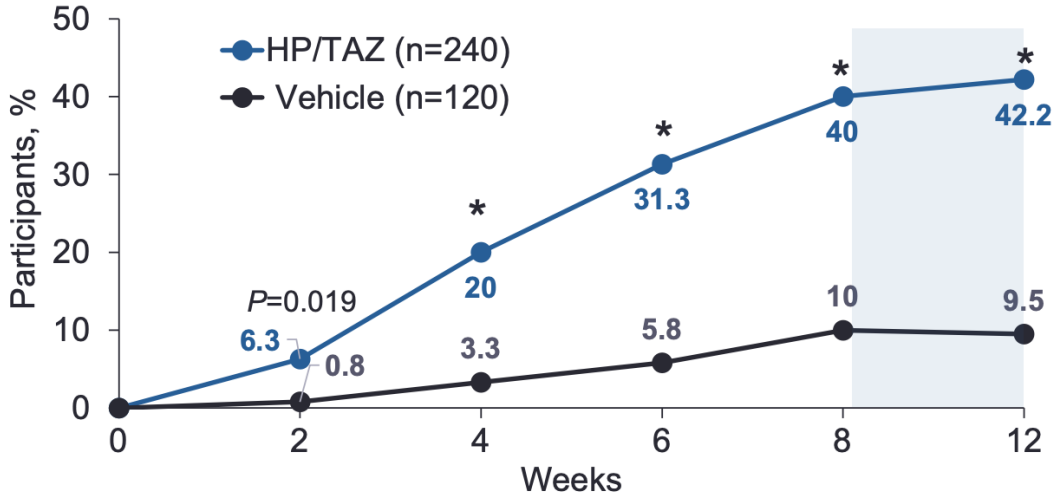
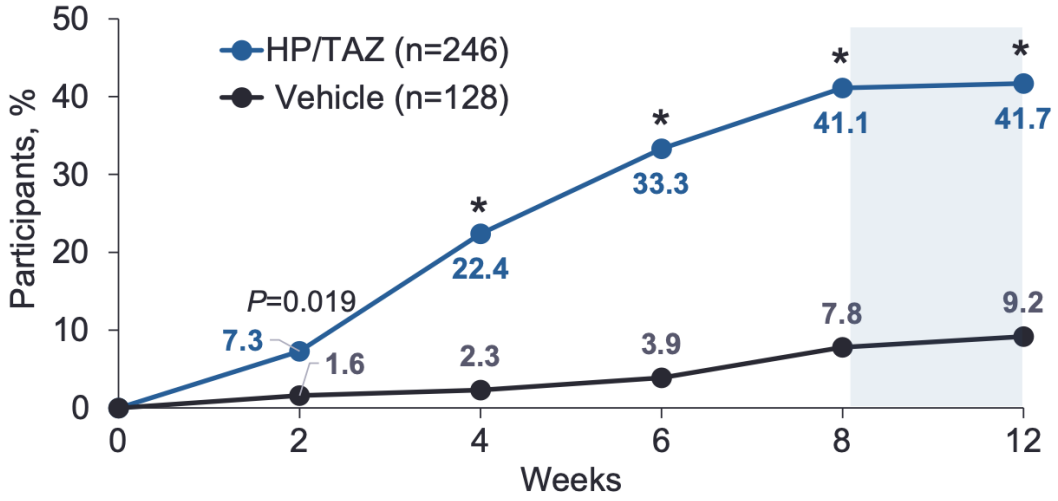


Figure 2. Rates of IGA×BSA-75 in participants with baseline moderate-to-severe plaque elevation.

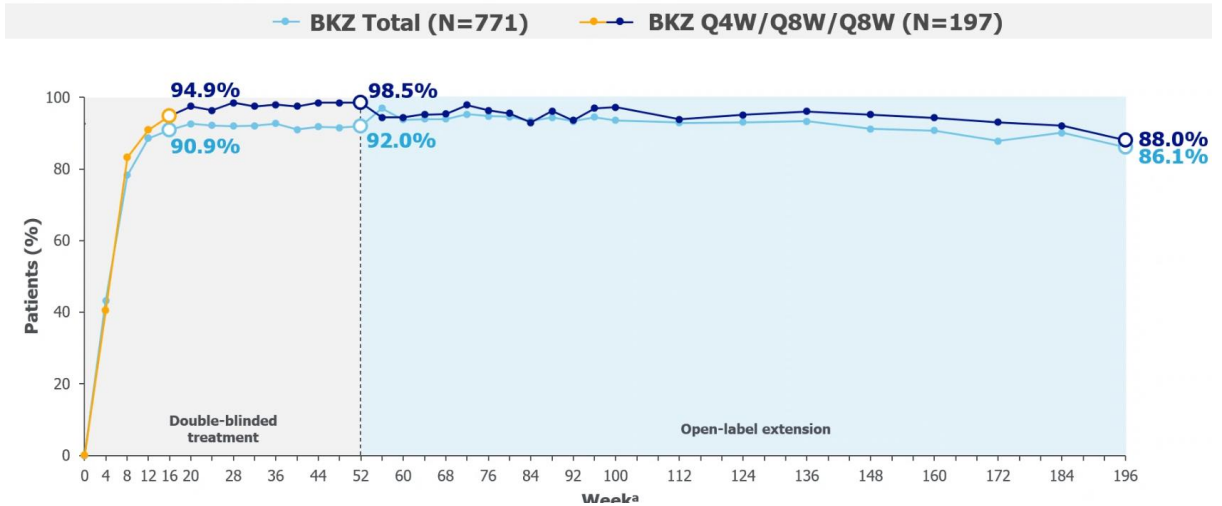


- Significantly greater rates of IGA×BSA-75 were observed at week 2 and maintained through week 12 in participants with baseline moderate-to-severe scaling or plaque elevation receiving HP/TAZ than in participants receiving vehicle (Figures 1 and 2, respectively)
- Additionally, compared with vehicle, HP/TAZ was associated with significantly greater rates of IGA×BSA-90 at week 4 (P=0.026) through week 12 (P<0.001) in participants with baseline moderate-to-severe plaque elevation and at weeks 6 through 12 (P<0.001) in participants with baseline moderate-to-severe scaling (data not shown)

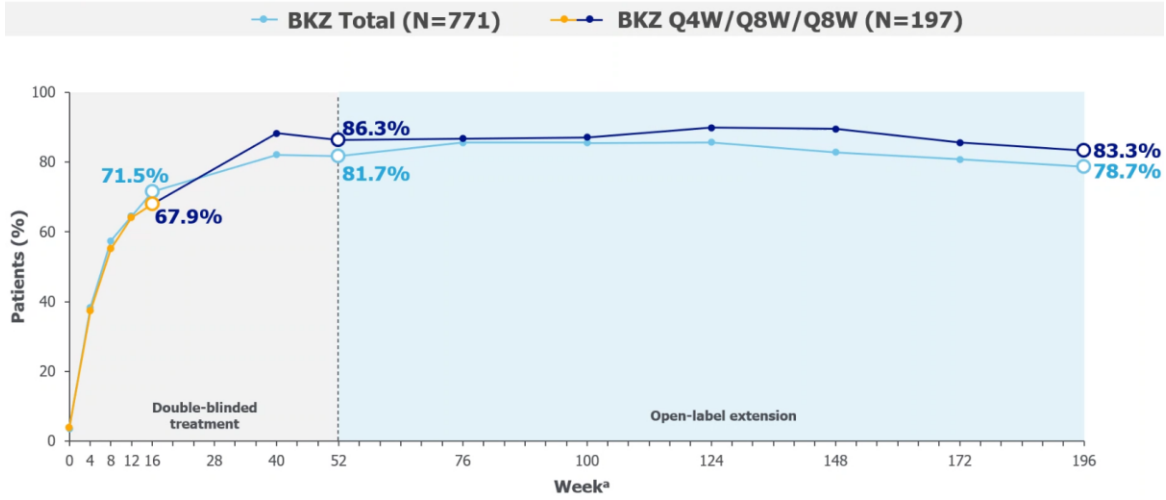
Bimekizumab 4 años

Bimekizumab demuestra **altas tasas** de **blanqueamiento de la piel** persistentes a lo largo de **4 años**, así como en la mejoría de la **calidad de vida**.

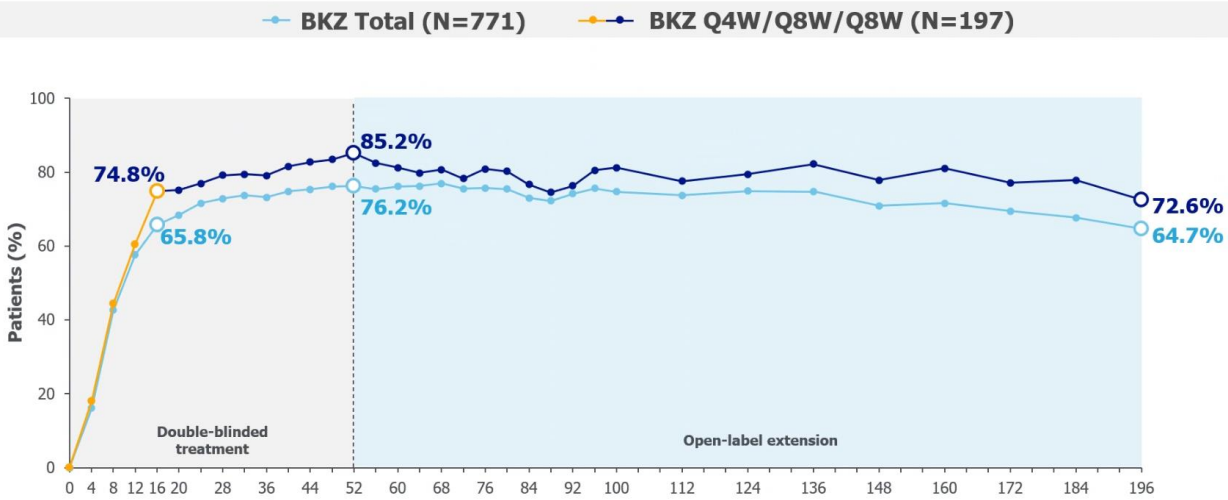
PASI 90 responses over 4 years (mNRI)



DLQI 0/1 responses over 4 years (mNRI)



PASI 100 responses over 4 years (mNRI)



Lebwohl, M. Late-breaking session

Deucravactinib

Figure 1. Mechanism of action of deucravacitinib

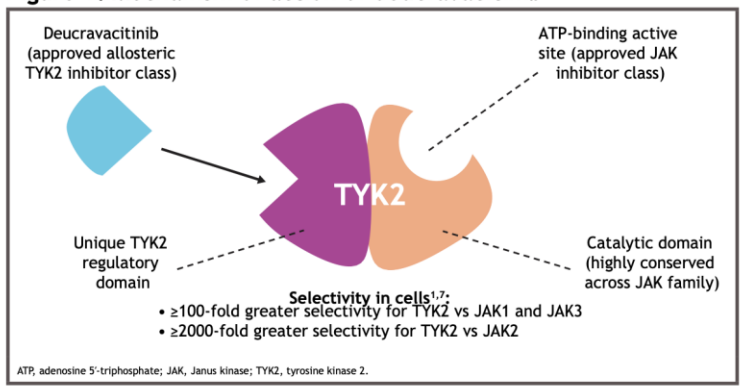
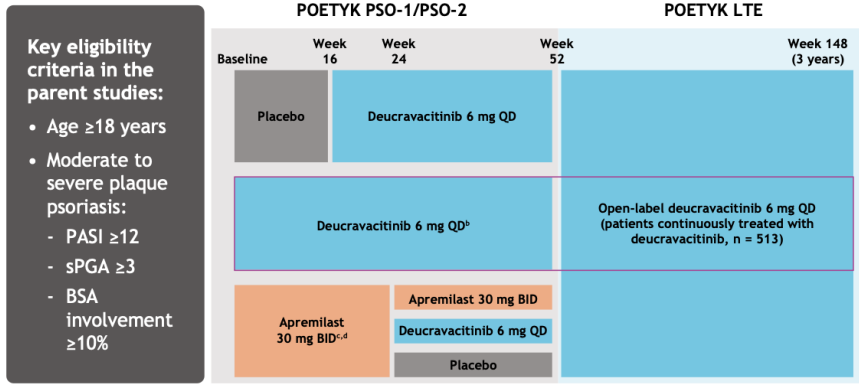
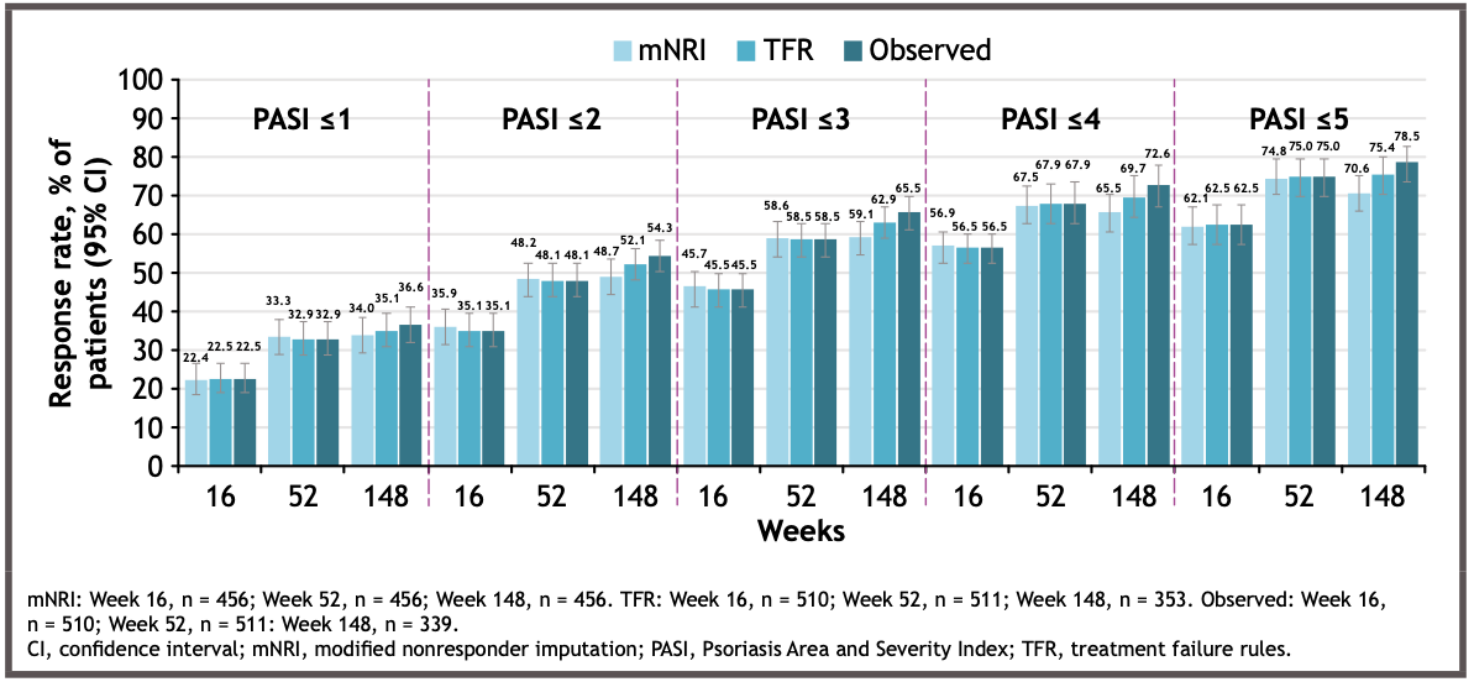


Figure 2. POETYK PSO-1, PSO-2, and LTE analysis populations[a]



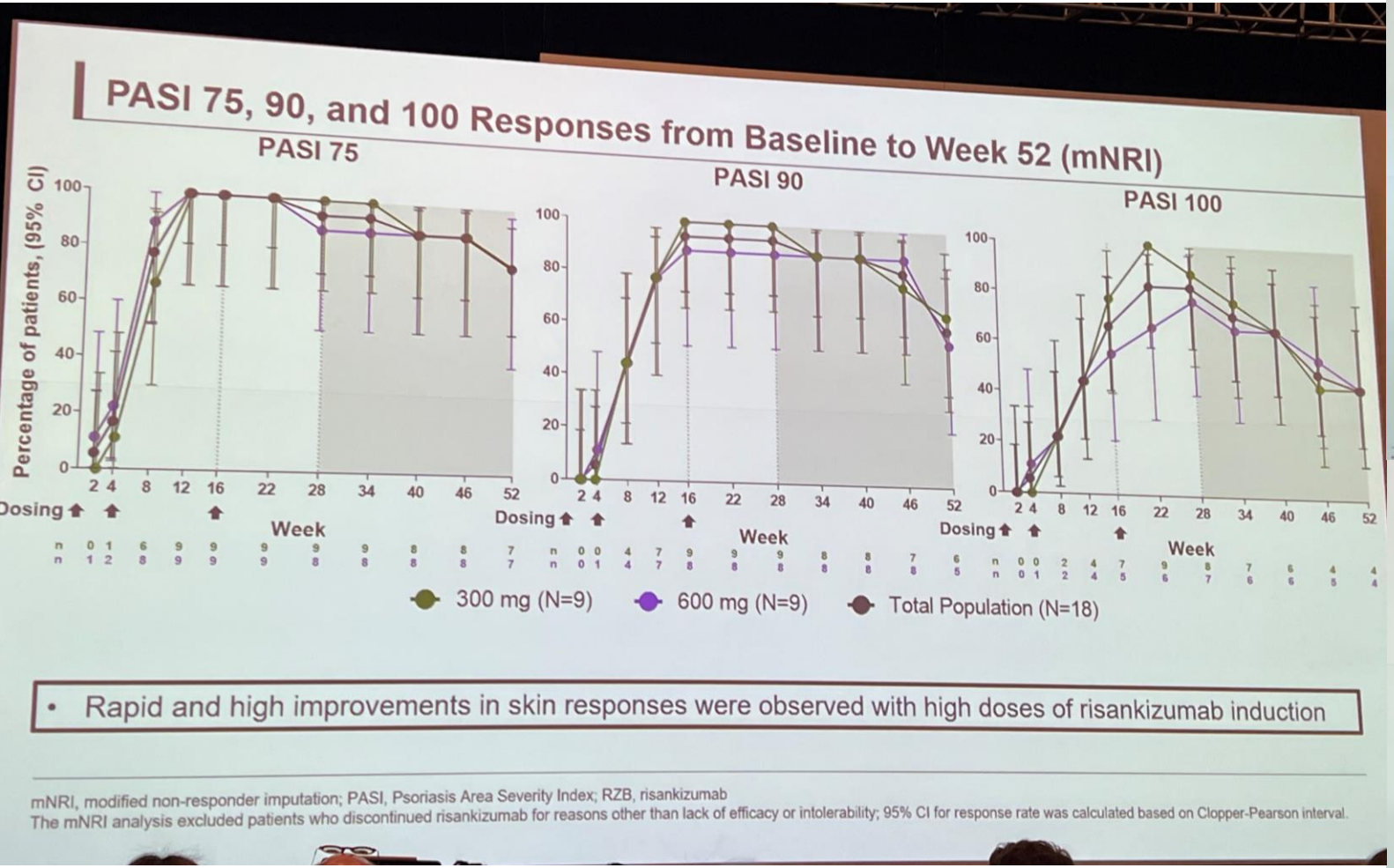
[a]Includes patients with ≥1 dose of deucravacitinib 6 mg QD, n = 1519. [b]In POETYK PSO-2, patients randomized to deucravacitinib on Day 1 who achieved PASI 75 at Week 24 were rerandomized to deucravacitinib or placebo; for patients who were rerandomized to placebo, upon relapse (≥50% loss of PASI percent improvement from baseline), they were to cross over to deucravacitinib; however, due to a programming error, these patients continued to receive placebo until Week 52. [c]In POETYK PSO-1, patients who responded to apremilast remained on apremilast. In POETYK PSO-2, patients who responded to apremilast crossed over to placebo and were to cross over to deucravacitinib upon relapse; however, due to a programming error, these patients continued to receive placebo until Week 52. [d]Apremilast was titrated from 10 mg QD to 30 mg BID over the first 5 days of dosing.
BID, twice daily; BSA, body surface area; LTE, long-term extension; PASI, Psoriasis Area and Severity Index; PASI 75, ≥75% reduction from baseline in PASI; QD, once daily; sPGA, static Physician Global Assessment.

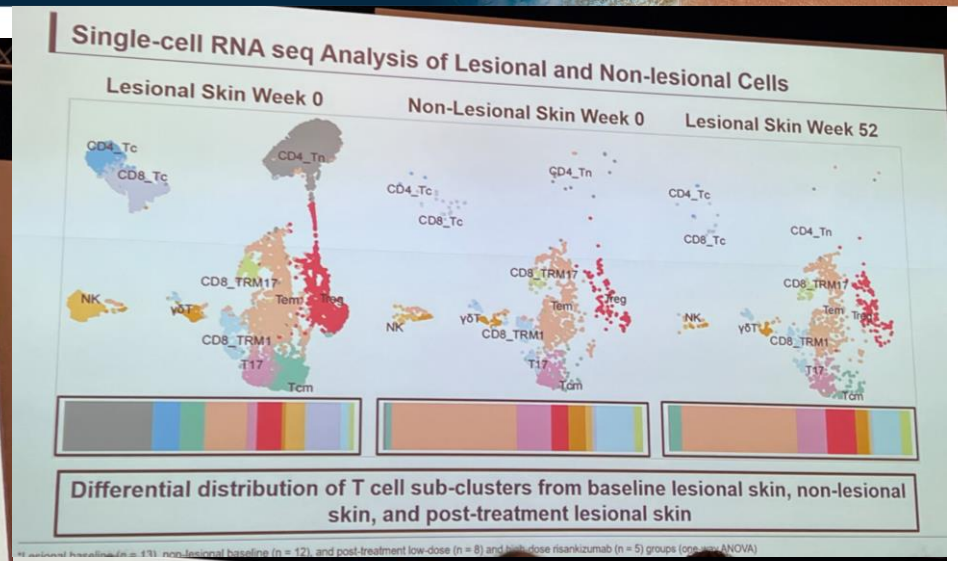
Figure 5. Proportions of patients achieving absolute PASI thresholds over time

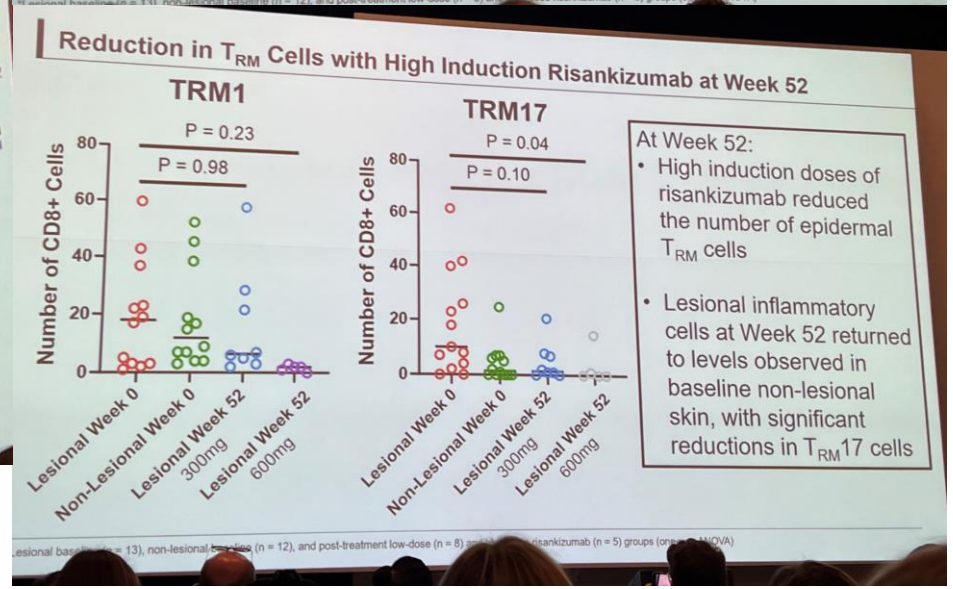


mNRI: Week 16, n = 456; Week 52, n = 456; Week 148, n = 456. TFR: Week 16, n = 510; Week 52, n = 511; Week 148, n = 353. Observed: Week 16, n = 510; Week 52, n = 511: Week 148, n = 339.
CI, confidence interval; mNRI, modified nonresponder imputation; PASI, Psoriasis Area and Severity Index; TFR, treatment failure rules.

Knockout study

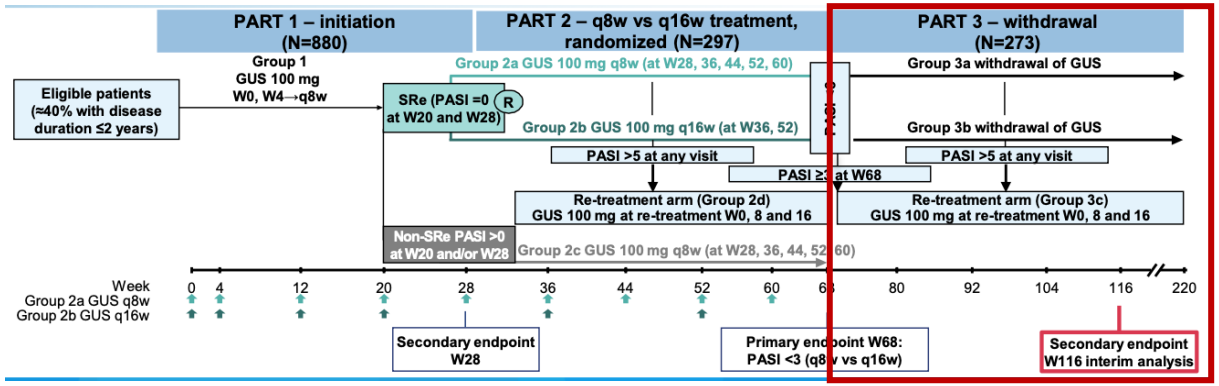


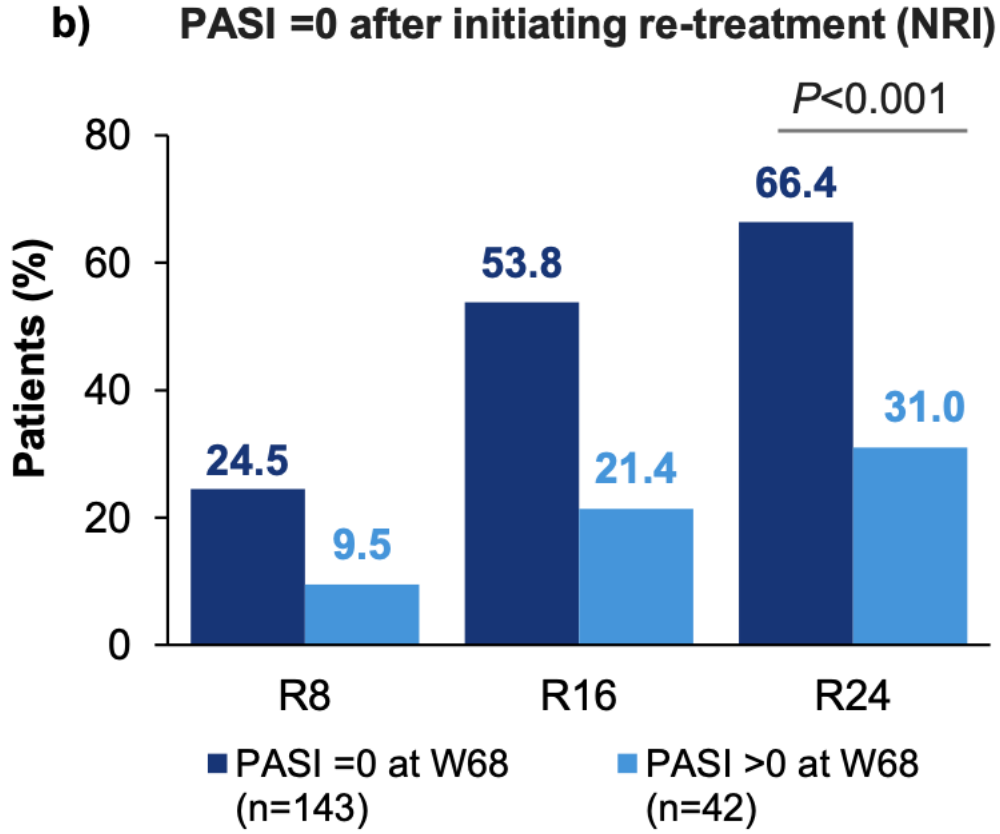




GUIDE

Re-treatment response was greater in those with vs without PASI =0 at time of guselkumab withdrawal



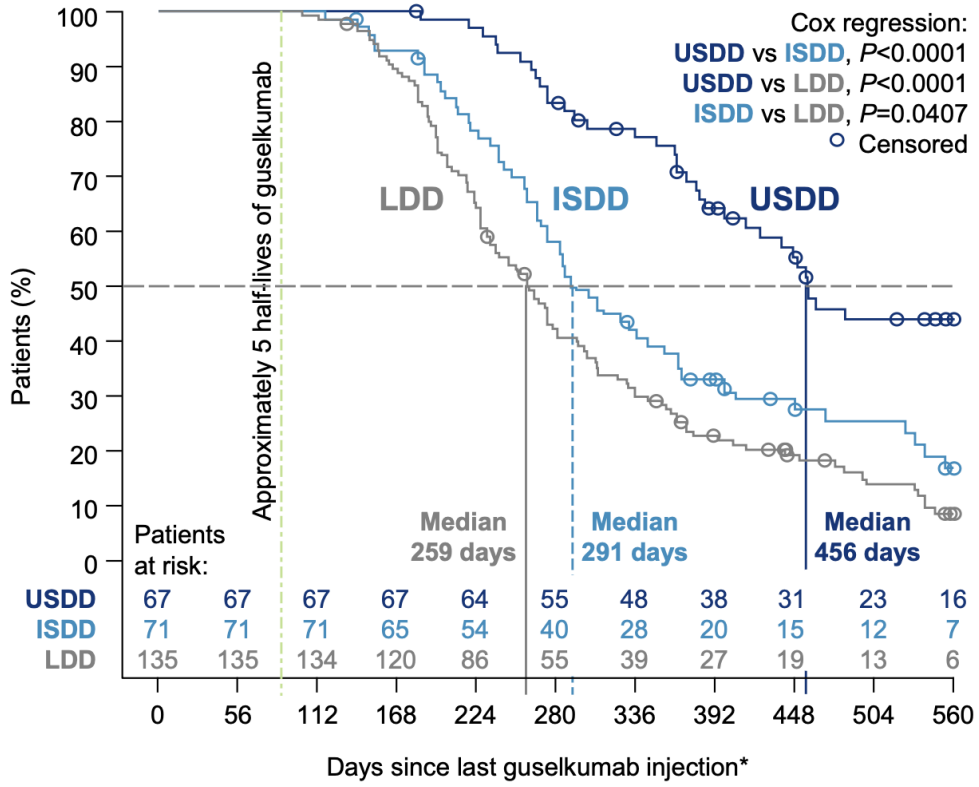


Poster 40973 and 50236 AAD 2024 San Diego

K. Schäkel *et al*. GUIDE part 3: USDD

Patients with disease duration <15 months (USDD) remained treatment free significantly longer than those with disease duration >15 months (ISDD and LDD)

Figure 3. Treatment-free period (**N=273**)



Disease duration	Months since symptom onset
Long disease duration (LDD)	>24
Intermediate-short disease duration (ISDD)	≥15–≤24
Ultra-short disease duration (USDD)	<15

Median treatment-free period

- USDD patients: **456** days
- ISDD patients: **291** days
- LDD patients: **259** days

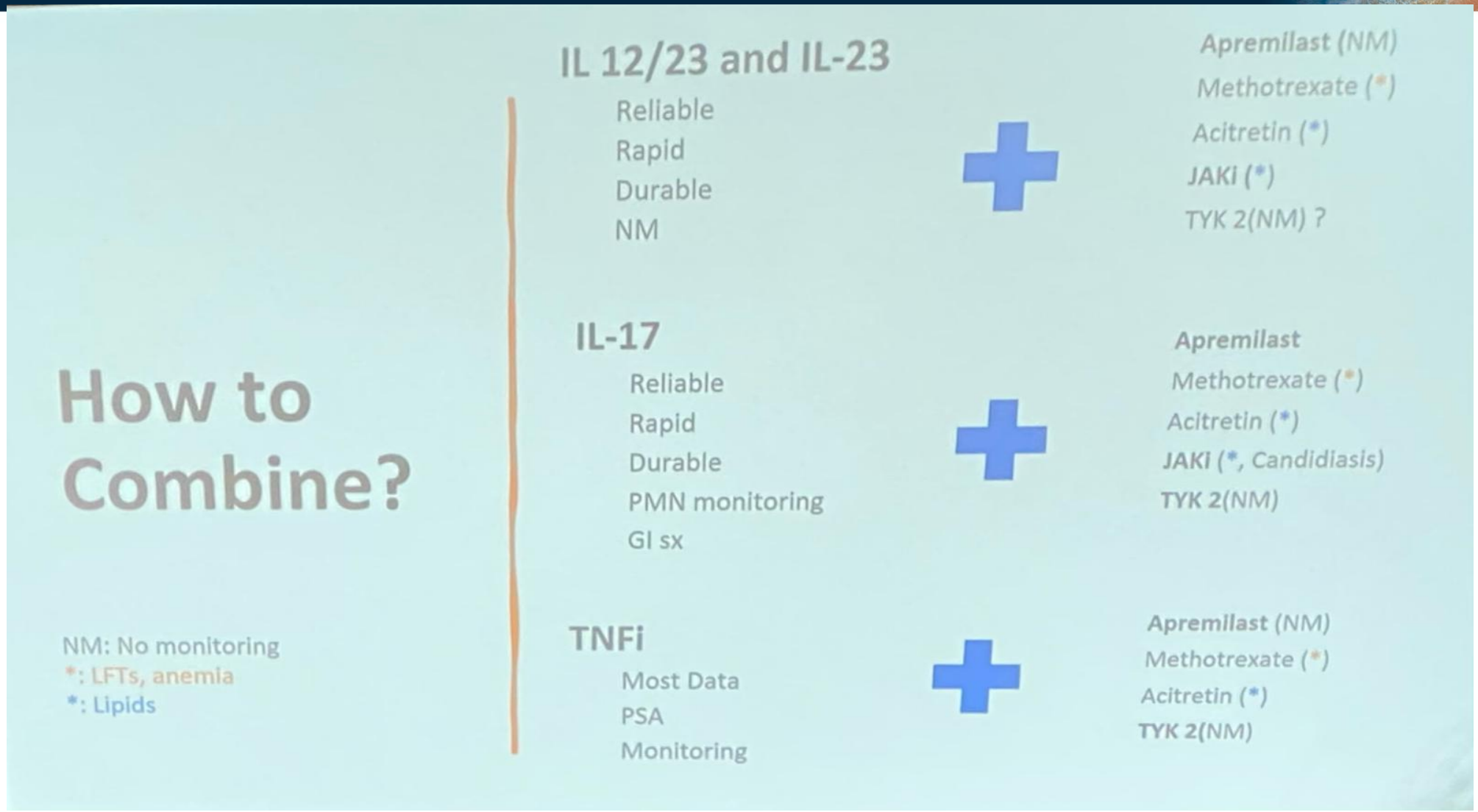
USDD vs **ISDD**: ↑ **165 days (57%)**
HR = 0.41, 95% CI 0.27–0.62
P<0.0001

USDD vs **LDD**: ↑ **197 days (76%)**
HR = 0.30, 95% CI 0.21–0.44
P<0.0001

The treatment-free observation period is ongoing (to W220)

Loss of maintenance of response was defined as PASI >5, at which point treatment was re-initiated. Time to end of the treatment-free period was calculated from time of last guselkumab injection in study part 2 to the date of the first re-treatment visit (irrespective of PASI assessments). If no re-treatment was started, time was censored to the date of the W116 visit or the date of study termination, whichever came first

Combinaciones terapéitocas



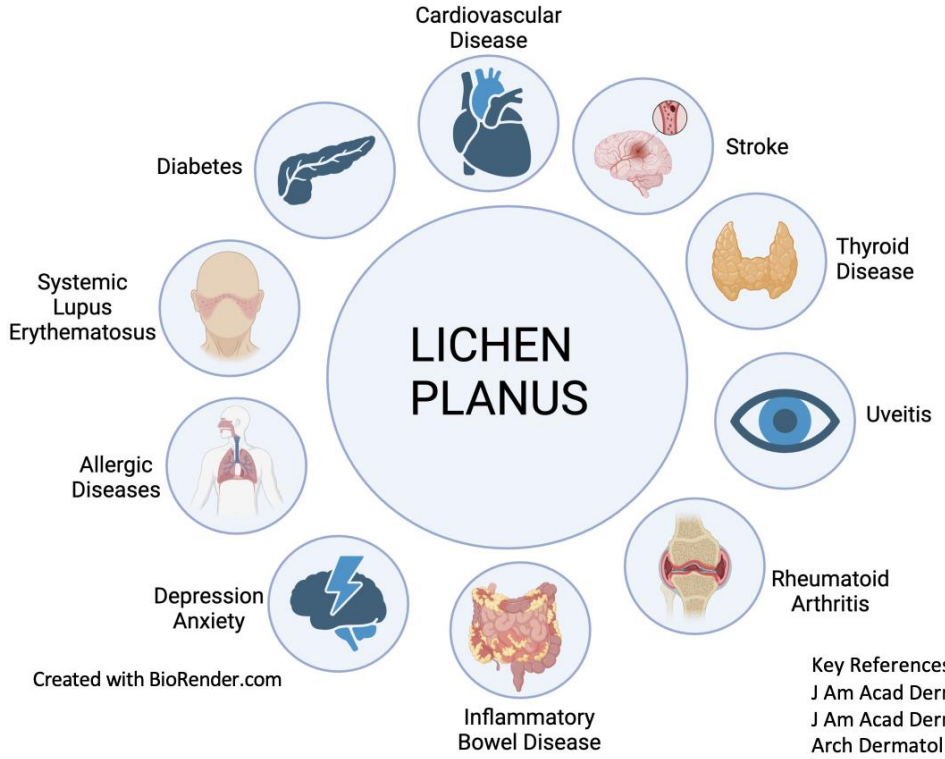
Erin E. Boh, AAD 2024 San Diego

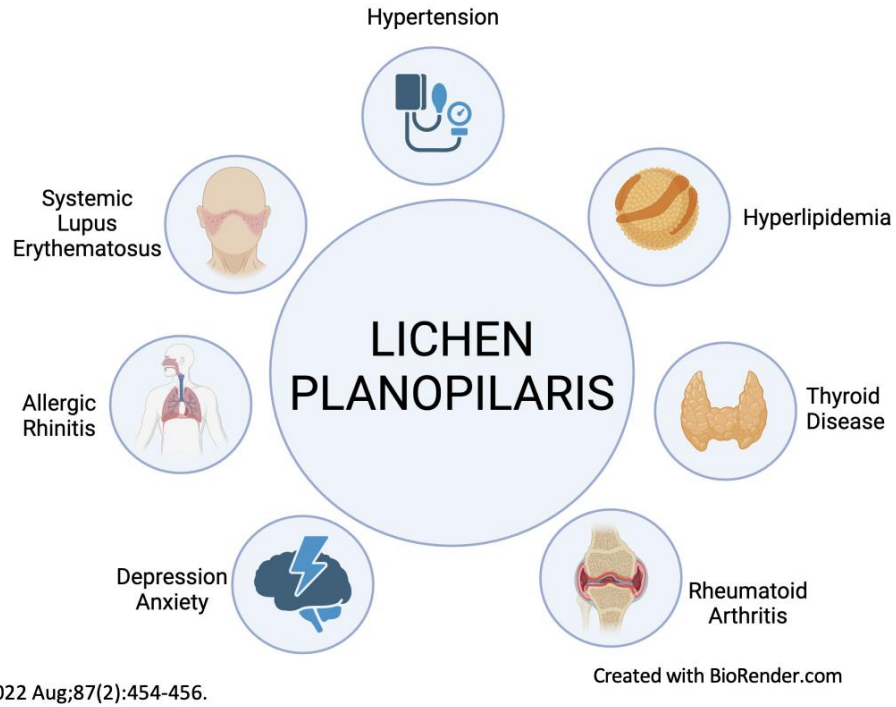
Liquen plano y dermatosis liquenoides

AAD ANNUAL MEETING AEDV highlights

SAN DIEGO 8-12 MARZO

LICHEN PLANUS AND LICHEN PLANOPILARIS AS SYSTEMIC DISEASES: NEW AND EMERGING COMORBIDITIES





Key References:
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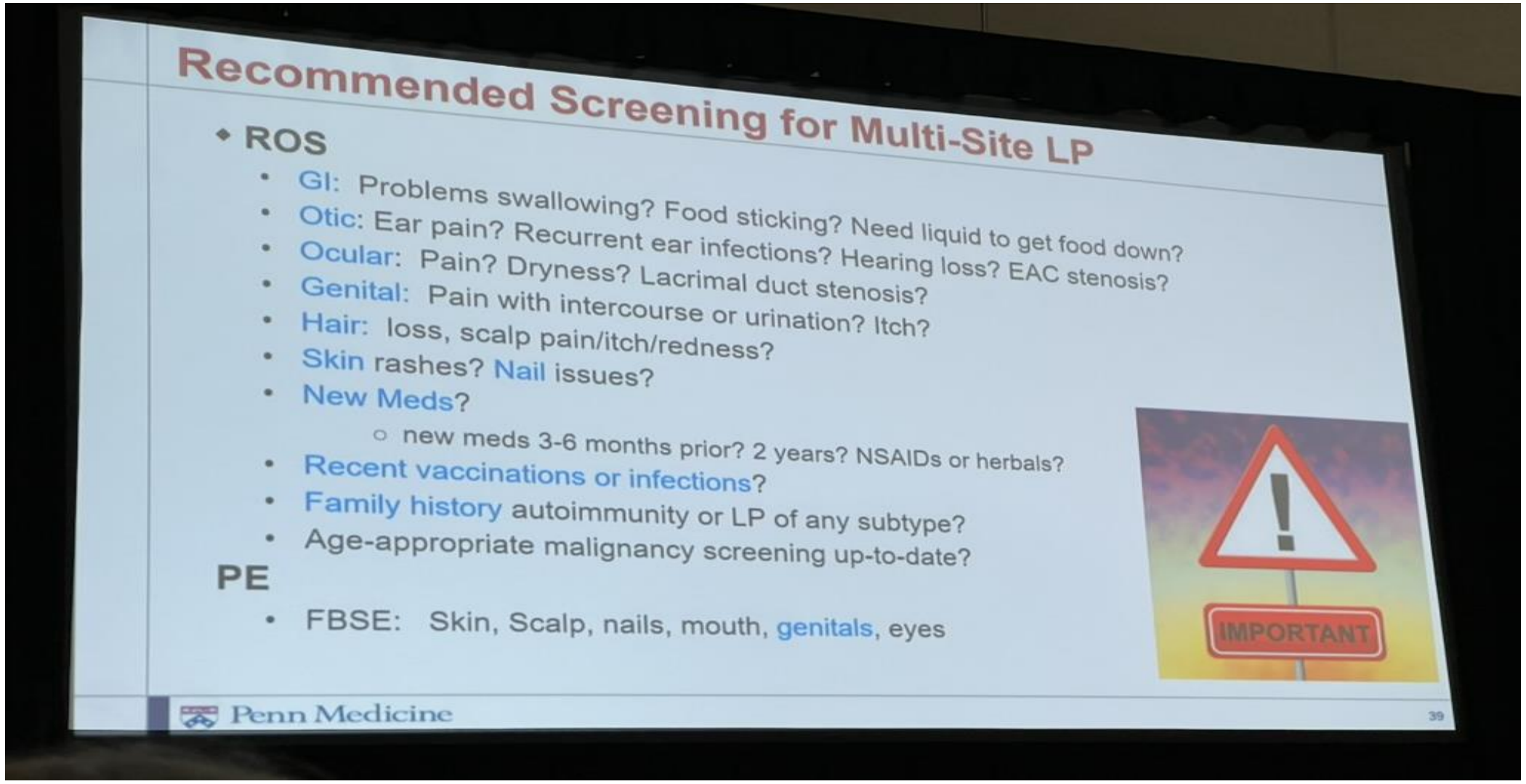
Arch Dermatol Res. 2023 Nov;315(9):2729-2730.
Arch Dermatol Res. 2023 Jul;315(5):1417-1419.
Int J Dermatol. 2023 Jul;62(7):e396-e398.
Clin Exp Dermatol. 2023 Oct 25;48(11):1230-1237.

*Not intended to be an exhaustive review of comorbidities of LP and LPP, but rather a summary of new and emerging comorbidities.

March 8, 2024

Jeffrey M. Cohen, M.D.; Department of Dermatology, Yale School of Medicine

Liquen plano



Liquen plano

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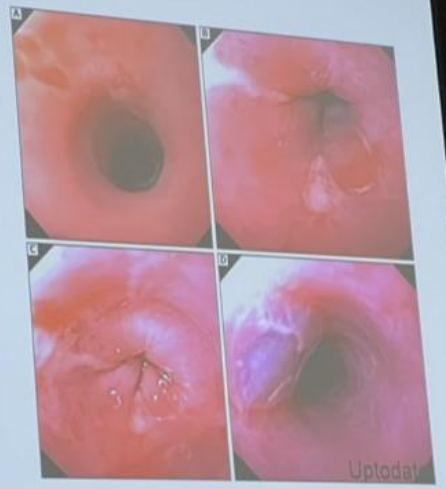
Esophageal LP

- Underreported
- Can be asymptomatic, predate or follow onset of other LP subtypes
  - One review in derm literature 2011 by L Fox et al of all Pubmed through 2009 (< 100 patients)
    - 12 cases (17%) with asymptomatic disease
  - Two studies looking prospectively for esophageal involvement – 25-50% patients found to have eLP
- F >> M
- Most common with other mucosal LP
- Complications:
  - esophageal strictures, food sticking/problems swallowing/choking
  - SCC

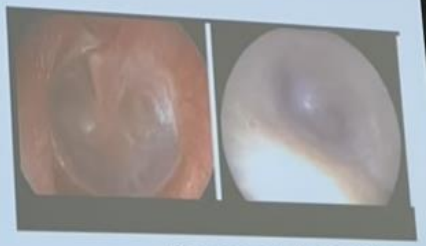


dicine

Otic LP

- Rare, underreported
  - 10-yr institutional review (Mayo), 19 cases found (Sattori. JAAD 2013)
    - Can have isolated otic LP 5/19 (26%)
    - Avg 3 anatomic LP sites
    - 43% unilateral
    - Mean from sxs to dx = 4 years
- F > M
- Symptoms
  - Hearing loss and/or ear pain > EAC plugging >> pruritus
- Complications:
  - Recurrent infections, pain, conductive hearing loss, perforated tympanic membrane

Guo et al. JAAD Case Rep 2021



Sattori et al. JAAD 2013

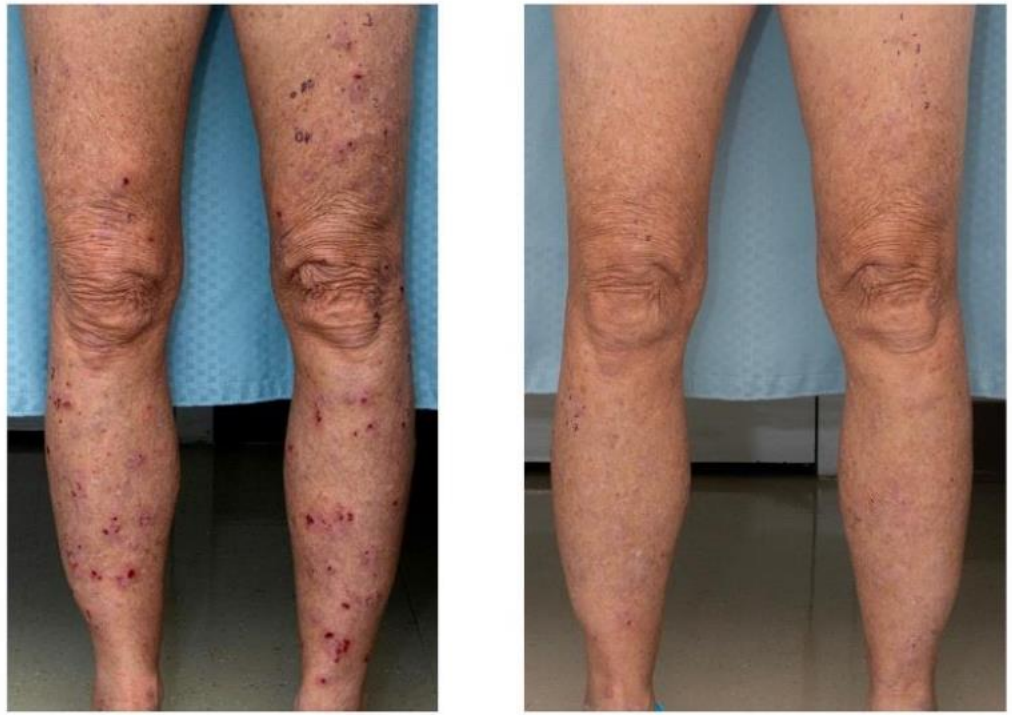
n Medicine

35

Liquen plano

- Uso de inhJak en case reports (24 tofacitinib) y upadacitinib (7 casos con respuesta rápida y sostenida)
- Fase 2 baricitinib en LP cutáneo
  - 12 pacientes 2mg baricitinib
  - Reducción >3 PGA a semana 16
    - At week 16, 10 of 12 (83.3%; 95% CI: 51.6% - 97.9%)
    - Five of the 10 treatment-responsive patients had PGA of 0, and five had PGA of 1 (almost clear).

FIGURE 1



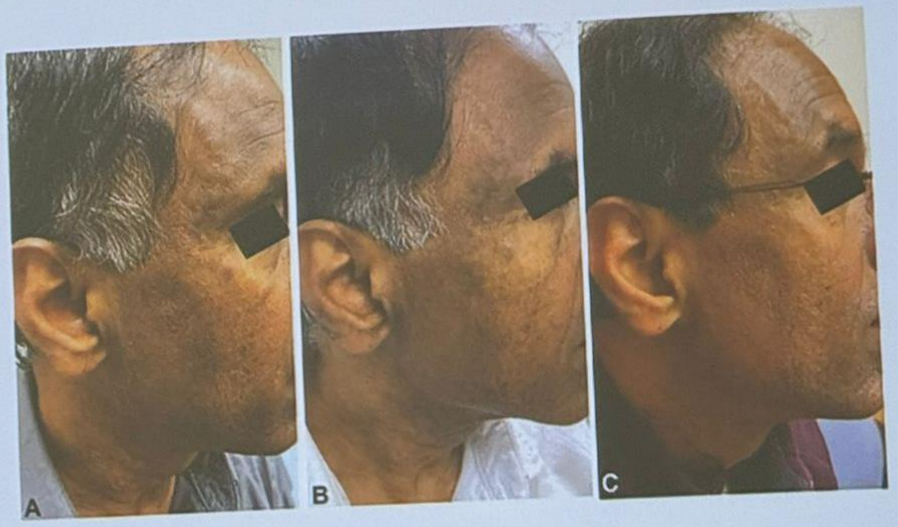
Example image of cutaneous LP response to baricitinib

Hwang et al AAD 2024 San Diego

LP pigmentoso

Topical Ruxolitinib for LPPigmentosus

- 63 year old male with recalcitrant LPPigmentosus associated with intractable itch
- Nonresponsive to topical steroids, topical tacrolimus
- Treated with topical 1.5% ruxolitinib cream daily for nine months with improvement in itch and discoloration



Crystal Agu, Lichenoid Dermatosis AAD 2024 San Diego

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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.

AAD **ANNUAL** MEETING

AEDV highlights

SAN DIEGO
8-12 MARZO

AEDV 1909

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Y VENEREOLOGÍA

GRACIAS