
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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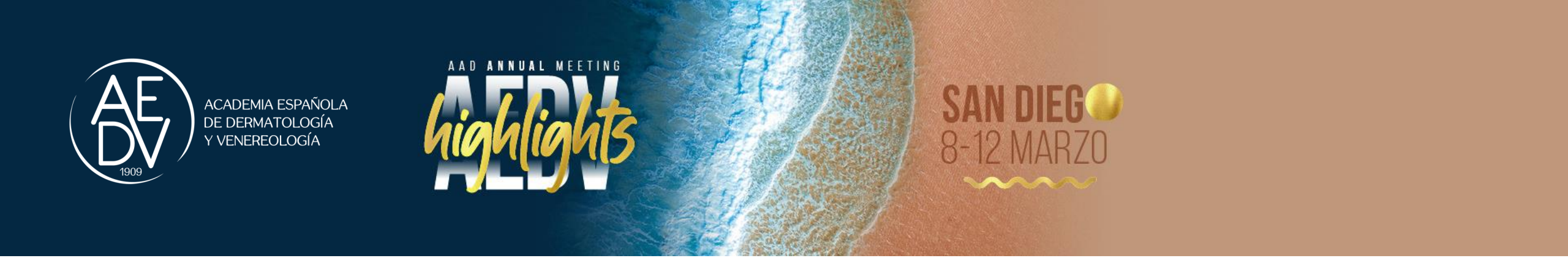


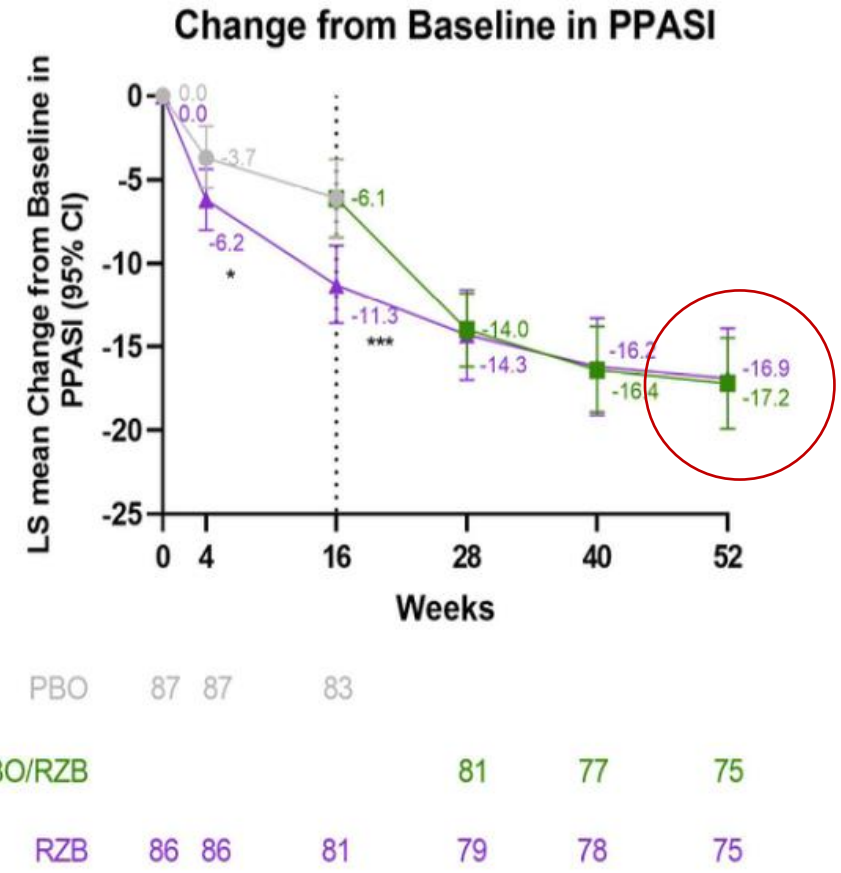
He proporcionado asesoramiento científico/recibido becas para investigación o pagos por presentaciones en reuniones médicas y/o asesoría o asistencia a congresos de:

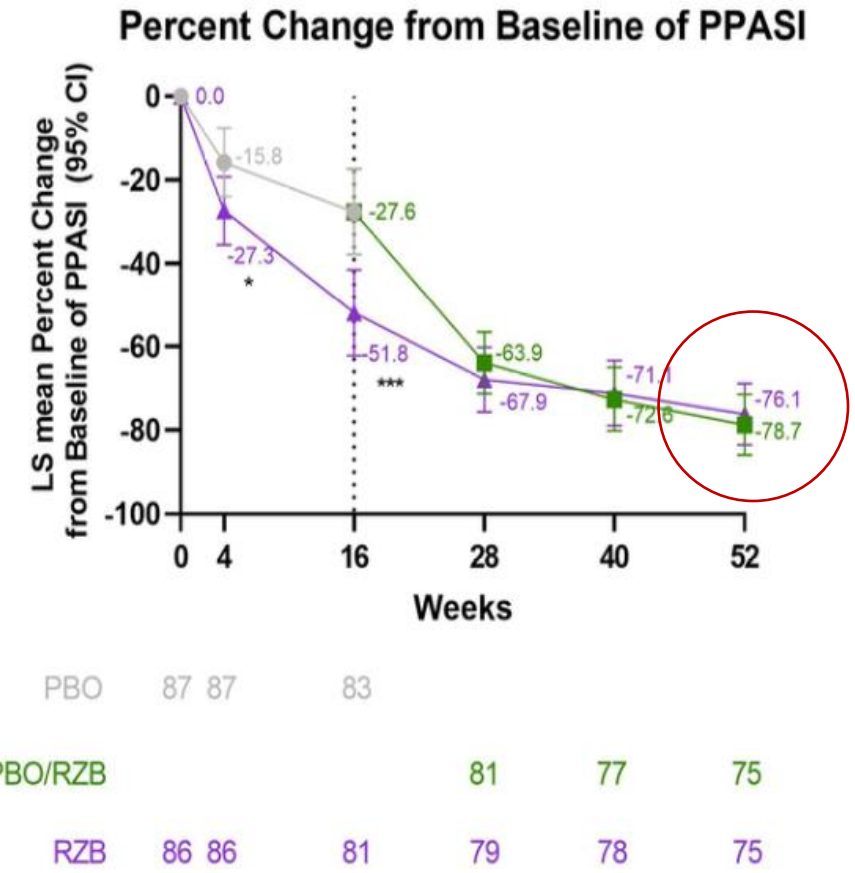
Janssen, Lilly, Novartis, AbbVie, UCB, Leo Pharma, Cantabria Labs, Pfizer, ISDIN, LaRochePosay, Galenicum, UCB, Amgen, Gebro

1. Psoriasis
    1. Localizaciones especiales
    2. Psoriasis pustulosa generalizada
    3. Futuros tratamientos
2. Vitíligo

Psoriasis palmoplantar

- IMMprint
- Fase 3b
- Psoriasis palmoplantar
- 174 pacientes 1:1 placebo vs risankizumab





Lebwohl, AAD 2024 San Diego

Psoriasis palmoplantar

POETYK PSO-1&2
Deucravacitinib

Figure 3. pp-PGA 0/1[a] response rates through Week 52 by baseline BSA involvement and PASI score (POETYK PSO-1, NRI)

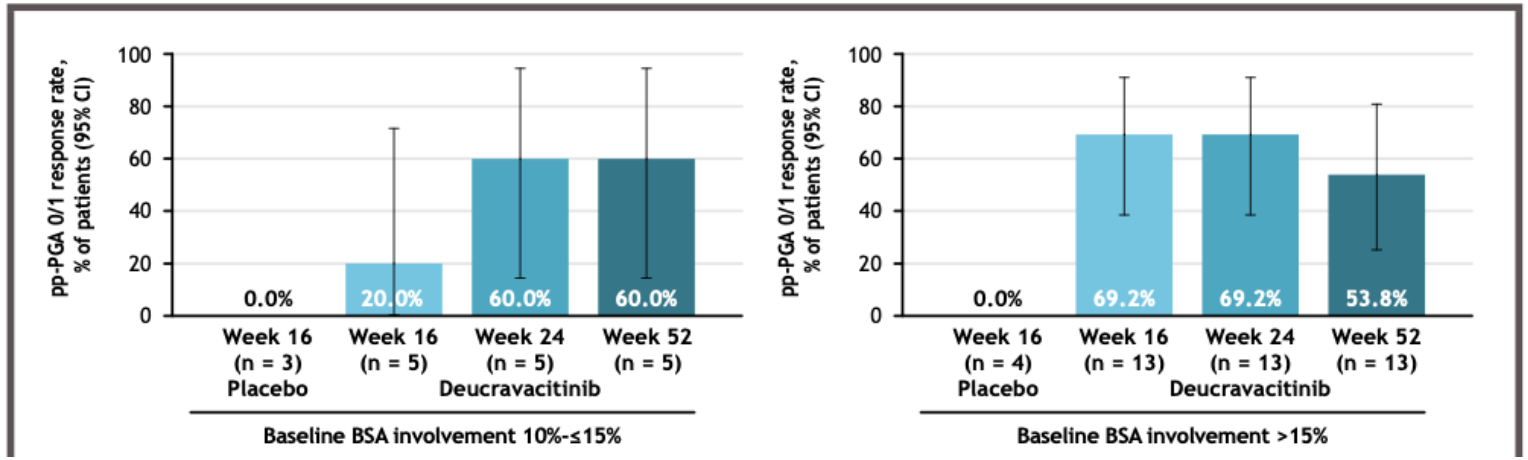
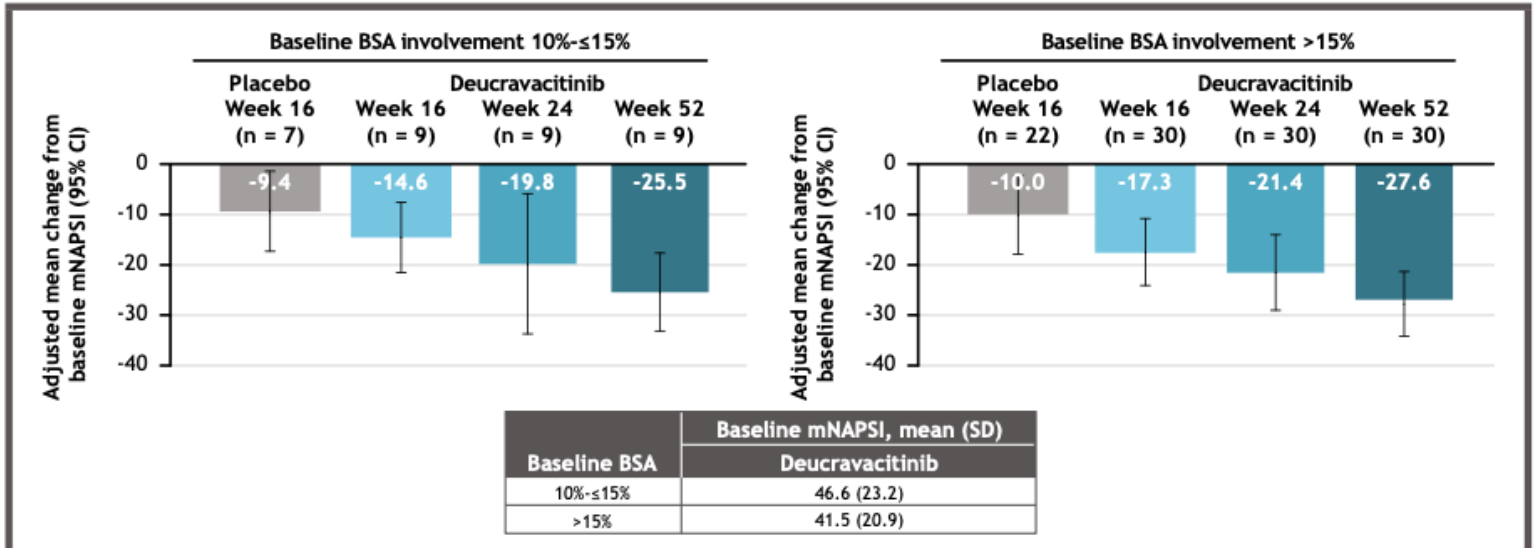


Figure 9. Change from baseline mNAPSI[a] through Week 52 by baseline BSA involvement and PASI score (POETYK PSO-1, mBOCF)



Baseline BSA	Baseline mNAPSI, mean (SD)
	Deucravacitinib
10%-≤15%	46.6 (23.2)
>15%	41.5 (20.9)

Elewski, poster AAD S2024 San Diego

Pustulosis palmoplantar

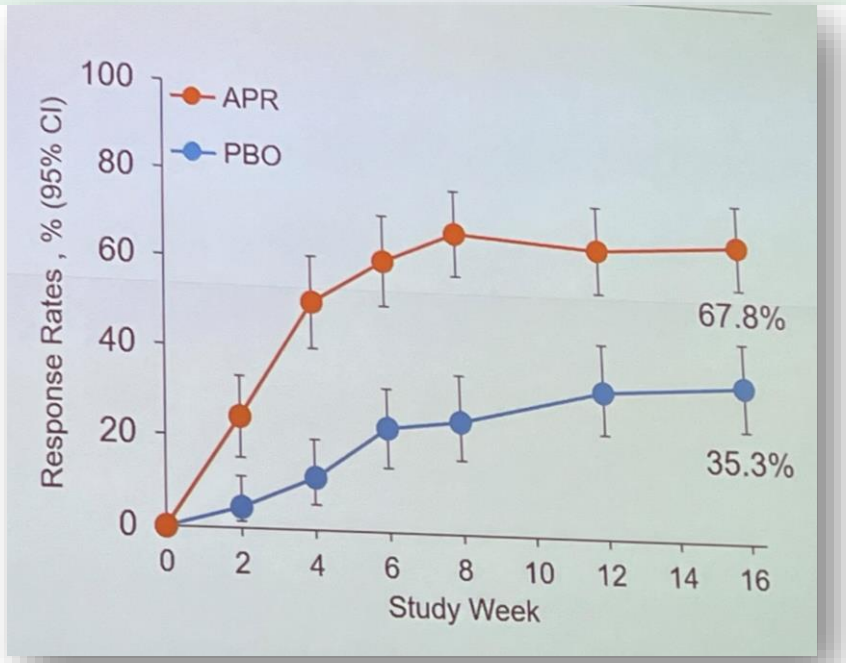
AAD ANNUAL MEETING AEDV highlights SAN DIEGO 8-12 MARZO

AAD

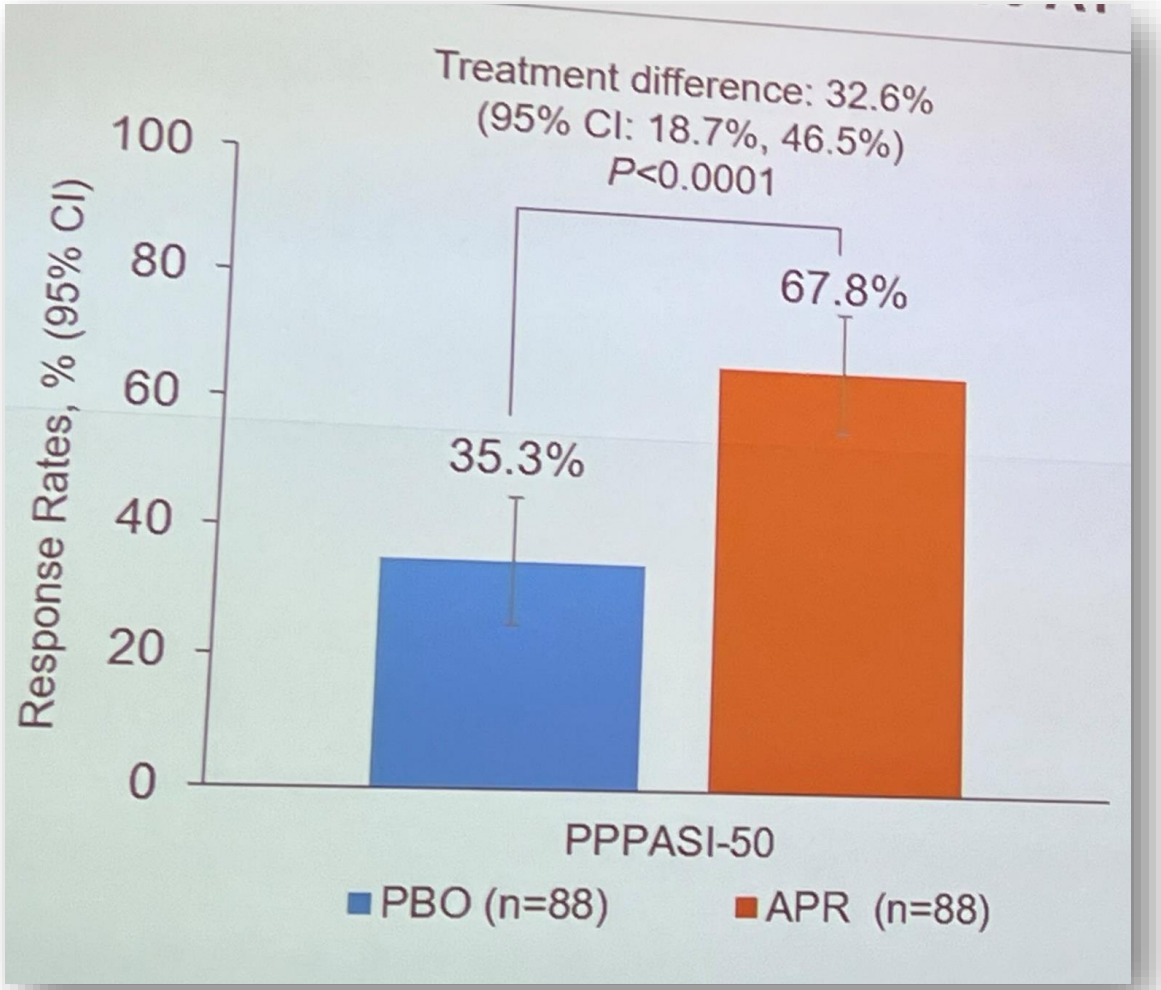
Late-breaking research session 1
AAD Annual Meeting, March 8-12, San Diego, CA

Efficacy and Safety of Apremilast for the Treatment of Japanese Patients With Palmoplantar Pustulosis (PPP): 16-Week Results From a Phase 3, Randomized, Placebo-Controlled Study

Tadashi Terui[1]; Yukari Okubo[2]; Satomi Kobayashi[3]; Akimichi Morita[4]; Shinichi Imafuku[5]; Yayoi Tada[6]; Bruce Strober[7]; Wendy Zhang[8]; Junichiro Shimauchi[9]; Melinda Gooderham[10]; Masamoto Murakami[11]



Endpoint primario: PPPASI-50 a la semana 16



Tadashi Terui, AAD 2024 San Diego

Psoriasis palmoplantar

54069 - Bimekizumab effectiveness in the treatment of palmoplantar psoriasis: a case series

Víctor García-Rodríguez, Maribel Iglesias-Sancho, Jorge Arandes-Marcocci, Montse Salleras-Redonnet. Department of Dermatology, Hospital Universitari Sagrat Cor, Grupo Quirónsalud, Barcelona, Spain.

Author disclosure information: Authors have no relationships to disclose.
Commercial support information: Authors have no commercial support information to disclose.

Figure 1. Mean absolute PASI at baseline, week 2-4, and week 12-16, respectively.

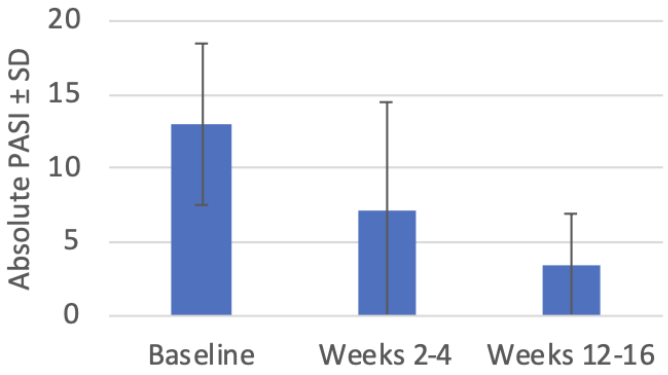
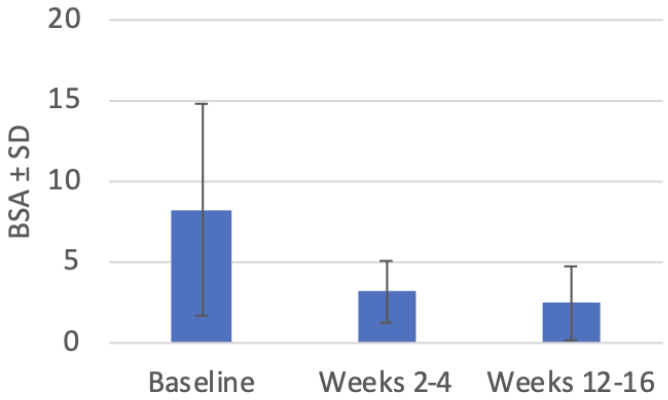
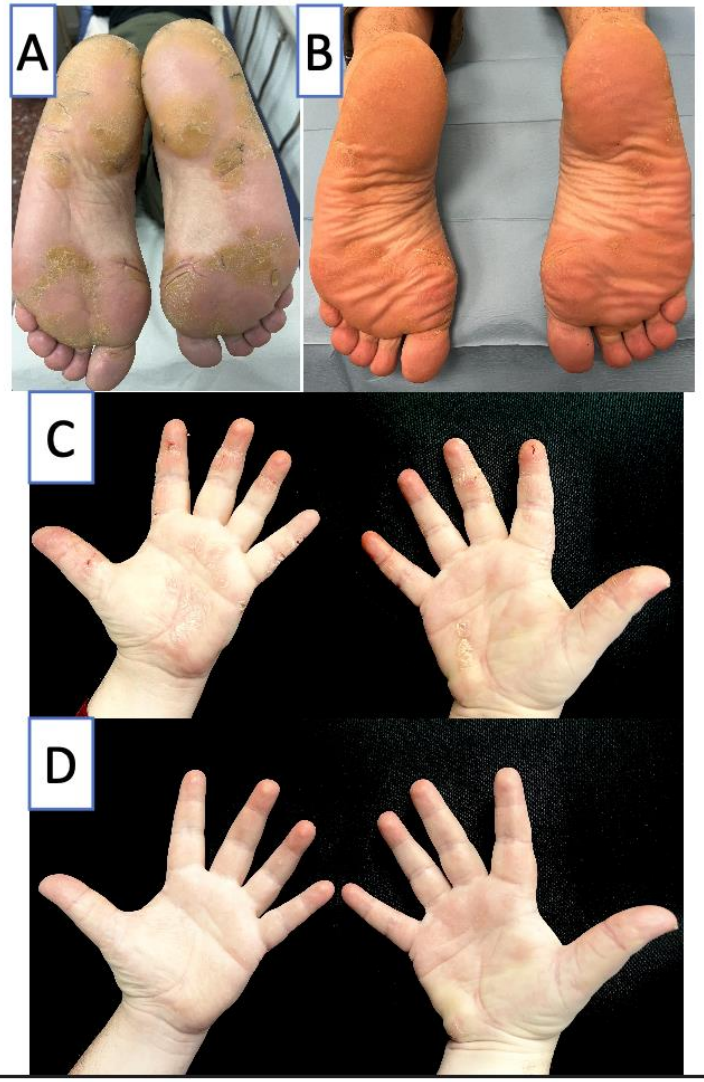


Figure 2. Mean BSA at baseline, week 2-4, and week 12-16, respectively.





García V, AAD 2024 San Dieego

Psoriasis ungueal

AAD ANNUAL MEETING AEDV highlights

SAN DIEGO 8-12 MARZO

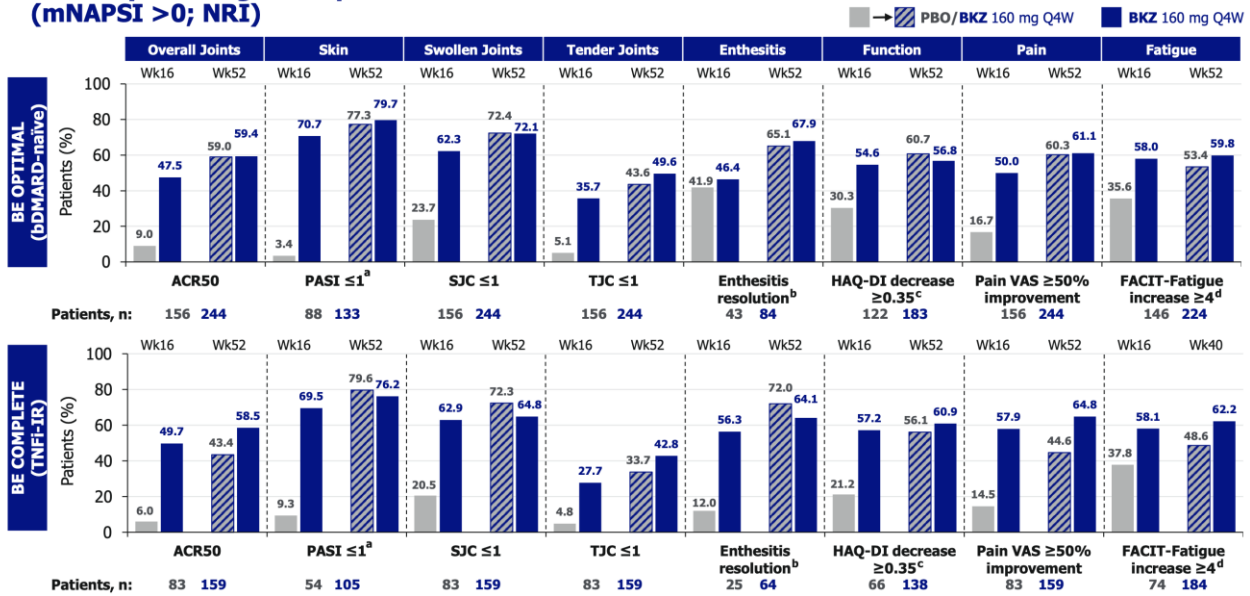
Bimekizumab treatment resulted in sustained improvements in nail psoriasis and signs and symptoms of psoriatic arthritis in patients with baseline nail disease: 1-year pooled results from two phase 3 studies

Joseph F. Merola,[1,2] Diamant Thaçi,[3] Barbara Ink,[4] Rajan Bajracharya,[4] Jérémy Lambert,[5] Jason Coarse,[6] Alice B. Gottlieb[7]

[1]Department of Dermatology, Harvard Medical School, Brigham and Women's Hospital, Boston, MA, USA; [2]Division of Rheumatology, Department of Medicine, Harvard Medical School, Brigham and Women's Hospital, Boston, MA, USA; [3]Institute and Comprehensive Center for Inflammation Medicine, University of Lübeck, Lübeck, Germany; [4]UCB Pharma, Slough, UK; [5]UCB Pharma, Colombes, France; [6]UCB Pharma, Morrisville, NC, USA; [7]Department of Dermatology, The Icahn School of Medicine at Mount Sinai, New York, NY, USA

Presentation Number: 51569

Clinically Meaningful Responses in Patients with PsA and Nail Disease at Baseline (mNAPSI >0; NRI)



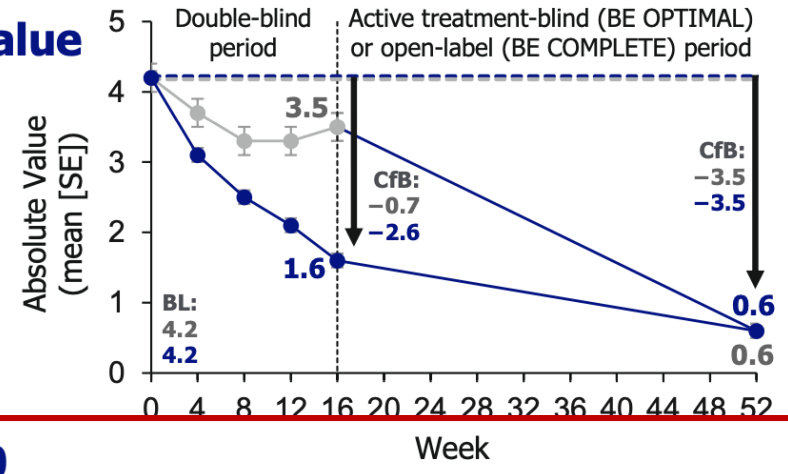
Randomized set, in patients with nail disease at baseline (mNAPSI >0). PBO patients switched to BKZ 160 mg Q4W at Week 16. **[a]** In patients with psoriasis involving at least 3% of BSA at baseline; **[b]** In patients with LEI >0 at baseline; **[c]** In patients with HAQ-DI ≥0.35 at baseline; **[d]** In patients with FACIT-Fatigue subscale score ≤48 at baseline. ACR50: ≥50% improvement from baseline in American College of Rheumatology response criteria; bDMARD: biologic disease-modifying antirheumatic drug; BKZ: bimekizumab; BSA: body surface area; FACIT-Fatigue: Functional Assessment of Chronic Illness Therapy-Fatigue; HAQ-DI: Health Assessment Questionnaire-Disability Index; LEI: Leeds Enthesitis Index; mNAPSI: modified Nail Psoriasis Severity Index; NRI: non-responder imputation; PASI: Psoriasis Area and Severity Index; PBO: placebo; Q4W: every 4 weeks; SJC: swollen joint count; TJC: tender joint count; TNFi-IR: inadequate response or intolerance to tumor necrosis factor inhibitors; VAS: visual analog scale; Wk: Week.

Merola J AAD 2024 San Diego, poster number 51569

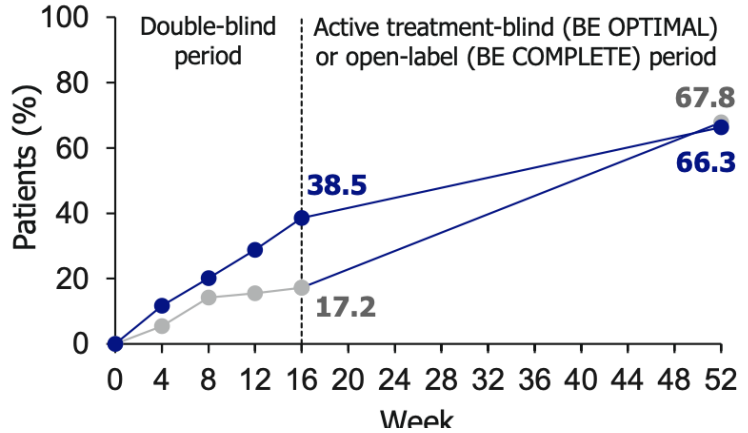
Pooled

PBO/BKZ n=239 BKZ n=403

mNAPSI absolute value and CfB



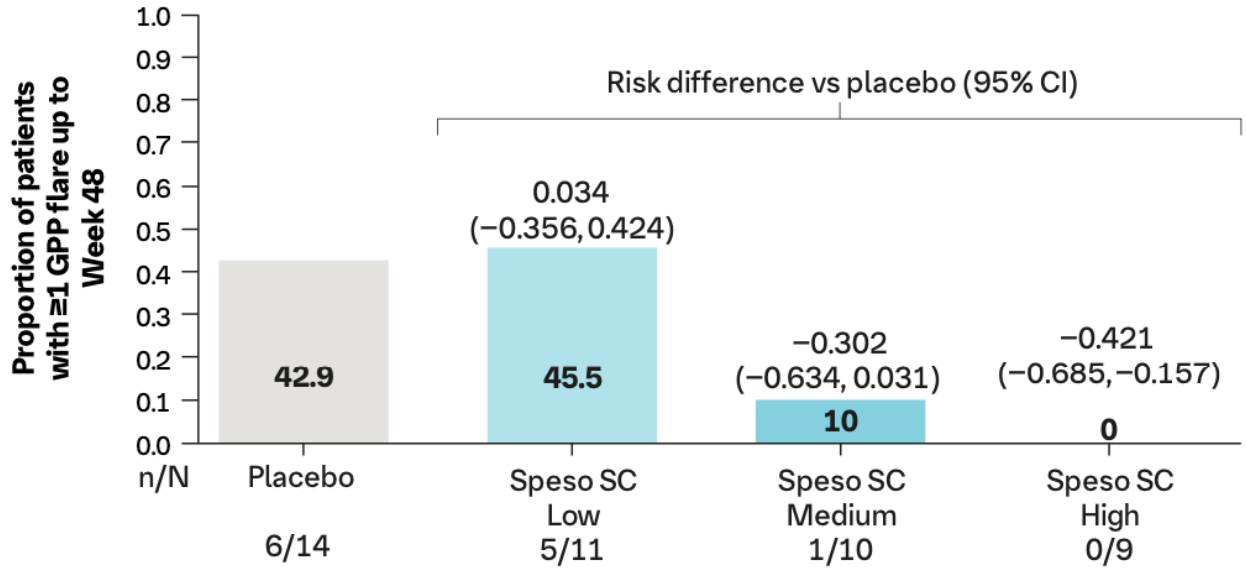
mNAPSI=0



Psoriasis pustulosa generalizada

- Spesolimab sbc 600mg vs 300mg vs 150mg
- Demostró superioridad vs placebo en la reducción de brotes 84% (64% origen asiático)
- Dada la heterogenicidad genética de PPG, estudio en caucásicos

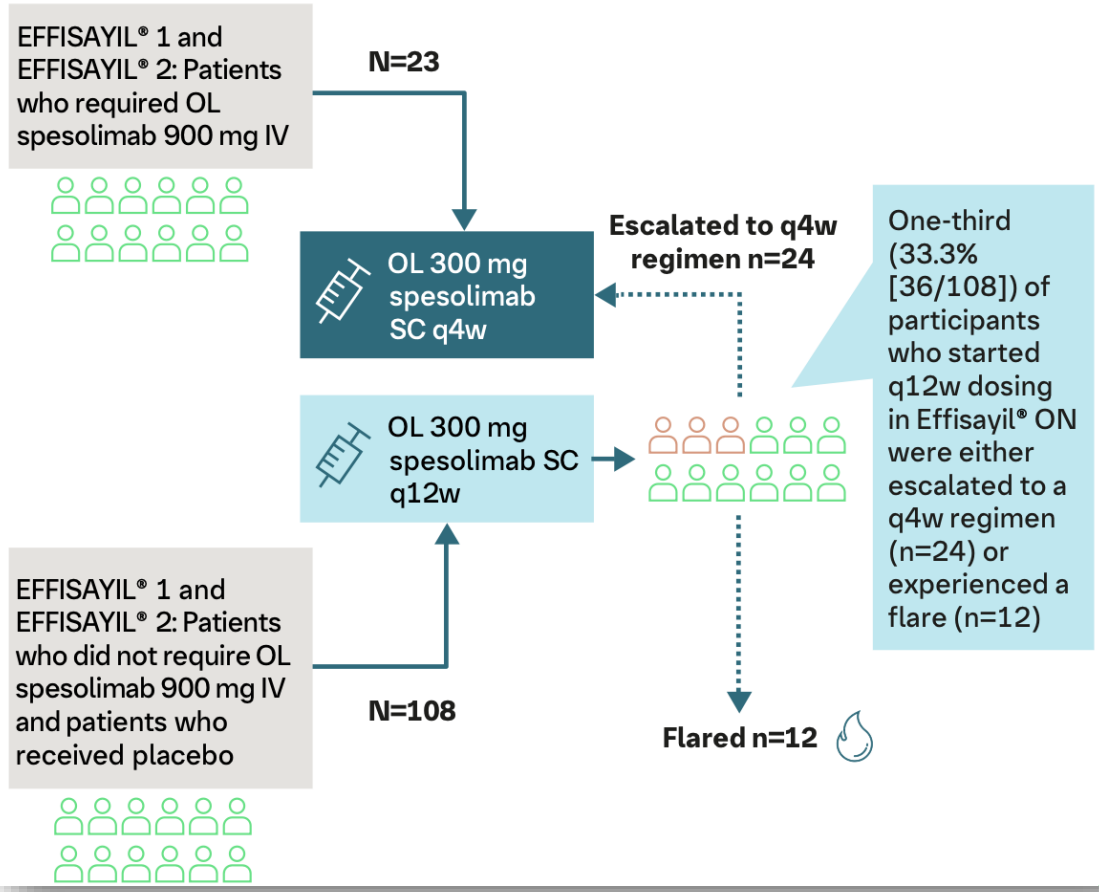
Figure 2. Proportion of patients with ≥1 GPP flare up to Week 48



Effisayil® ON

- OL spesolimab SC dosing (300 mg q12w) data from Effisayil® ON further support the need for q4w dosing when initiating treatment for prevention of GPP flares

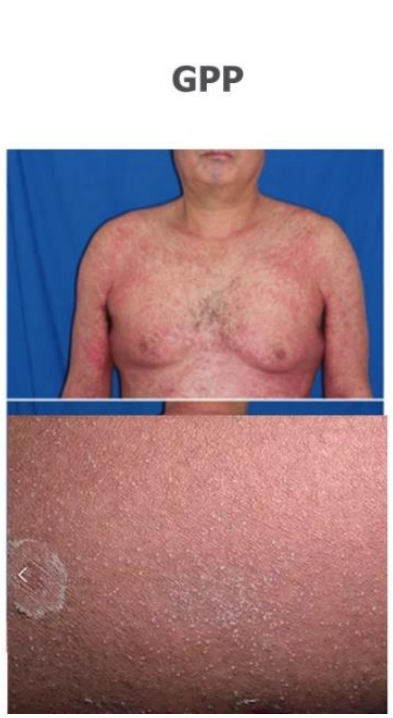
Figure 3. Effisayil® ON

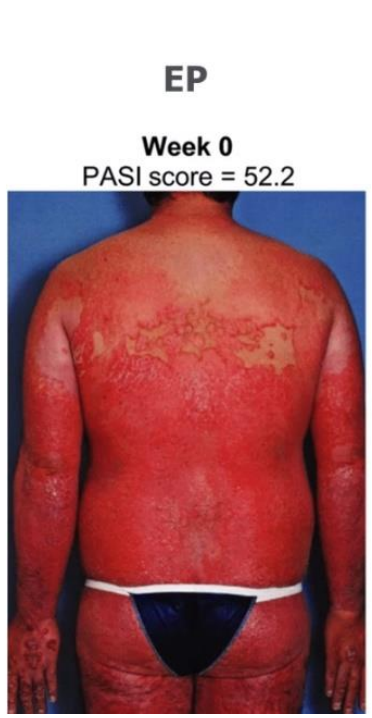


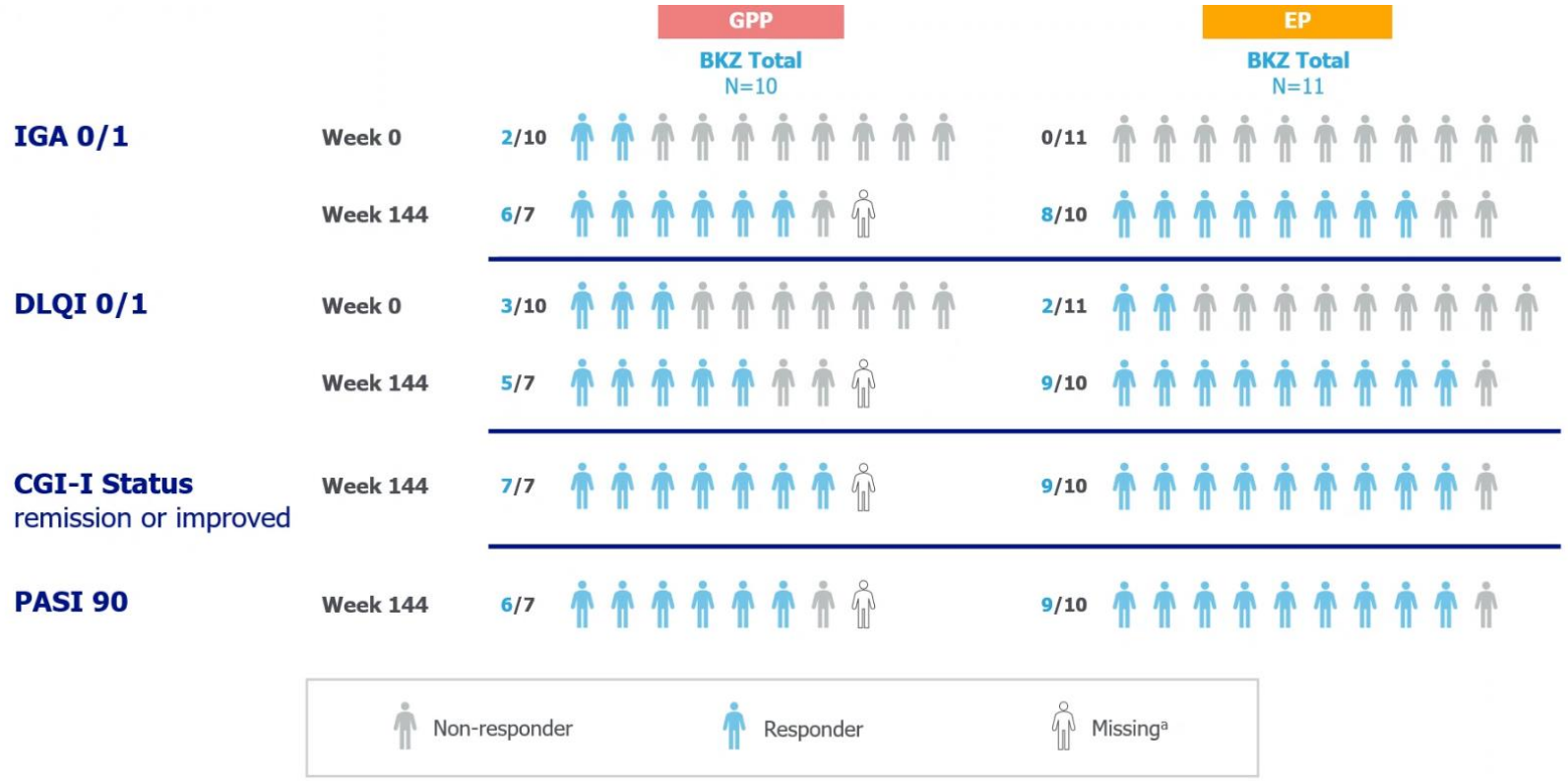
Strober AAD 2024 San Diego

Psoriasis pustulosa generalizada

Eficacia y seguridad de **bimekizumab** en pacientes con **psoriasis pustulosa generalizada (GPP)** y **psoriasis eritrodérmica (EP)** de Japón: datos a **3 años** del estudio fase 3 BE BRIGHT.





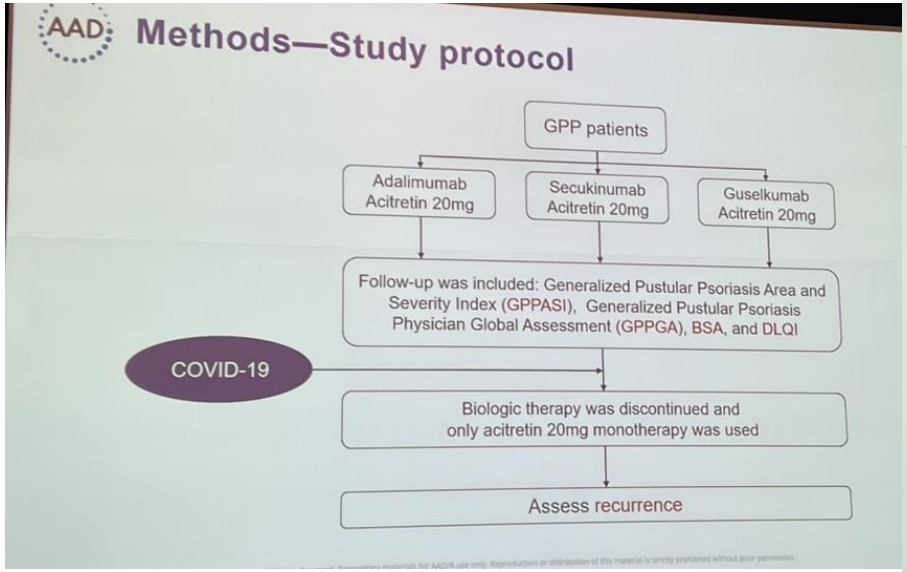


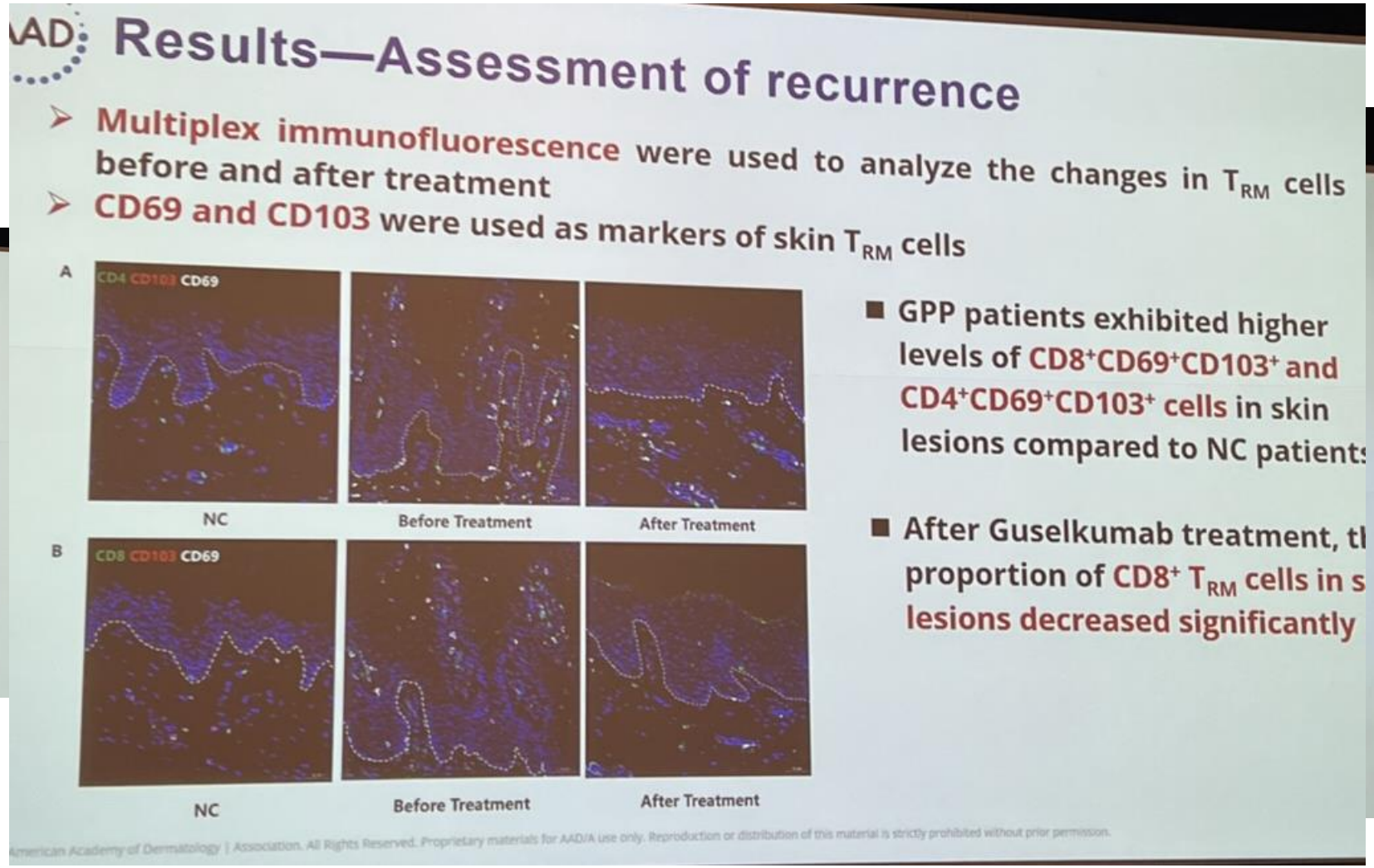
Okubo, Y. P52668

Psoriasis pustulosa generalizada

AAD ANNUAL MEETING AEDV highlights SAN DIEGO 8-12 MARZO

- Eficacia guselkumab en PPG



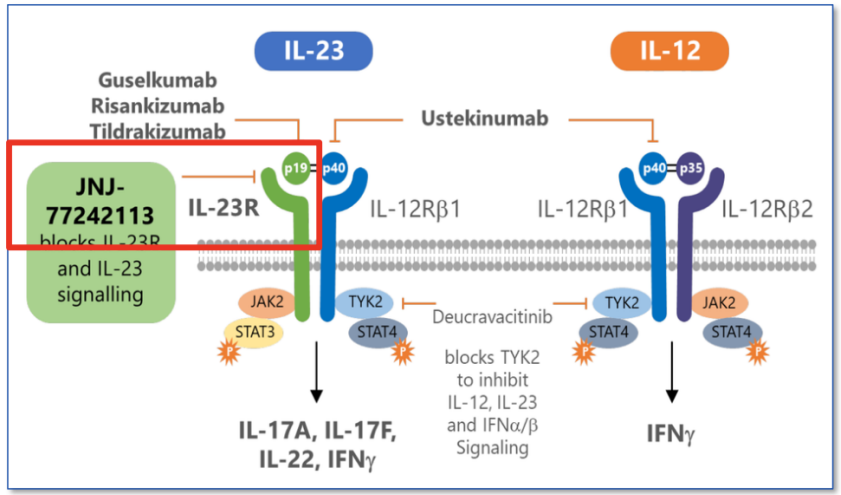


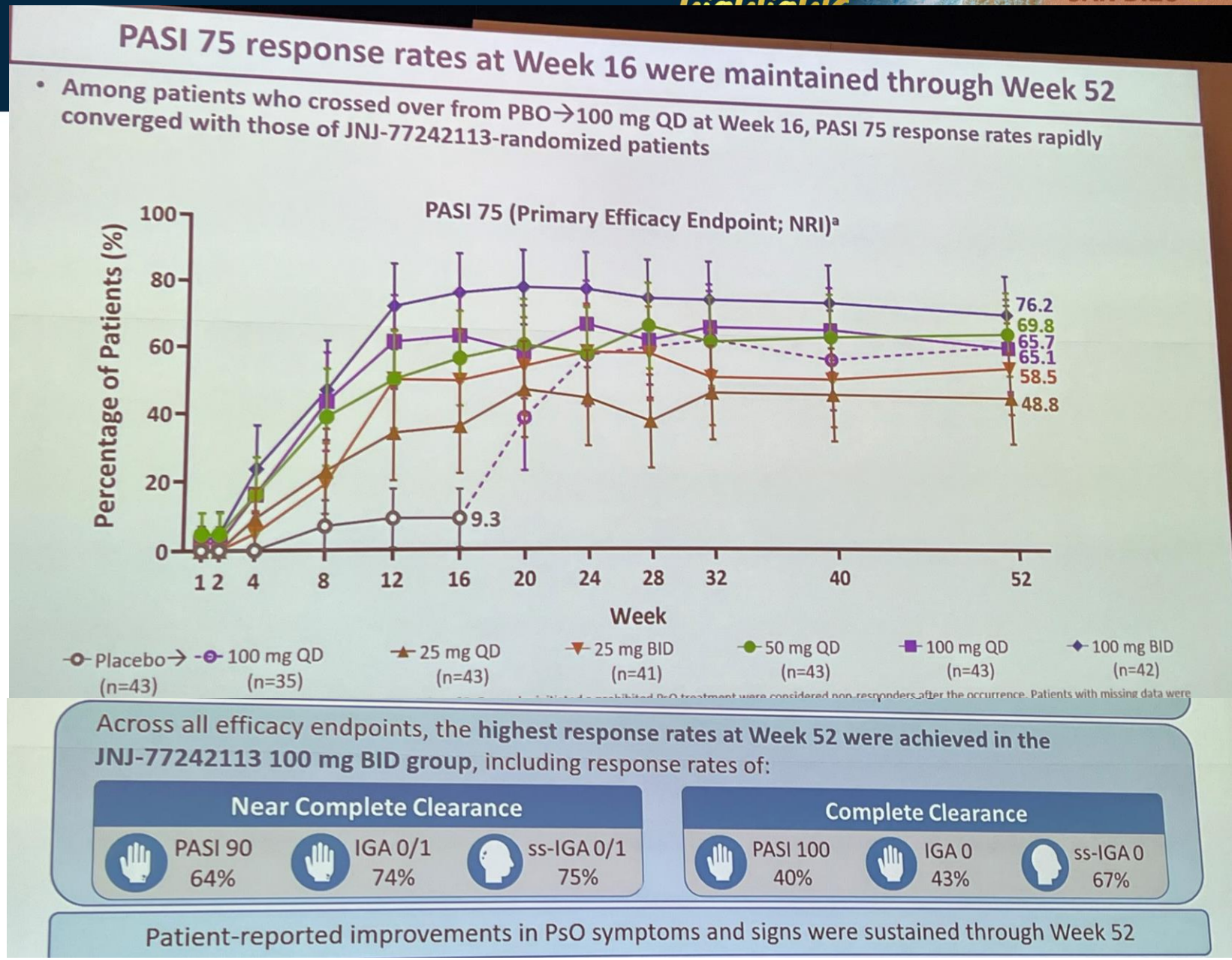
Yuling Shi, Late breaking session AAD 2024 San Diego

Imagen creada con IA generativa DALL·E

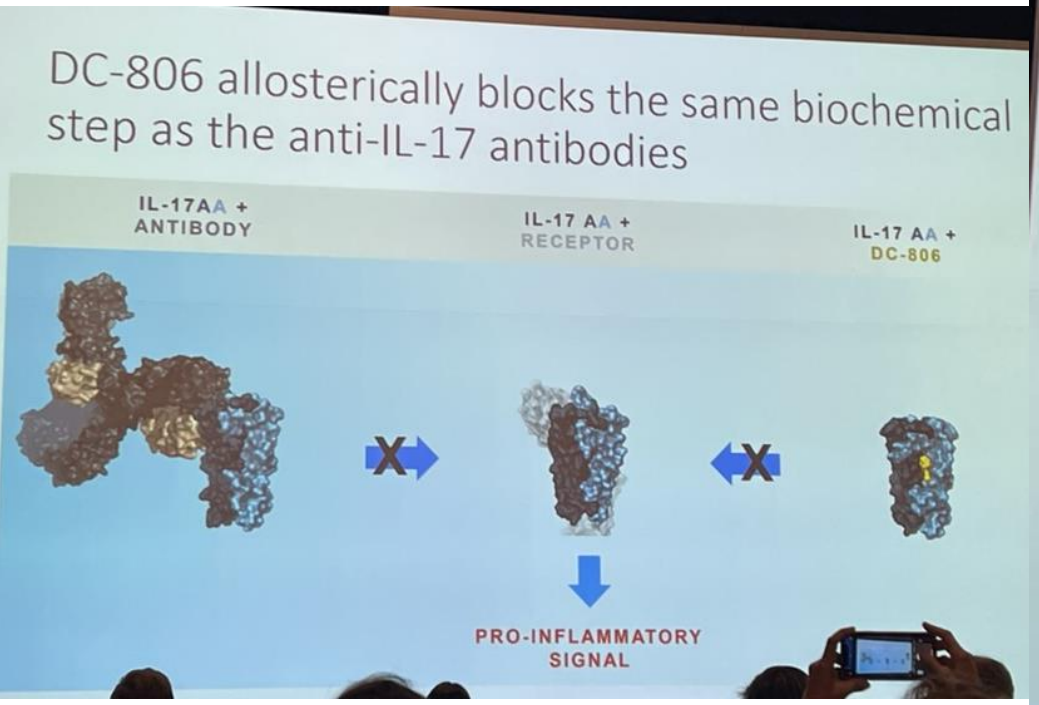
JNJ-77242113

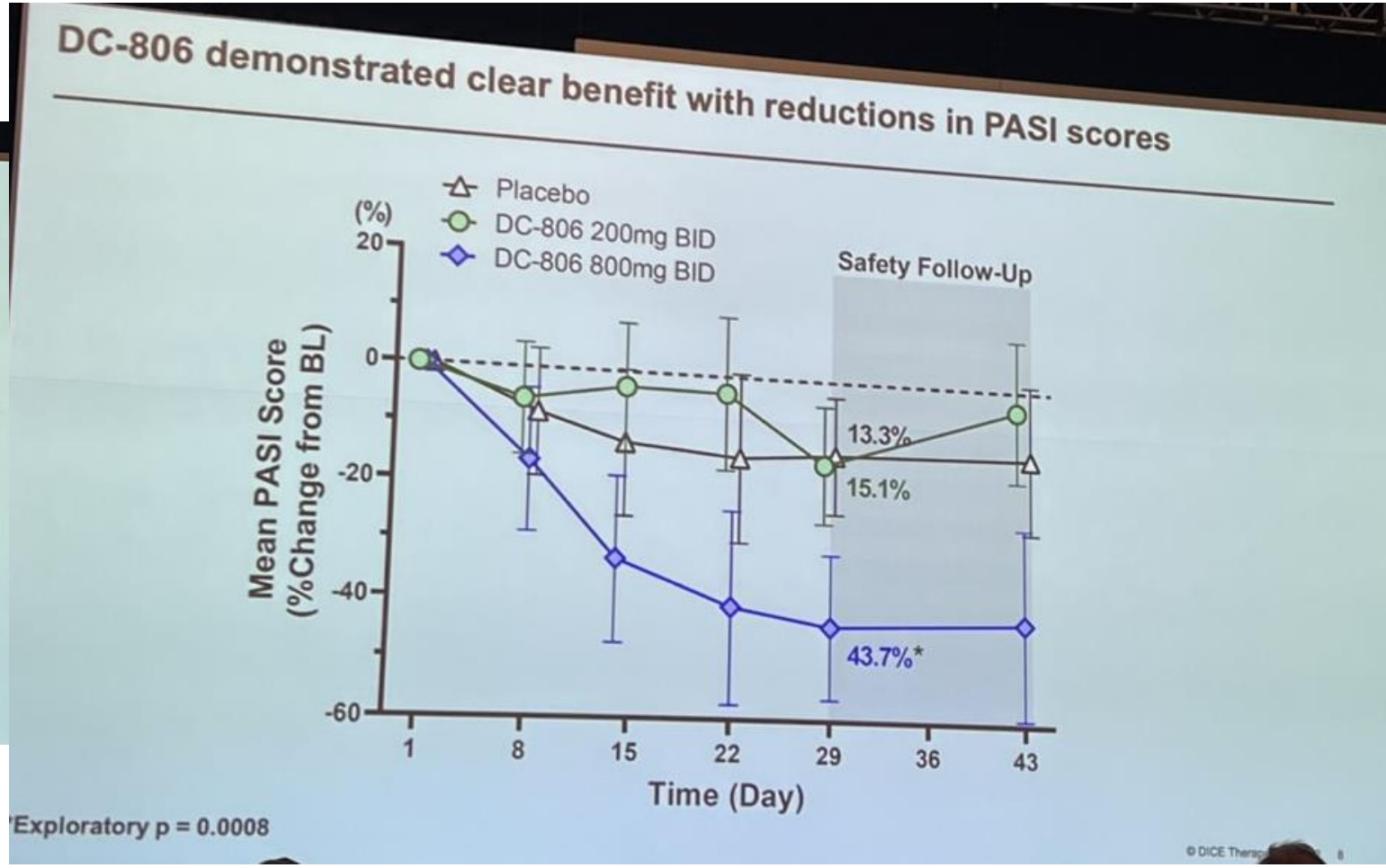
- Primer péptido oral inhibidor de IL-23R
- Ensayos FRONTIER





DC-806


DC-806 allosterically blocks the same biochemical step as the anti-IL-17 antibodies
IL-17AA + ANTIBODY
IL-17 AA + RECEPTOR
IL-17 AA + DC-806
PRO-INFLAMMATORY SIGNAL


DC-806 demonstrated clear benefit with reductions in PASI scores
Placebo
DC-806 200mg BID
DC-806 800mg BID
Safety Follow-Up
Mean PASI Score (%Change from BL)
(%)
20
0
-20
-40
-60
13.3%
15.1%
43.7%*
1
8
15
22
29
36
43
Time (Day)
Exploratory p = 0.0008

TAK-279

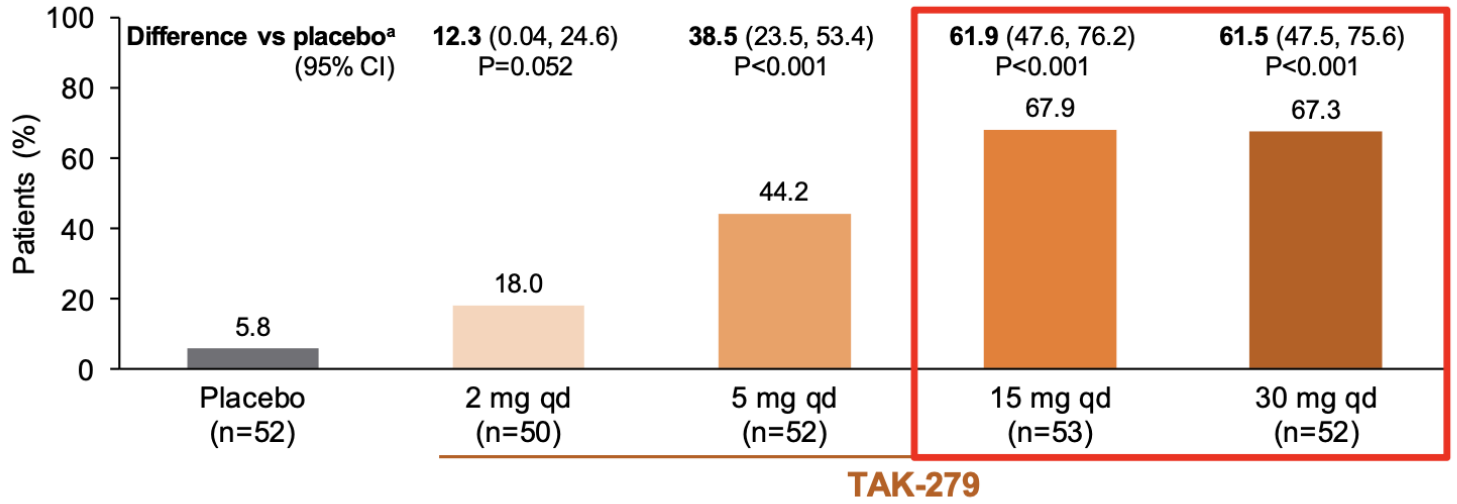
Randomized, double-blind, placebo-controlled Phase 2b trial of the oral TYK2 inhibitor NDI-034858 (TAK-279) for moderate to severe psoriasis

- Allosteric inhibitor of TYK2 with significant selectivity over JAK1

TAK-279 is excluded from the allosteric binding pocket of JAK1 (JH2) owing to a single amino acid difference from TYK2

TYK2–JH2 binding K_d	0.034 nM
JAK1–JH2 binding K_d	5000 nM
Biochemical selectivity (fold)	1,470,588

Primary endpoint: PASI 75 at Week 12 (mITT, NRI)



Deucravacitinib 53-58% semana 16

P-value: Cochran-Mantel-Haenszel test, with prior biologic treatment as stratification factor, comparing treatment group vs placebo
mITT analysis set: All patients who were randomized and received at least one dose of study treatment
[a]Disparity in values for differences may be due to rounding of source data. K_d, dissociation constant
Armstrong A, et al. AAD 2023, Late-breaking abstract. Sponsored by Nimbus

TAK-279

AAD ANNUAL MEETING AEDV highlights SAN DIEGO 8-12 MARZO

CLINICAL EFFICACY OF TAK-279, A HIGHLY SELECTIVE ORAL TYROSINE KINASE 2 (TYK2) INHIBITOR, IS ASSOCIATED WITH MODULATION OF DISEASE AND TYK2 PATHWAY BIOMARKERS IN PATIENTS WITH MODERATE-TO-SEVERE PSORIASIS

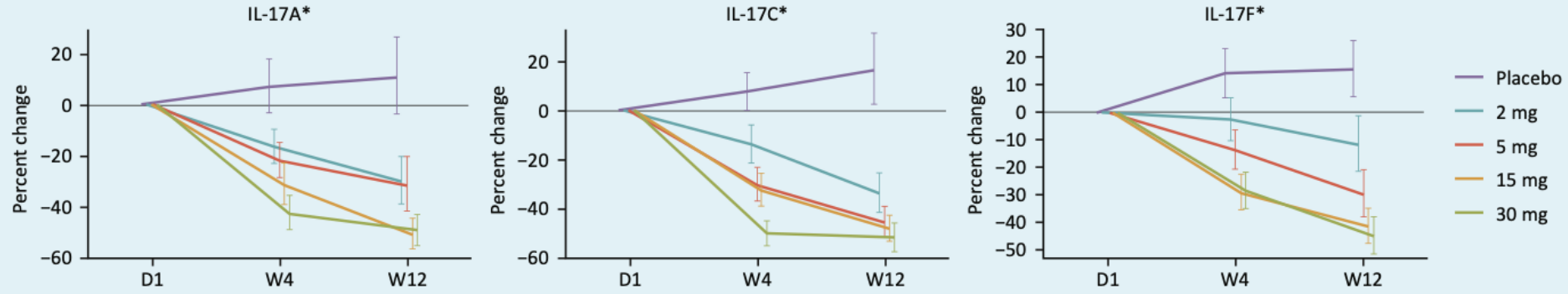
James G Krueger,[1] Sandra Garcet,[1] Jie Cheng,[2] Sachin Kumar,[3] Jessamyn Blau,[2] Yiwei Zhao,[2] Wenwen Zhang,[2] Vinayagam Arunachalam,[3] Graham A Heap,[2] Paresh Thakker,[2] Amit Choudhury[2]

[1]Laboratory for Investigative Dermatology, The Rockefeller University, New York, NY, USA; [2]Gastrointestinal and Inflammation Therapeutic Unit, Takeda Pharmaceuticals International Co., Cambridge, MA, USA; [3]Gastrointestinal and Inflammation Therapeutic Unit, Takeda Pharmaceuticals International Co., San Diego, CA, USA

Presenting author: James G Krueger

- 256 patients included
  - Of patients who received TAK-279 30 mg, 67%, 46% and 33% achieved Psoriasis Area and Severity Index (PASI) 75, PASI 90 and PASI 100 at Week 12, respectively, compared with 6%, 0% and 0% in the placebo arm.

FIGURE 4. TAK-279 TREATMENT WAS ASSOCIATED WITH DOSE- AND TIME-DEPENDENT REDUCTIONS IN SERUM IL-17A, IL-17C AND IL-17F.



*$p < 0.001$.

D1, day 1 (baseline); IL, interleukin; W4, Week 4; W12, Week 12.

ESK-001

ESK-001: A Selective Oral Allosteric TYK2i Achieves Maximal TYK2 Inhibition for 24 hours at 40 mg BID dose

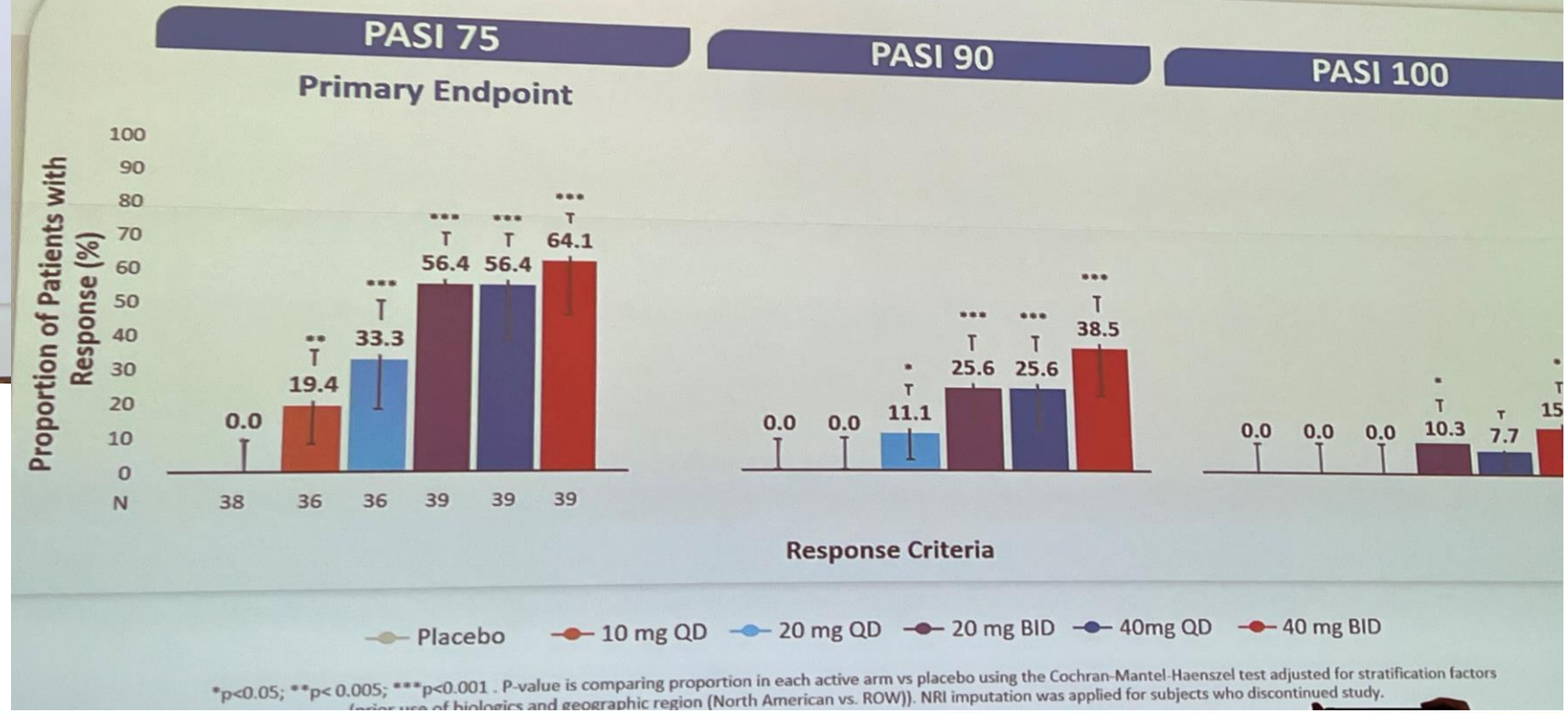
ESK-001, a highly selective allosteric TYK2 inhibitor

- High intrinsic TYK2 selectivity, avoids classic JAKi liabilities

Robust PK/PD correlation

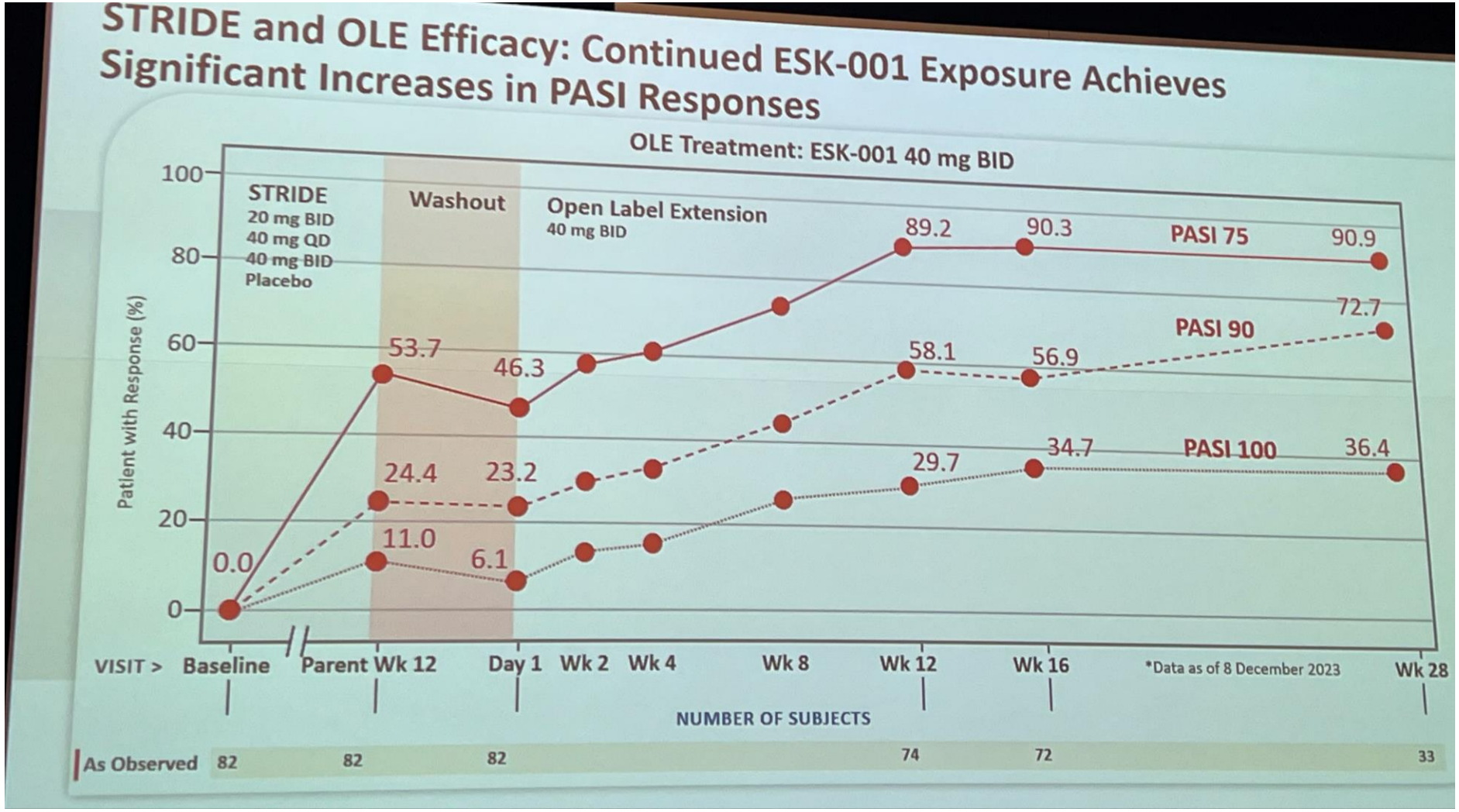
- Maximal target inhibition of Type 1 IFN gene signature achieved at highest clinical dose
- Maintained across 24 hour-dosing period
- PK/PD dose-dependence reflected in clinical outcomes
- Aligns with Phase 1 PK/PD, AAD abstract #53968

STRIDE: Primary and Secondary PASI Endpoints Achieved at Week 12 with Dose-Dependent Increase in Efficacy



Late breaker sesión 1, Papp K, AAD 2024 San Diego

ESK-001

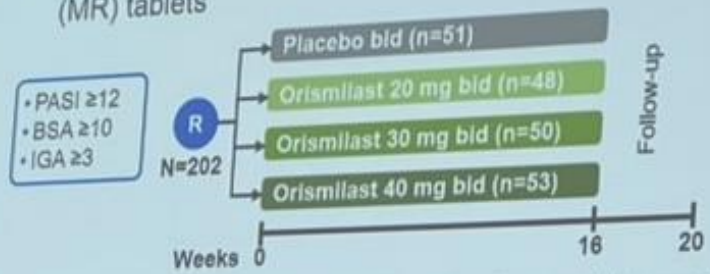


Adverse events: mild-to-moderate

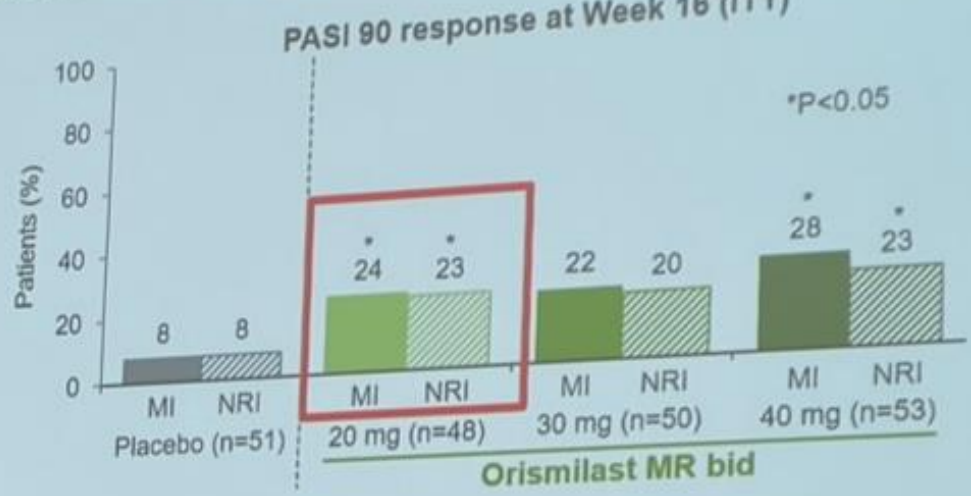
Orismilast

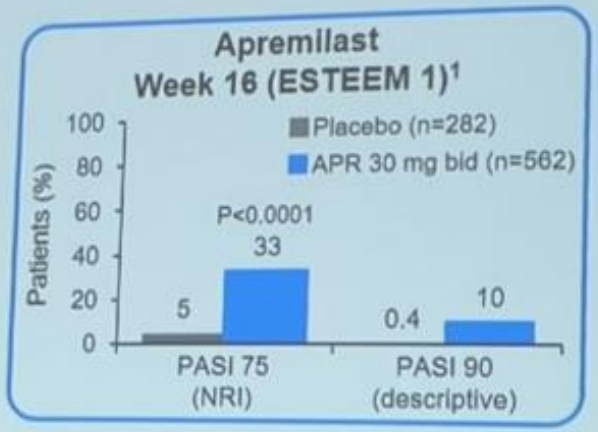
IASOS: Randomized, double-blind, placebo-controlled Phase 2b trial of the oral PDE4 inhibitor orismilast for moderate to severe psoriasis

- Second oral PDE4i to enter the psoriasis space
  - PDE4B and -D inhibitor: 2–5-fold more potent than apremilast
- Phase 2b dose-finding trial of **orismilast modified-release** (MR) tablets



- **Safety:** No new safety signals. Infection and depression rates similar to placebo, with no suicidal ideation, malignancy or death reported. Tolerability was dose dependent; the most frequent AEs were diarrhea, nausea, and headache





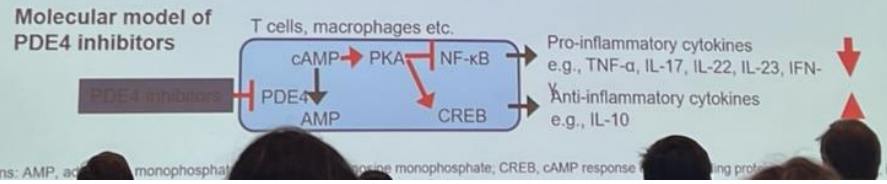
Warren RB, et al. AAD 2023, Late-breaking abstract. Sponsored by Union Therapeutics; 1. Papp K, et al. J Am Acad Dermatol 2015;73:37–49

ME3183

Novel PDE4 Inhibitor in Development: ME3183

- In an in vitro non-clinical study, the oral selective PDE4 inhibitor ***ME3183 inhibited PDE4B more strongly than existing marketed PDE4 inhibitors.***

	In vitro inhibitory activity against PDE4B1			
Compound	ME3183	Apremilast	Roflumilast	Crisaborol
IC_{50} nM	2.3	42	4.3	237



ME3183

Efficacy: PASI-75, primary endpoint

- A significantly greater proportion of patients on ME3183 active doses (ME3183 5 mg BID, 7.5 mg BID, and 15 mg QD groups) achieved PASI-75 at Week 16 vs placebo.
- At approximately Week 4, there was a 50% reduction from baseline in PASI score.

Figure 2. Proportion of patients achieving PASI-75 at Week 16 (primary efficacy endpoint, FAS)

or bars: standard
feviations: BID, twice
is Area and Sever
S, full analysis set; LOCF, last observation carried forward; NRI, non-responder imputation
score, QD, once daily
75% reductio

Vitíligo

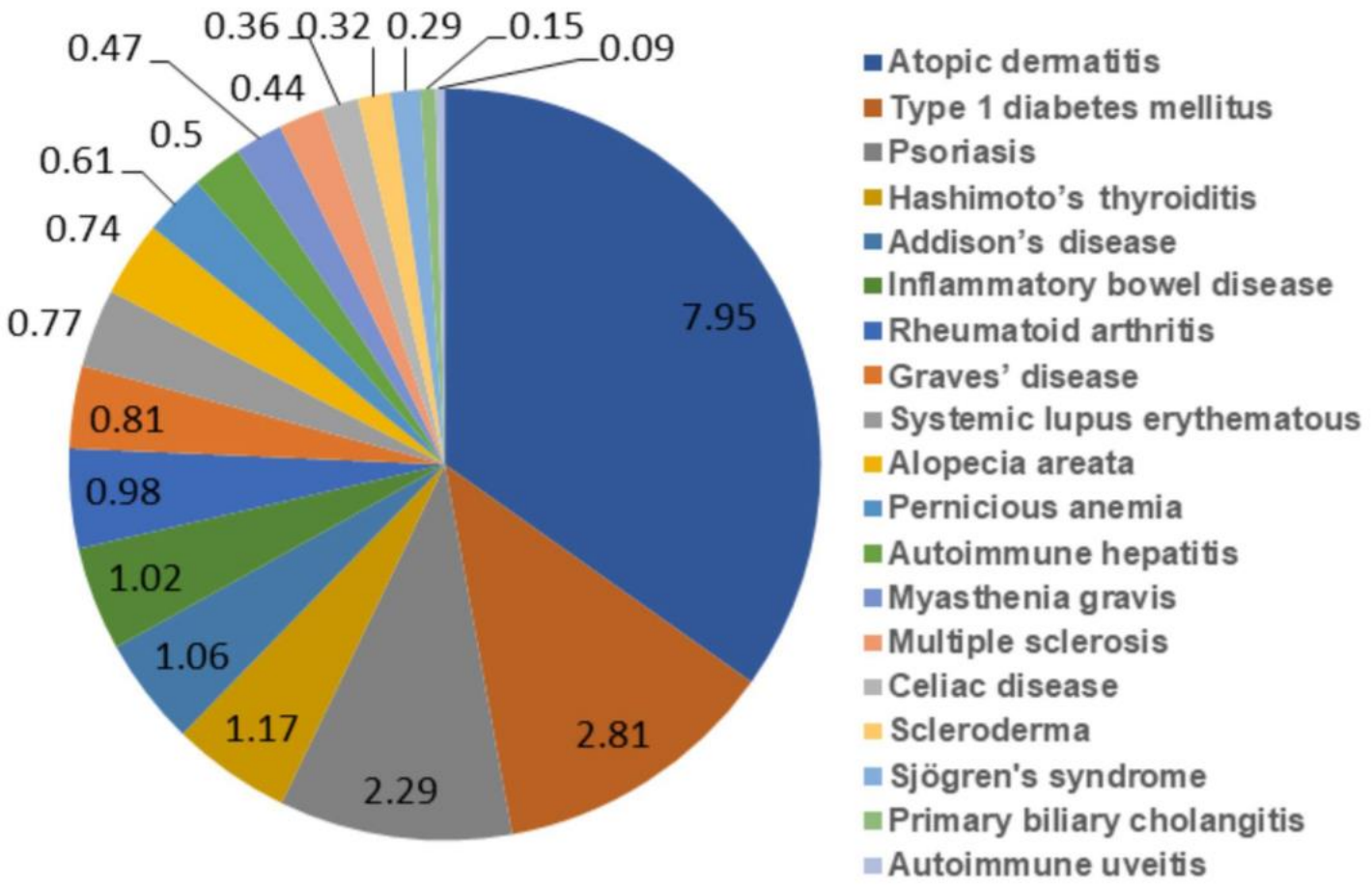
Global prevalence of autoimmune diseases in patients with vitiligo: a systematic review

Michael J. Diaz, BS[1], Deepak Lakshmipathy, BS[2], Shaliz Aflatooni, BS[3], Isabella M. Mark, BS[1], Jasmine T. Tran, BS[4], Aria Wei, BS[5], Parsa Abdi, BS[6], Mahtab Forouzandeh, MD[7]

1. College of Medicine, University of Florida, Gainesville, FL; 2. Carle Illinois College of Medicine, University of Illinois Urbana-Champaign, Urbana, IL; 3. Morsani College of Medicine, University of South Florida, Tampa, Florida; 4. School of Medicine, Indiana University, IN; 5. University of Texas Southwestern Medical School, UT Southwestern Medical Center, Dallas, TX; 6. Faculty of Medicine, Memorial University, St. John's, NL; 7. Department of Dermatology, University of Florida College of Medicine, Gainesville, FL

Disclosures: The authors declare there are no conflicts of interest or disclosures in relation to this poster presentation.

- 23 studies were selected for analysis, from 16 countries.
- A total of 231,791 vitiligo patients were included (57.4% female, mean age: 36.6y [standard deviation: 11.4y]).
- Unspecified hypothyroidism and hyperthyroidism were prevalent in 3.18% (342/10,763) and 0.99% (106/10,724) of vitiligo cases, respectively



Vitíligo

AAD ANNUAL MEETING AEDV highlights

SAN DIEGO 8-12 MARZO

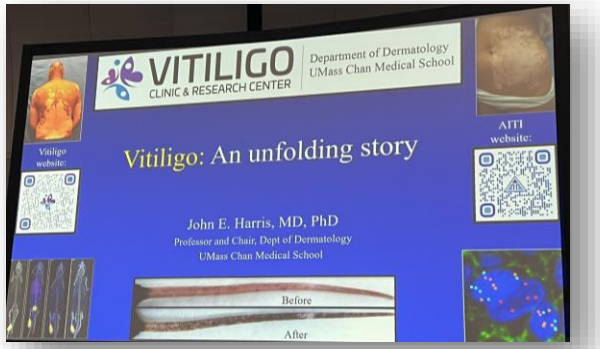
Evaluating the Impact of Vitiligo Perception and Noticeability Across Different Skin Tones

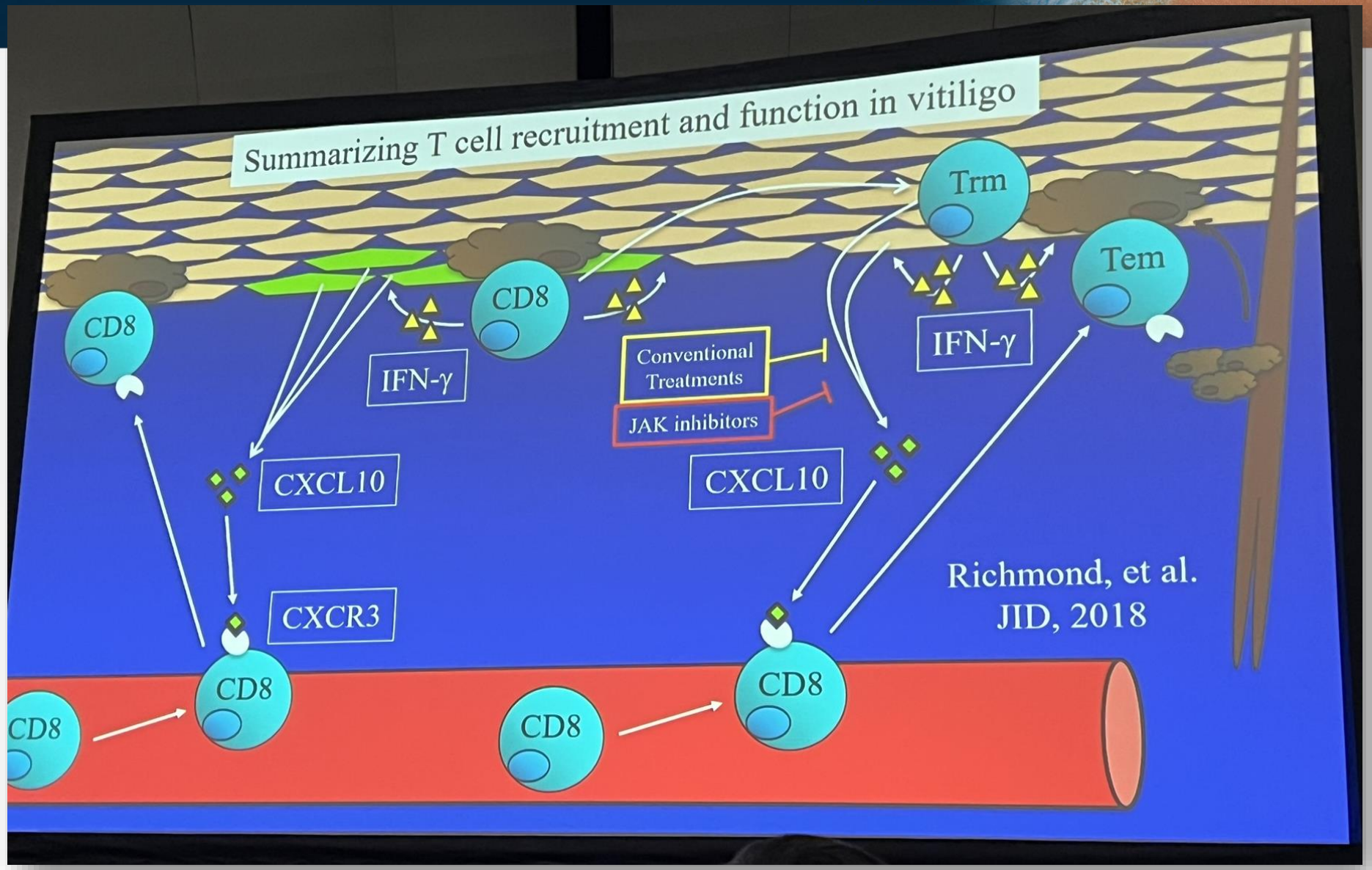
Priya Manjaly BA[1], Ahana Gaurav BA[1], Sophia Ly BA[1], Kanika Kamal BA[1], Nidhi Shah MD[1], Kristina Liu MD[2], Nicholas Theodosakis MD PhD[3], Arash Mostaghimi MD MPH MPA[1]
[1]Department of Dermatology, Brigham and Women's Hospital, Boston, MA; [2]Department of Dermatology, Kaiser Permanente, San Francisco, CA; [3]Department of Dermatology, Massachusetts General Hospital, Boston, MA
Financial and Conflict of Interest Disclosures: None

Figure 1. Sample portrait images of low and high severity facial vitiligo

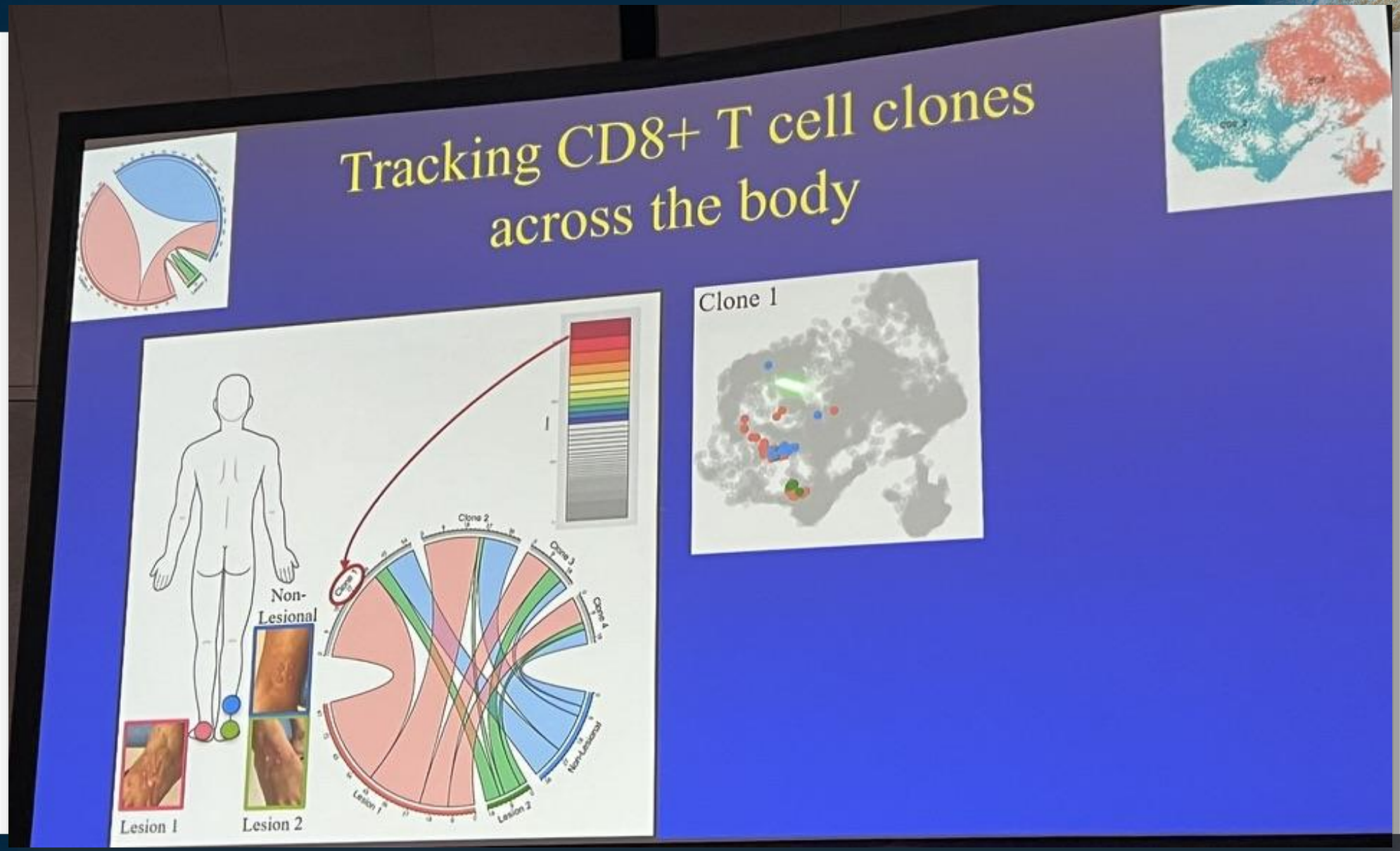
- **Baseline skin tone was not associated with increased disease noticeability of vitiligo (p>0.05) or vitiligo-associated stigma (p>0.05).**
- This may potentially suggest stigma associated with vitiligo varies across the individual, even within populations of similar skin tones

Fisiopatología

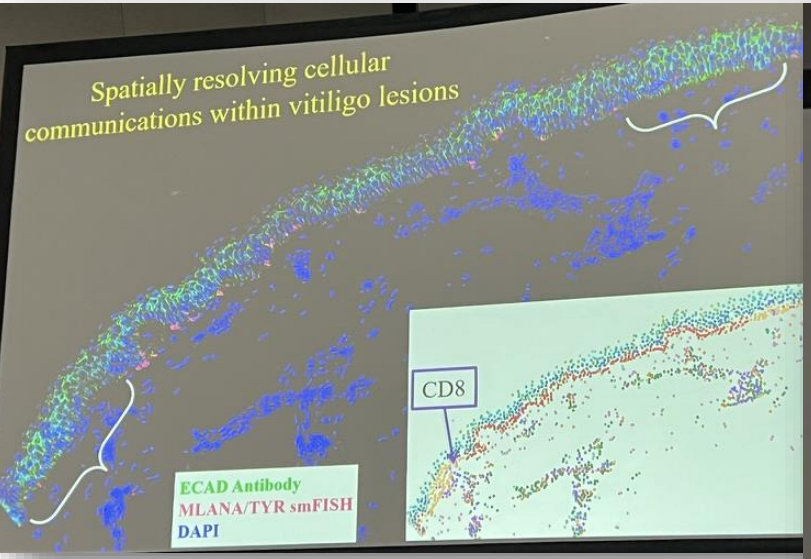


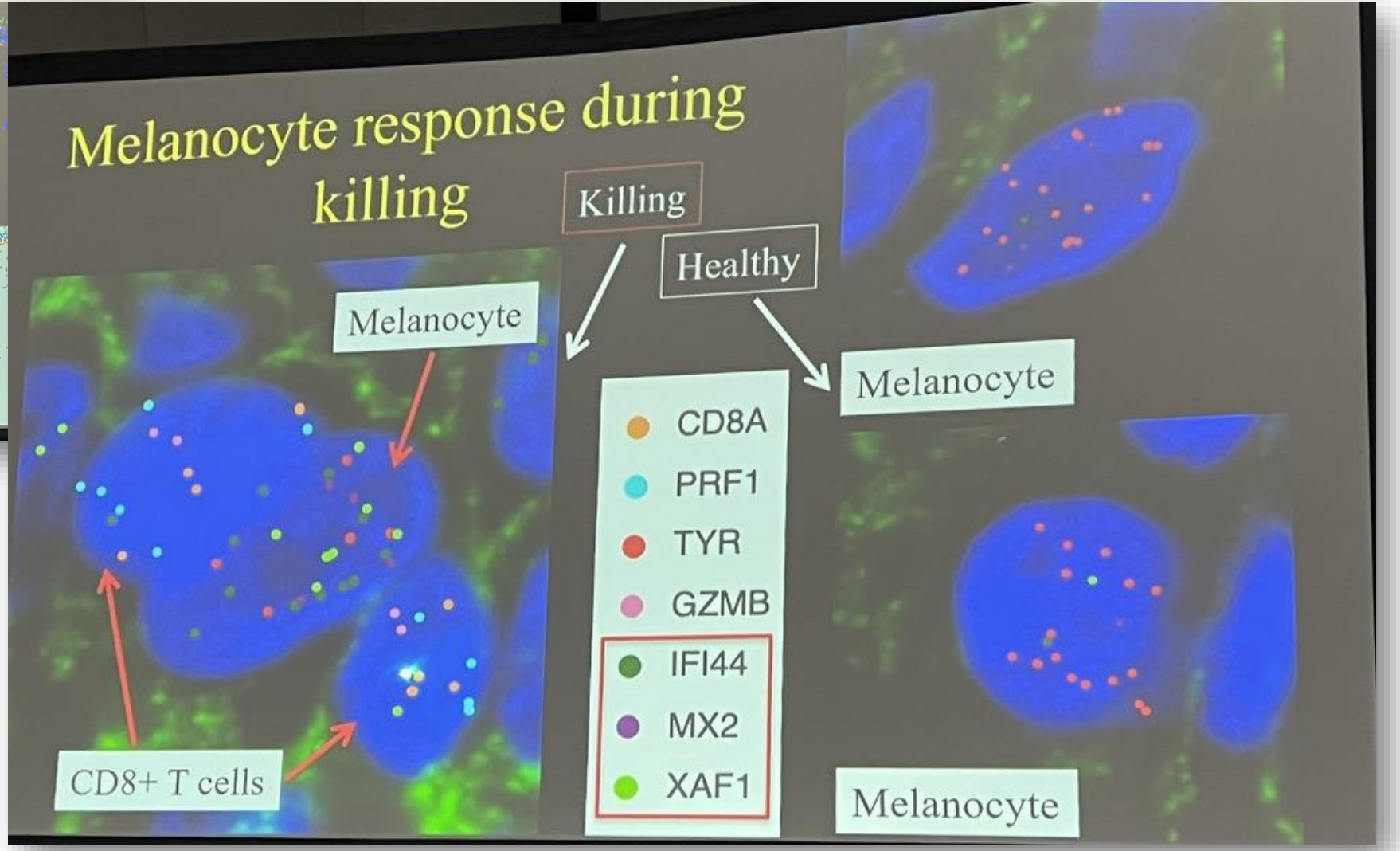


Fisiopatología



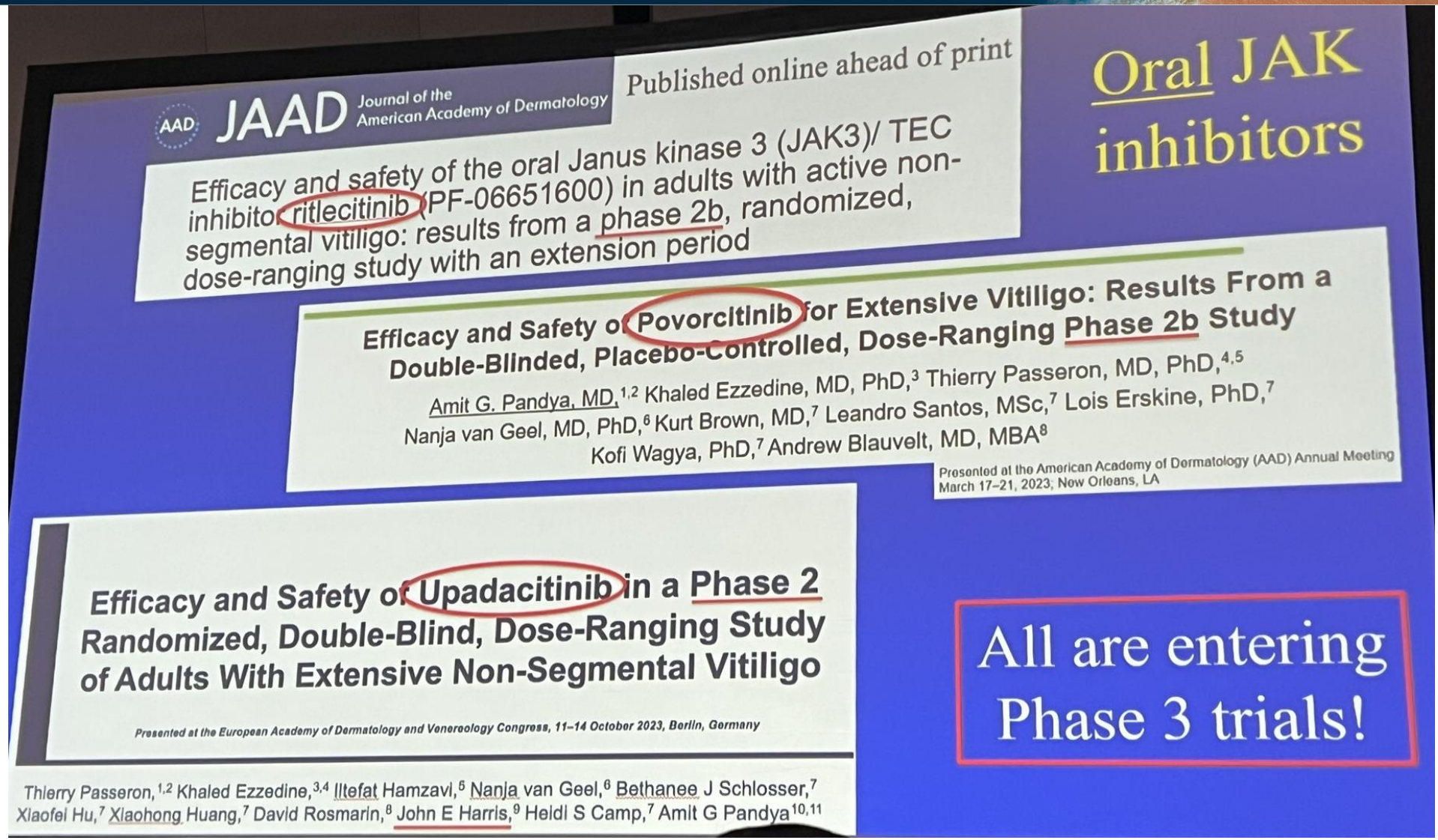
Vitíligo


Spatially resolving cellular communications within vitiligo lesions
CD8
ECAD Antibody
MLANA/TYR smFISH
DAPI


Melanocyte response during killing
Killing
Healthy
Melanocyte
Melanocyte
CD8A
PRF1
TYR
GZMB
IFI44
MX2
XAF1
CD8+ T cells
Melanocyte

Tratamiento

- Ruxolitinib tópico
- Sistémicos Fase 3



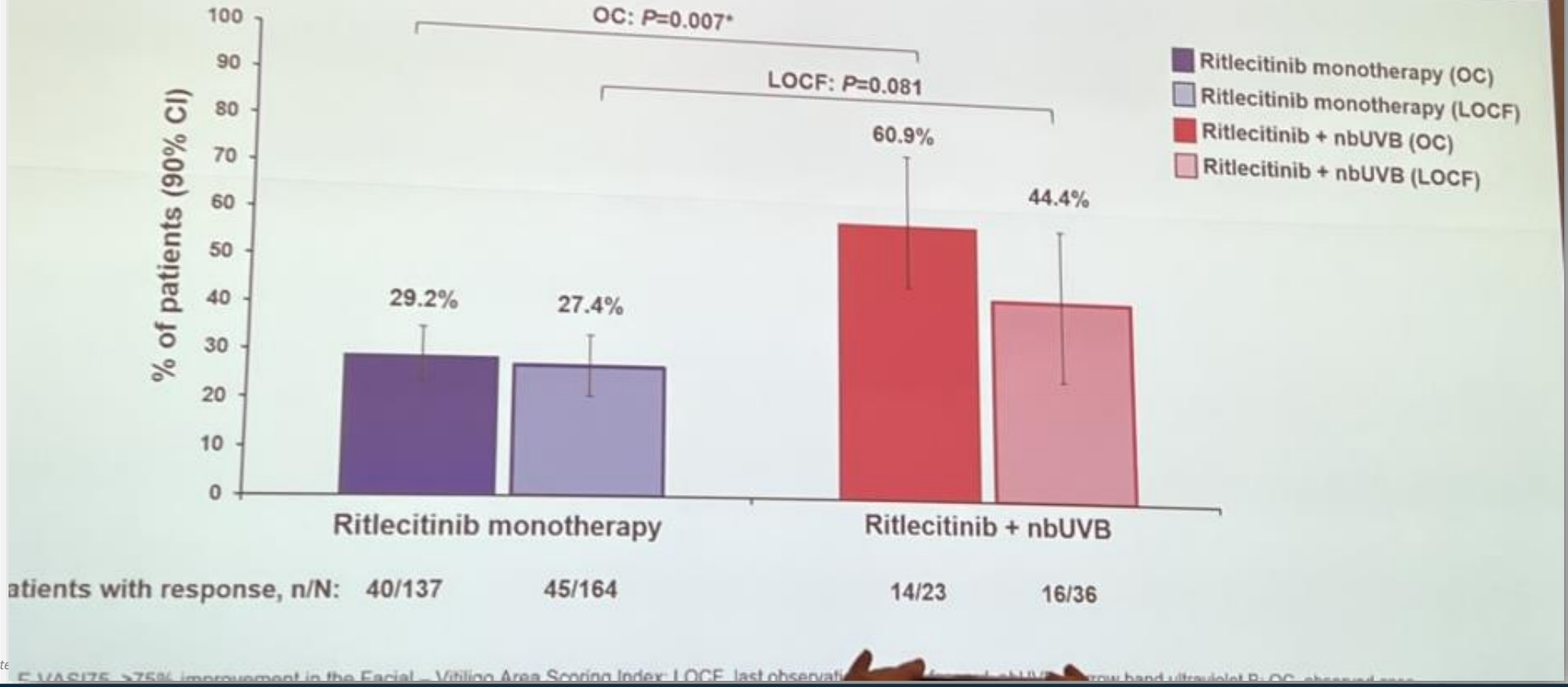
Vitíligo

American Academy of Dermatology (AAD) Annual Meeting
March 8–12, 2024; San Diego, CA, USA

Response to ritlecitinib with or without narrow band ultraviolet B (nbUVB) add-on therapy in patients with active non-segmental vitiligo (NSV)

Yuji Yamaguchi,[1] Elena Peeva,[2] Roni Adiri,[3] Pranab Ghosh,[2] Lynne Napatalung,[4,5] Iltefat Hamzavi,[6] Amit G. Pandya,[7,8] Ronald N. Shore,[9] Khaled Ezzedine,[10] Emma Guttman-Yassky[5]

Proportion of patients meeting F-VASI75 at Week 24



Late

Vitíligo

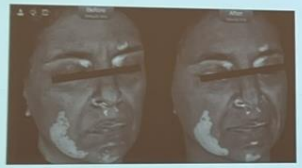
AAD ANNUAL MEETING AEDV highlights SAN DIEGO 8-12 MARZO

Efficacy and Safety After 52 Weeks of Once-Daily Upadacitinib in Adults With Extensive Non-Segmental Vitiligo: Final Results From a Phase 2 Multicenter, Randomized, Double-Blind, Placebo-Controlled, Dose-Ranging Study

Thierry Passeron,[1,2] Khaled Ezzedine,[3,4] Iltefat Hamzavi,[5] Nanja van Geel,[6] Bethanee J Schlosser,[7] Jiaofei Hu,[7] Ahmed M Soliman,[7] David Rosmarin,[8] John E Harris,[9] Heidi S Camp,[7] Amit G Pandya[10,11]

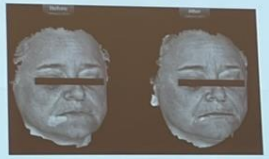
Percent Change From Baseline in F-VASI at Week 24 in Representative Patients Randomized to PBO, UPA 11 mg, and UPA 22 mg

PBO[a]



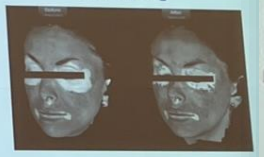
F-VASI		
Baseline	Week 24	% Change
0.8	0.45	−43.75

UPA 11 mg[a]



F-VASI		
Baseline	Week 24	% Change
0.5	0.03	−94.44

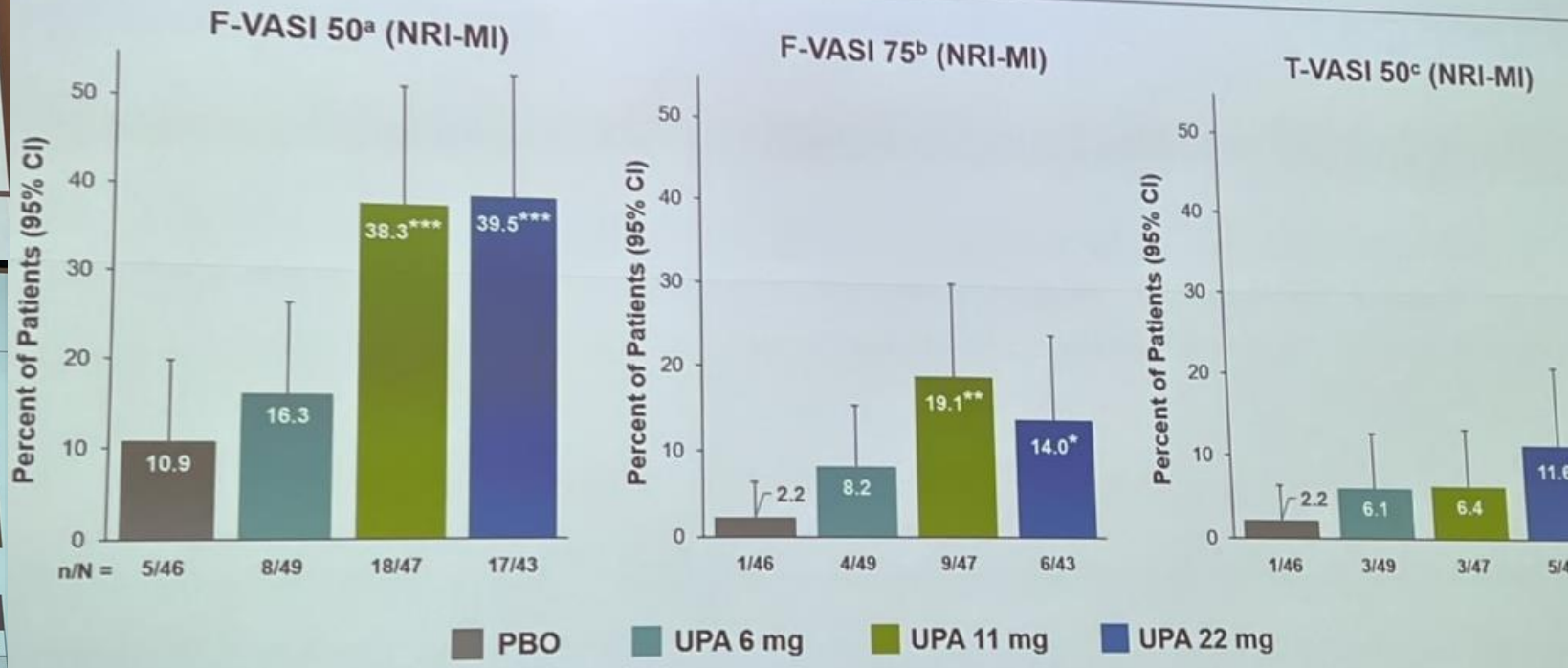
UPA 22 mg[a]



F-VASI		
Baseline	Week 24	% Change
1.4	0.45	−67.86

VASI, Facial Vitiligo Area Scoring Index; PBO, placebo; UPA, upadacitinib.
Patient images are based on 3-dimensional digital imaging.[1]
Ganesan AK, et al. Poster presentation at: European Academy of Dermatology and Venereology; 11–14 October 2023; Berlin, Germany.

F-VASI 50, F-VASI 75, and T-VASI 50 Response Rates at Week 24



F-VASI, Facial Vitiligo Area Scoring Index; NRI-MI, nonresponder imputation while incorporating multiple imputation to handle missing data due to COVID-19 or any other missing data that can be reasonably assumed to be missing at random; PBO, placebo; T-VASI, Total Vitiligo Area Scoring Index; UPA, upadacitinib.
*$P \le .05$; **$P \le .01$; ***$P \le .001$ vs PBO based on Cochran-Mantel-Haenszel test adjusted for strata. All tests were 2-sided with an alpha of 0.1. No overall type I error control was applied; all P values fo
UPA vs PBO are nominal. There were no missing data due to COVID-19 at week 24.
[a]Achievement from baseline in F-VASI. [b]Achievement of ≥ 75% improvement from baseline in F-VASI. [c]Achievement of ≥ 50% improvement from baseline in T-VASI.

AAD **ANNUAL** MEETING

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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.

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AEDV 1909

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