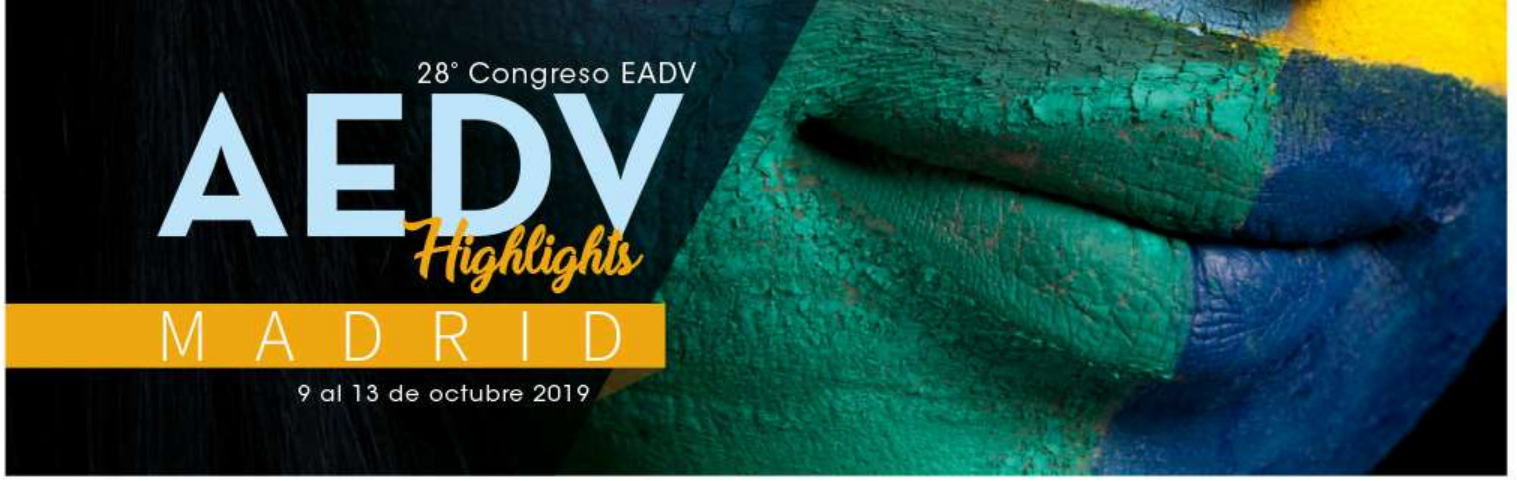
INMUNOALERGIA CUTÁNEA

Dr. Ignasi Figueras

Patrocina: Lilly

Organiza: AEDV ACADEMIA ESPAÑOLA DE DERMATOLOGÍA Y VENEREOLOGÍA


28° Congreso EADV
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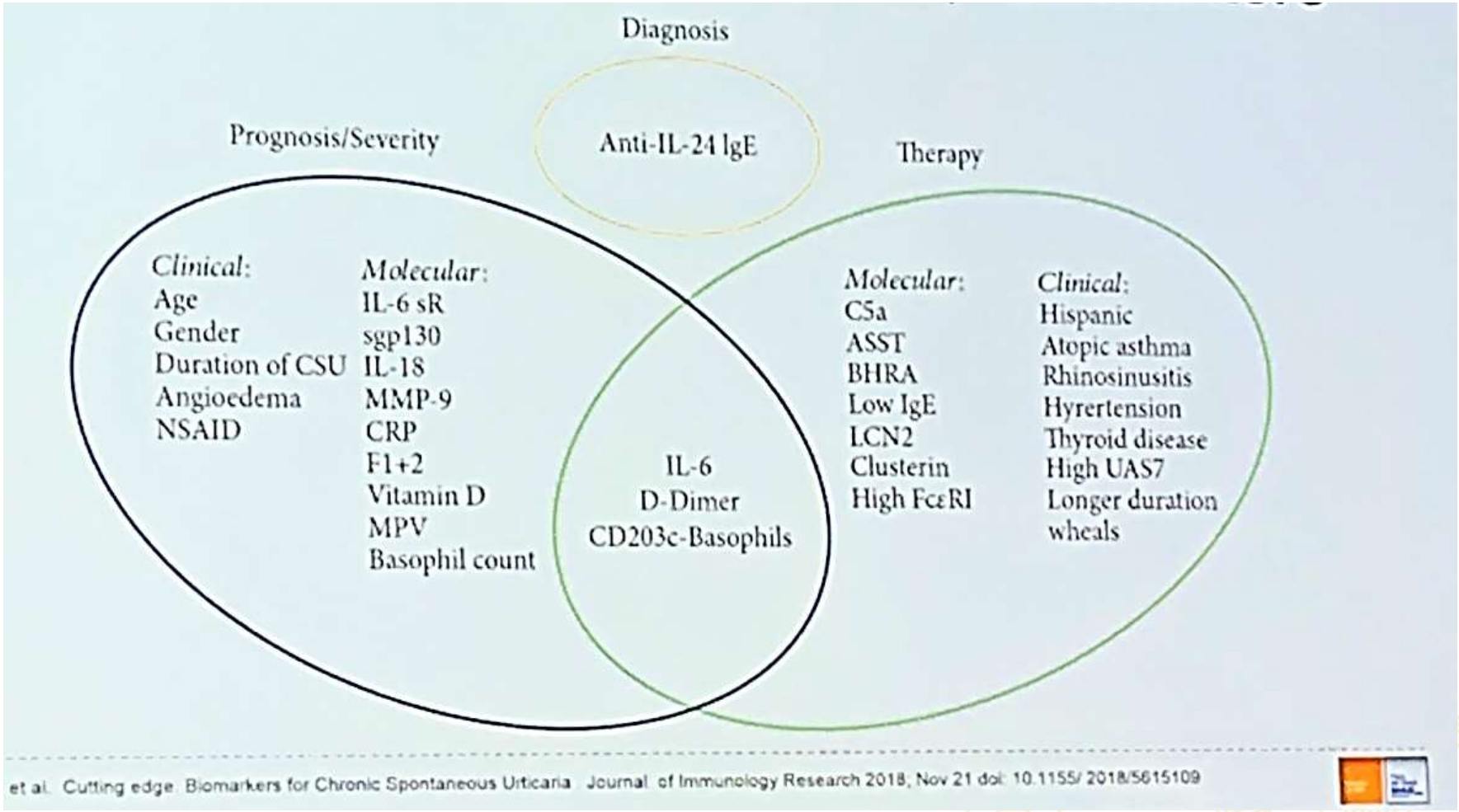
9 al 13 de octubre 2019

URTICARIA

URTICARIA – AUTOIMMUNITY

- Autoimmunity and CSU: type I and type IIb
  - Association with other autoimmune diseases: RA, LES, IBD + functional autoab inducing histamine release from mast cells or basophils
  - Many ways to explore autoimmunity: in vitro and in vivo
  - Definition of "autoimmune CSU": **IgG autoantibodies** to Fc**ε**RI or to IgE **+ positive BAT + positive ASST** – only 8% patients have it all. Rest: partial or non AI CSU.
  - Majority of AI CSU: **↓ IgE levels and ↑antiTPO IgG**
  - The more autoimmune features – the slower response to OMA.
    - Good response to CsA
  - Promising effect of OMA on LES and DM

URTICARIA - BIOMARKERS



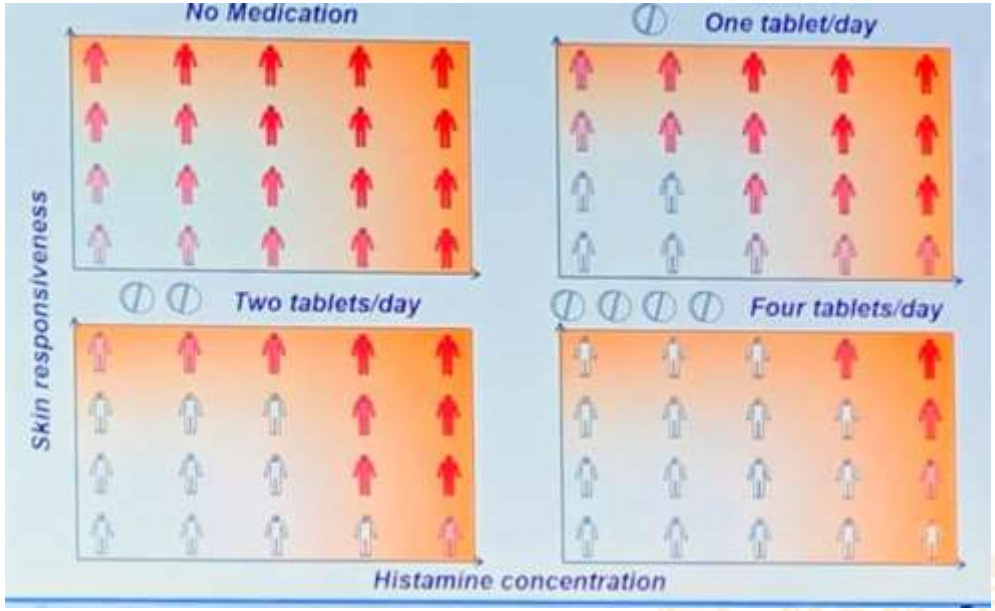
et al. Cutting edge: Biomarkers for Chronic Spontaneous Urticaria. Journal of Immunology Research 2018, Nov 21 doi: 10.1155/ 2018/5615109

URTICARIA - BIOMARKERS

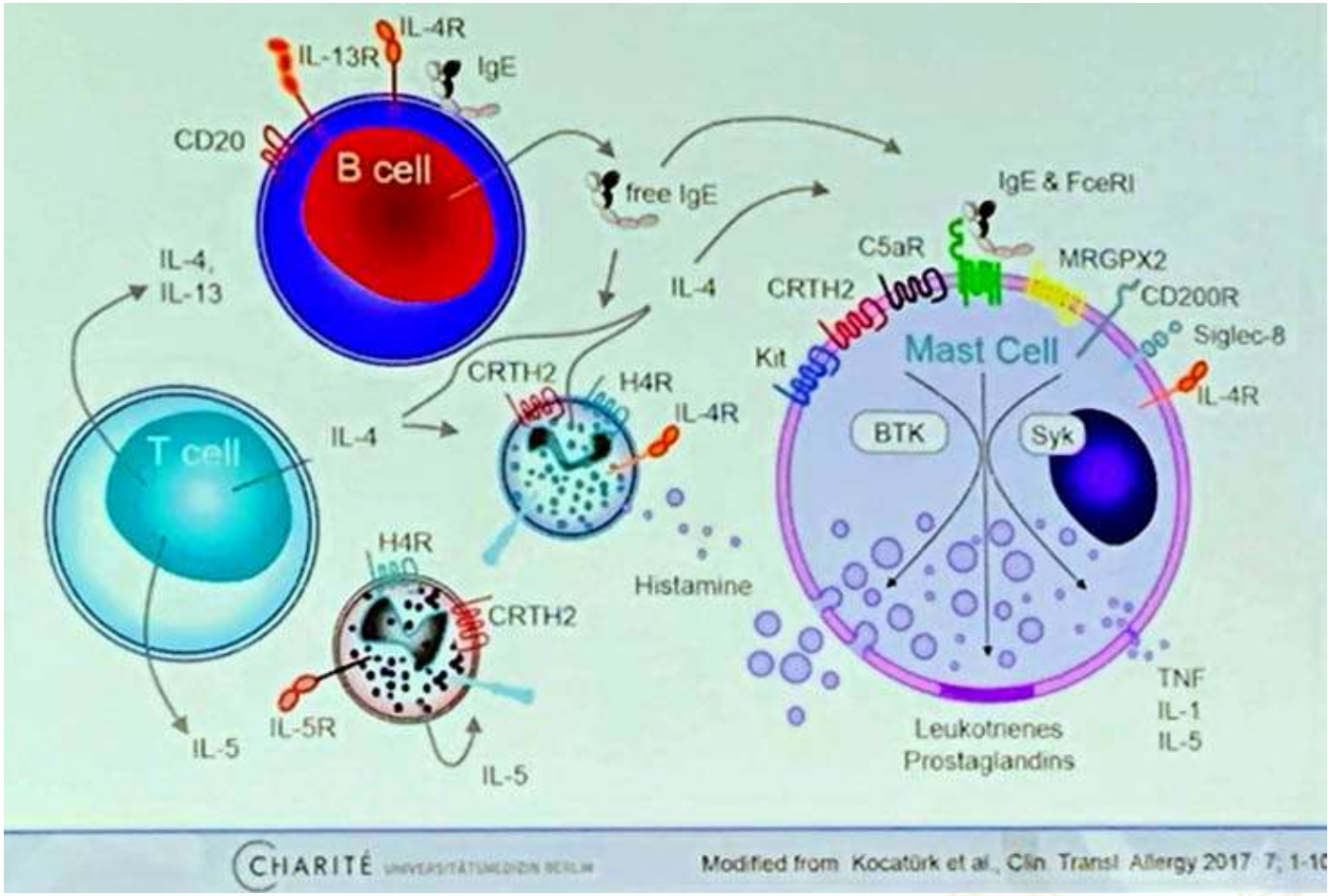
- Biomarkers
  - **Severity**: ASST and BAT + more severe disease
  - **Duration**: Anti-thyroid antibodies, ASST and angioedema
  - **Activity**: IL6, D-dimer and CRP
  - **Treatment**:
    - **AntiH1 non responders: ↑ Basal UAS7 and ↑ D-Dimer**
    - OMA:
      - ↓ FCeRI receptor expression and very low IgE: NO RESPONDERS
      - Very low IgE, but increased at least twice – response
      - Receptor expression could be also used for CINDU
      - +ASST: SLOW RESPONDERS
      - **D-DIMER NOT USEFUL FOR PREDICTING RESPONSE TO OMA!!!!**
      - IL-31 and OMA
    - CsA: D-dimer seems to be useful (high), ASST+

URTICARIA – TREATMENT

- 2nd gen antiH very little sedative effect (unless you up-dose)
- **Bilastine and fexofenadine** do not diffuse into the brain because of p-glycoprotein (substrates) – NOT SEDATIVES
- Cardiac safety – not a worry with 2nd gen. antiH (even when updose)



URTICARIA NEW TREATMENTS I



URTICARIA NEW TREATMENTS II

- **Ligelizumab** shows better responses than omalizumab
- **Siglec-8** – mast cell activation inhibitor
  - 61% benefit of response in UAS7 in OMA-refractory patients
- **Dupilumab** – limited evidence
- **Anti IL-5** (asthma + CSU) reslizumab, benralizumab and mepolizumab – strong benfit for CSU
- **BTK inhibitors** (intracellular molecule) - shut down mast cell
- **Syk-inhibitor** – trials ongoing
- **CINDU? Angioedema? MAS? – gaps for research!!!**

POSTER

OMALIZUMAB FOR THE TREATMENT OF CHRONIC INDUCIBLE URTICARIA IN 80 PATIENTS:

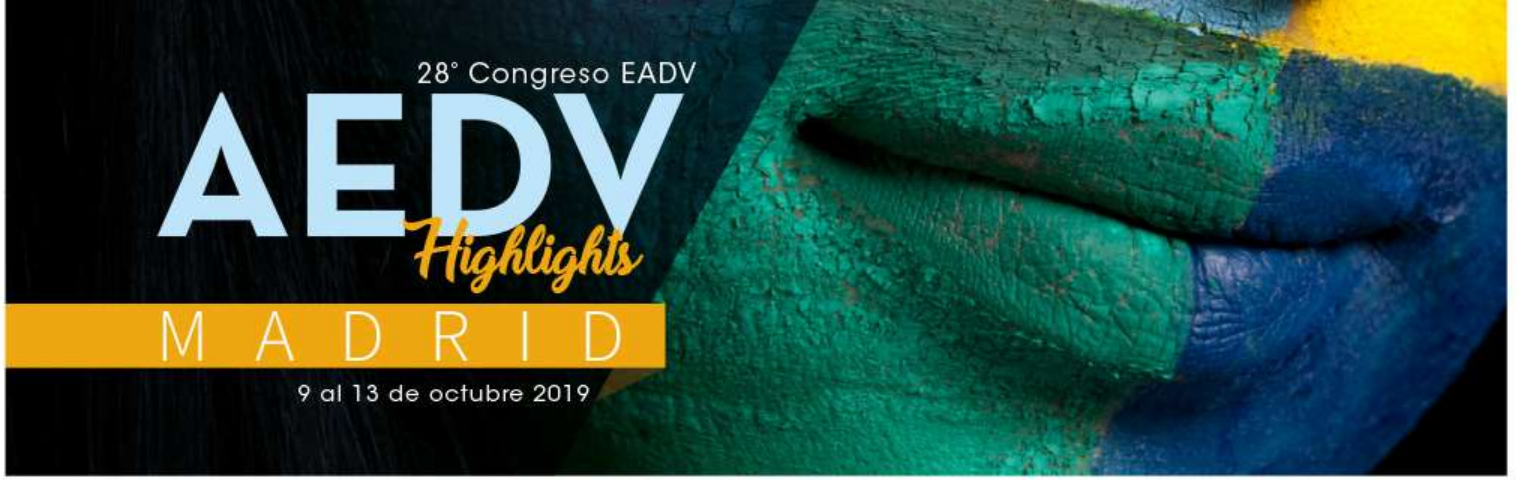
Efficacy and prognostic factors of response

XUrCB

CONCLUSIONS

Our findings suggest that **omalizumab is an effective treatment** in patients affected by CIndU in clinical daily practice. Omalizumab **updosing may be useful** in non-responder patients. The main limitation of our study is related to its retrospective nature, the few number of patients and the lack of an available activity score to compare all the subtypes of CIndU. Studies with a larger number of patients would be needed to confirm our results.

Expósito V, et al. ***Omalizumab for the treatment of chronic inducible urticaria in 80 patients. Efficacy and prognostic factors of response.*** *Presented at 28th EADV congress. Madrid*



ATOPIC DERMATITIS

POSTERS

A simulation study for clinical efficacy of an anti-ORAI1 antibody (DS-2741a) on atopic dermatitis using quantitative systems pharmacology (QSP) modeling for preclinical-to-clinical translation

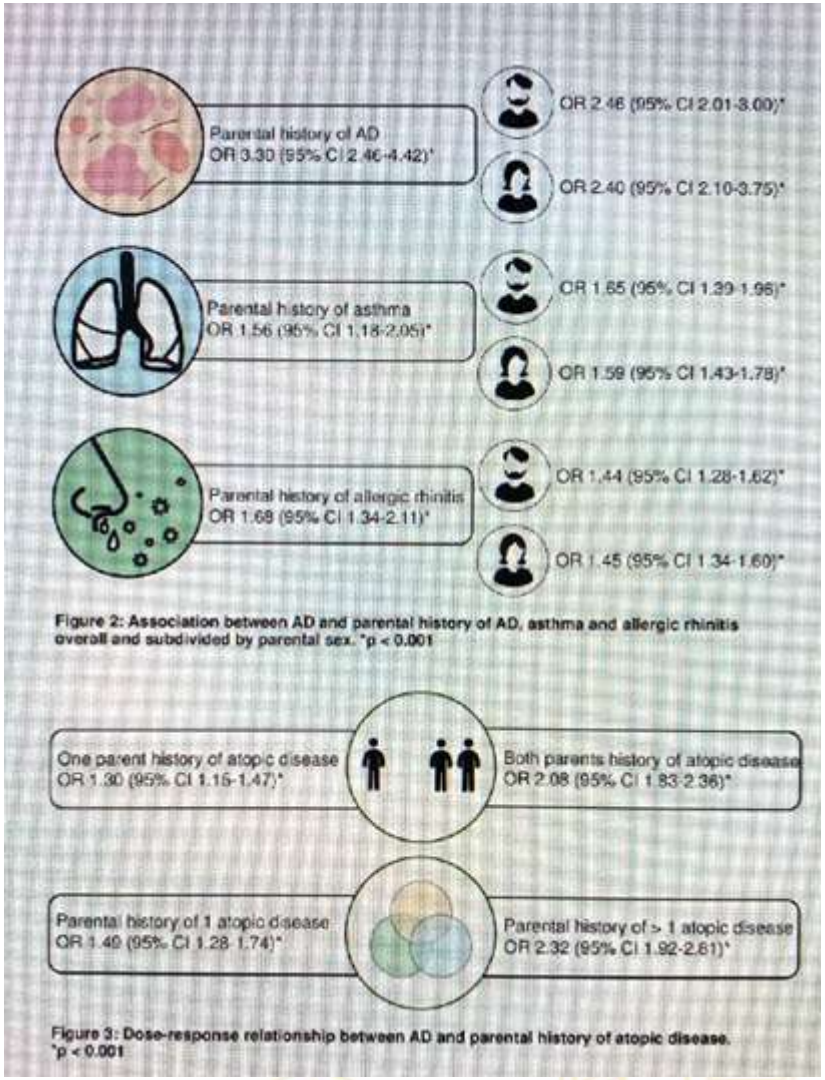
Christina Friedrich[1,*], Takashi Ito[2], Katherine Kudrycki[1], Meghan Pryor[1], Vincent Hurez[1], Shinnosuke Yamada[2], Naoki Kiyosawa[2], Masatoshi Nishimura[2], Ryo Atsumi[2], Kiyoshi Morimoto[2]
[1]Rosa & Co. LLC, CA, USA, [2]Daiichi Sankyo Co., Ltd, Tokyo, Japan *cfriedrich@rosaandco.com

Conclusions

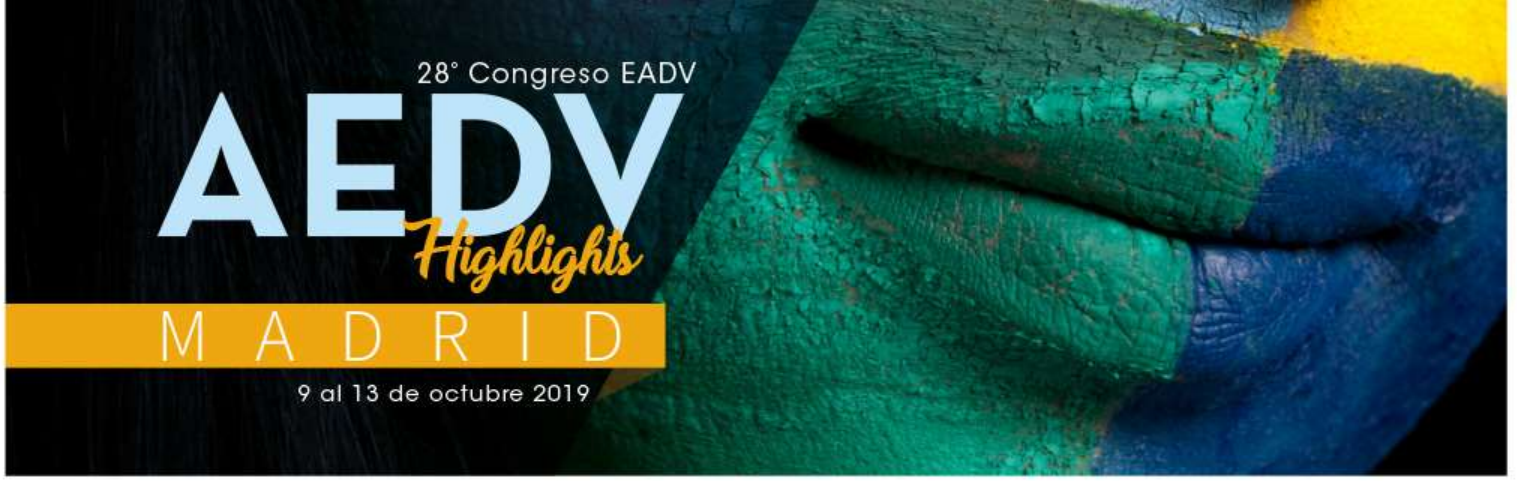
- QSP modeling provided an early indication of the potential for DS-2741a as a novel therapeutic agent in AD
- Simulations suggest that DS-2741a could show faster response and more efficacy than dupilumab in a broad spectrum of AD patients
- QSP modeling and research was regarded in-house as an alternative investigation to preclinical animal model and was leveraged to prioritize the product toward clinical trial

Friederich C, et al. ***A simulation study for clinical efficacy of an anti-ORAI1 antibody (DS-2741a) on atopic dermatitis using quantitative systems pharmacology (QSP) modeling for preclinical-to-clinical translation.*** *Presented at 28th EADV congress. Madrid*

POSTERS



Haarup Ravn, N et al. ***How does parental history of atopic disease predict the risk of atopic dermatitis in child?****. Presented at 28th EADV congress. Madrid*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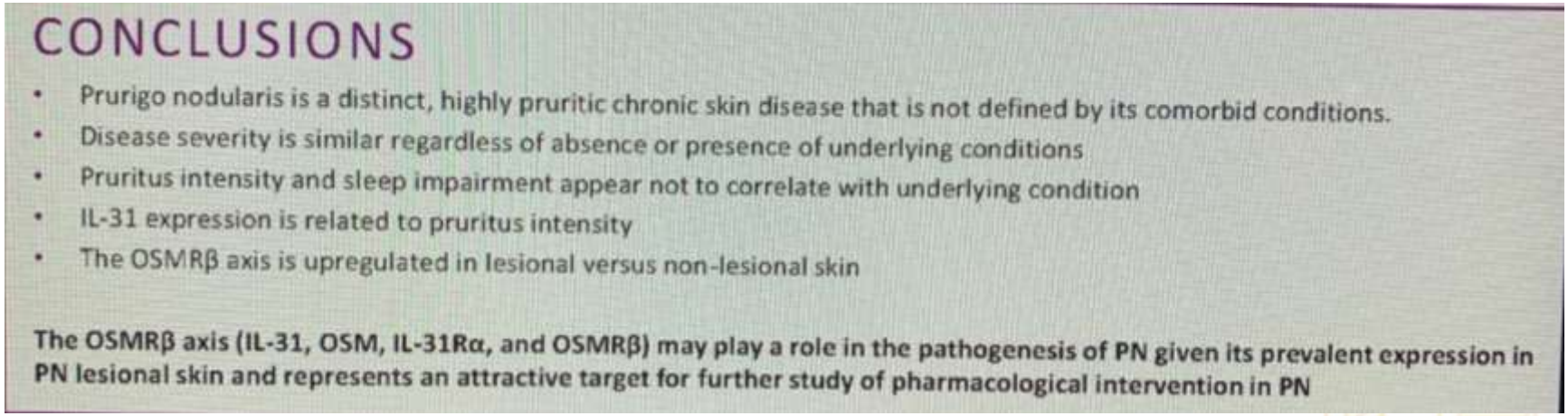
PRURITUS

POSTERS



Stander S, et al. ***IL-31 is implicated in the pathogenesis of prurigo nodularis, a chronic pruritic skin disease that can exist irrespective of co-morbid conditions (LOTUS-PN study).*** *Presented at 28th EADV congress. Madrid*