AEDV HIGHLIGHTS
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PARIS, France
• Review and Updates: Psoriasis

• Presentations:
  • D1T01.3A Topical and photo-therapies PhD Dr. Wolfram Hoetzecker
  • D1T01.3B Classical systemic therapies and combinations Prof. Rolland Gyulai (Pécs – Hungary)
  • D1T01.3C TNF antagonists Dr. Curdin Conrad (Lausanne – Switzerland)
  • D1T01.3D IL-17 and IL-23 antagonists Prof. Jonathan Barker (London – United Kingdom)
• **D1T01.3A Topical and photo-therapies**
  
  • Ongoing Clinical Study for proactive maintenance with topical steroid/vitamin D
    
    • n=400, 4 weeks of standard daily calcipotriol/betamethasone → randomization in two groups with calcipotriol/betamethasone 2x/week vs placebo gel 2x/week for 12 months. Data expected in April 2019.

  • Topical pipeline → New formulations of old friends, phase II new molecules with discrete efficacy as for now (crisaborole, tofacitinib, TrkA kinase blocker...
D1T01.3B Classical systemic therapies and combinations

- Methotrexate
  - MTX restores the functions of peripheral blood regulatory T cells.
  - Intensified dosing Schedule (METOP) in sc MTX → Starting dose of 17.5 mg/w and dose escalation up to 22.5 mg/w if PASI50 not achieved at week 8 offers better therapeutic results than maintaining initial dosage.
  - Ca^{2+} pretreatment levels and/or HLA-Cw6 positivity might be useful as predictors of treatment success.
  - MTX does not increase the risk of cirrhosis in psoriatic patients with chronic viral hepatitis B or C.
    - Tang KT et al. JAAD 2018
• D1T01.3B Classical systemic therapies and combinations
  
  • Acitretin
    • Low dosing of acitretin might be inefficient → Quickly escalate dosage (every 2 wk) up to lowest effective dose and afterwards reduce to minimum maintenance dose might be a better strategy. Borghi A et al, Acta Derm Venereol 2015; 95: 332-336
    
  • Identification of genetic polymorphisms associated with responsiveness to acitretin in Psoriasis patients → rs at SLCO1B1 and SLC22A1, involved in hepatic elimination of the drug. Chen W et al, Sci Rep 2018
• D1T01.3C TNF antagonists & D1T01.3D IL-17 and IL-23 antagonists
  • AntiTNF still play an important role in therapy taking in mind Ps comorbidities
    • 2006 & 2007 Gelfand → increased risk of MI and mortality in severe Ps / 2010 Boehncke → “Psoriatic march”
    • 2017 Wu et al, JAAD → Patients on TNFi treatment are statistically less at risk from MACE than those on MTX.
    • 2018 Wu et al, JAAD → Patients on TNFi treatment show a 50% less risk of MACE events than those on phototherapy.

  • Target drug level of 7 µg/ml provides 80% probability of achieving PASI75 and 51% of PASI90

• Anti IL12, anti IL23 and anti IL17 → Highly efficacious, based on critical T cell pathways for Ps, real life data is somewhat limited yet.
  • Need for sequential studies to establish which would be the optimal sequence of treatment.