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34ª edición

17-20 sep

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Brilla el futuro de *la dermatologia*,
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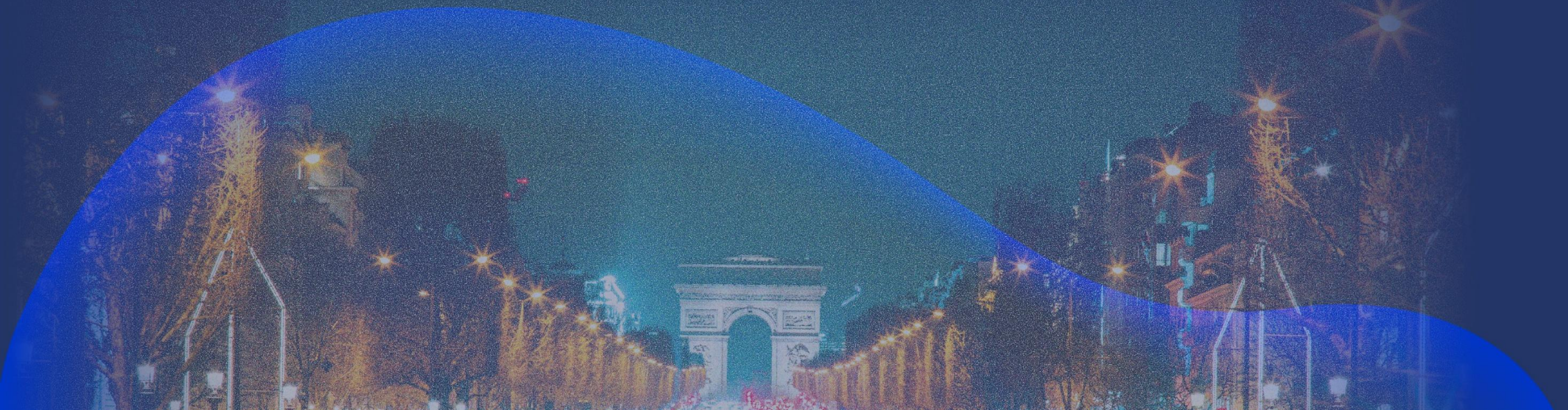

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Highlights en Dermatitis atópica e Imunoalergia cutánea

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Brilla el futuro de *la dermatologia*,
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NO TENGO CONFLICTOS DE INTERÉS

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Desintensificación Dupilumab

P2883

Dupilumab Monotherapy for **1 Year** Provides Rapid and Sustained **Improvement in SCORAD Across Dose Regimens** in Adults With Moderate-to-Severe **Atopic Dermatitis**

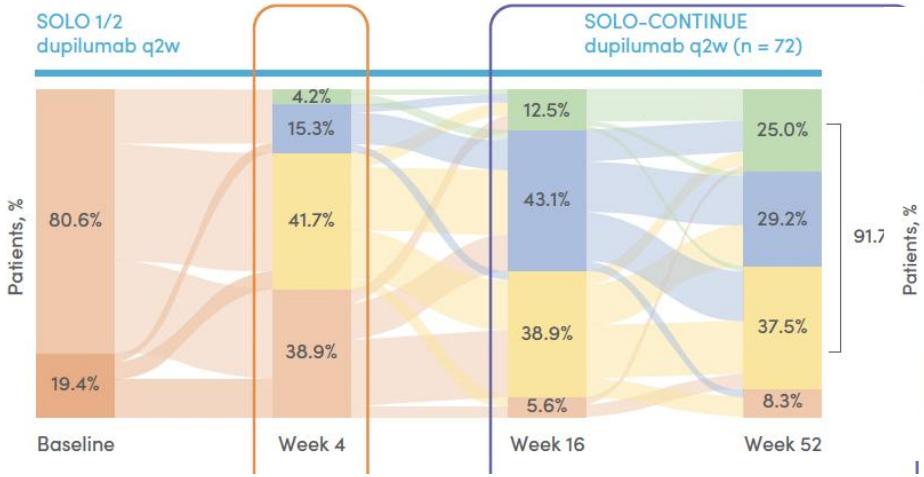
Sebastien Barbarot[1], Peter Schmid-Grendelmeier[2,3], Giuseppe Argenziano[4], Amy H. Praestgaard[5], Jason Wang[6], Ana B. Rossi[5]

[1]Centre Hospitalier Universitaire de Nantes, Nantes, France; [2]Christine Kühne – Center for Allergy Research and Education, Medicine Campus Davos, Davos, Switzerland; [3]University Hospital of Zürich, Zürich, Switzerland; [4]University of Campania, Naples, Italy; [5]Sanofi, Cambridge, MA, USA; [6]Regeneron Pharmaceuticals Inc., Tarrytown, NY, USA

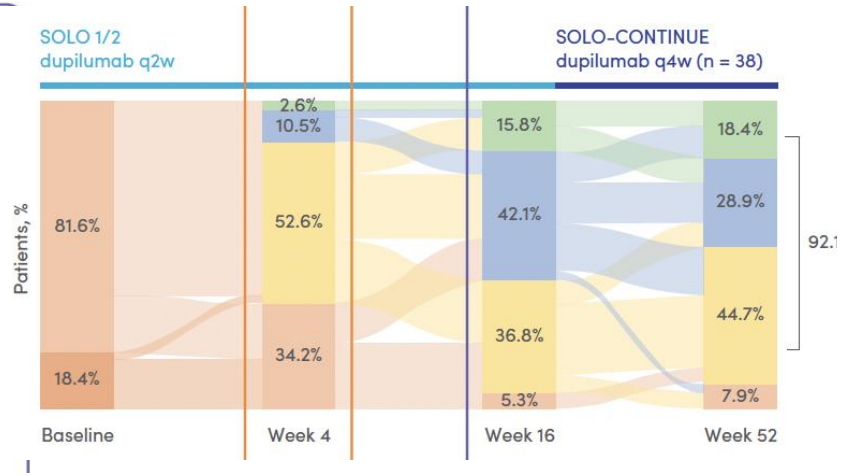
Liberty AD SOLO 1 y 2 (16 semanas dupilumab)

↓ *realeatorización*

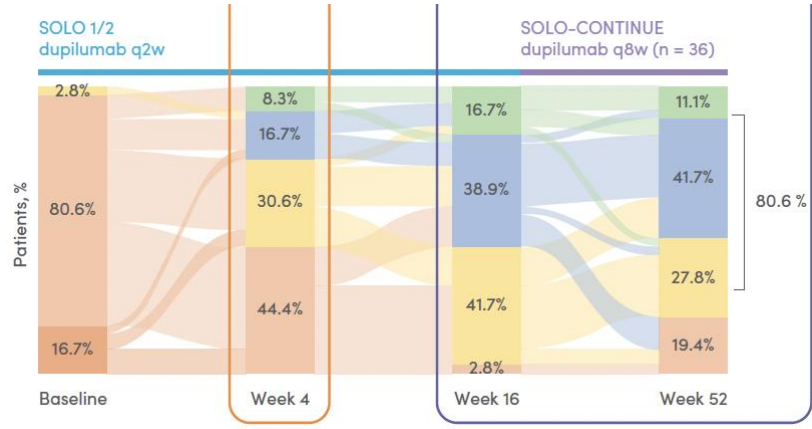
SOLO-CONTINUE



Cada 2 semanas



Cada 4 semanas



Cada 8 semanas

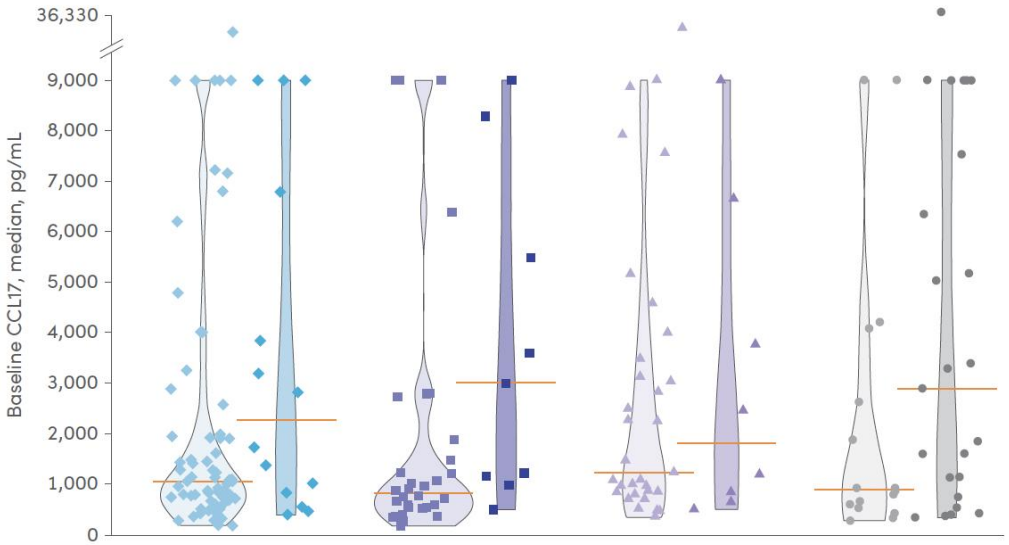
Biomarcadores

AEDV Highlights 2023 — 34ª edición 17-20 sep PARÍS

P3845

Patients who do **not Flare** During Maintenance Treatment With **Dupilumab Monotherapy** for **1 Year** Have **Lower Baseline CCL17/TARC** Regardless of Dose Regimen

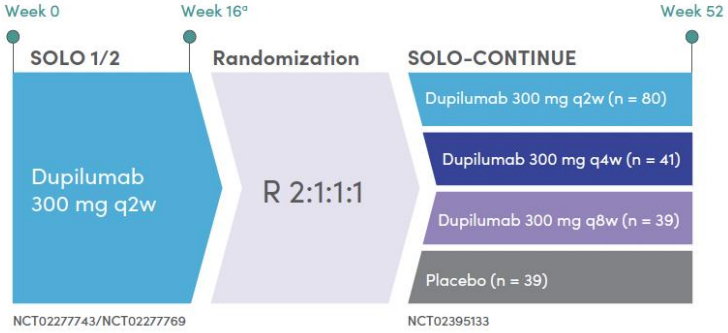
Lisa A. Beck[1], Yoko Kataoka[2], Delphine Staumont-Sallé[3], H. Chih-ho Hong[4,5], Amy H. Praestgaard[6], Brad Shumel[7], Ana B. Rossi[6]



Median baseline CCL17 overall:
Patients with ≥1 flare (n = 54): **2,647** pg/mL
Patients with **no flares** (n = 145): **1,007** pg/mL

SOLO-CONTINUE group	Dupilumab q2w		Dupilumab q4w		Dupilumab q8w		Placebo	
Flares during SOLO-CONTINUE	no	yes	no	yes	no	yes	no	yes
Patients, n (%)[a]	66 (82.5%)	14 (17.5%)	32 (78.0%)	9 (22.0%)	31 (79.5%)	8 (20.5%)	16 (41.0%)	23 (59.0%)
Median CCL17, pg/mL	1,074	2,285	834	3,010	1,237	1,839	910	2,909
Min–max CCL17, pg/mL	195–28,732	407–20,862	190–19,486	514–19,333	360–30,153	516–16,428	293–10,158	359–36,330

In this post hoc analysis, patients who received dupilumab 300 mg q2w in LIBERTY AD SOLO 1/2 and achieved IGA 0/1 and/or EASI-75 at Week 16 were rerandomized to dupilumab or placebo in SOLO-CONTINUE



[a]Week 16 of SOLO 1/2 is SOLO-CONTINUE baseline.

LOS NIVELES DE CCL17 FUERON 1.5-3.6 VECES SUPERIORES EN PACIENTES QUE RESPONDEN PERO PRESENTAN BROTES (NECESIDAD DE ESCALAR EL TRATAMIENTO)

Dupilumab en niños

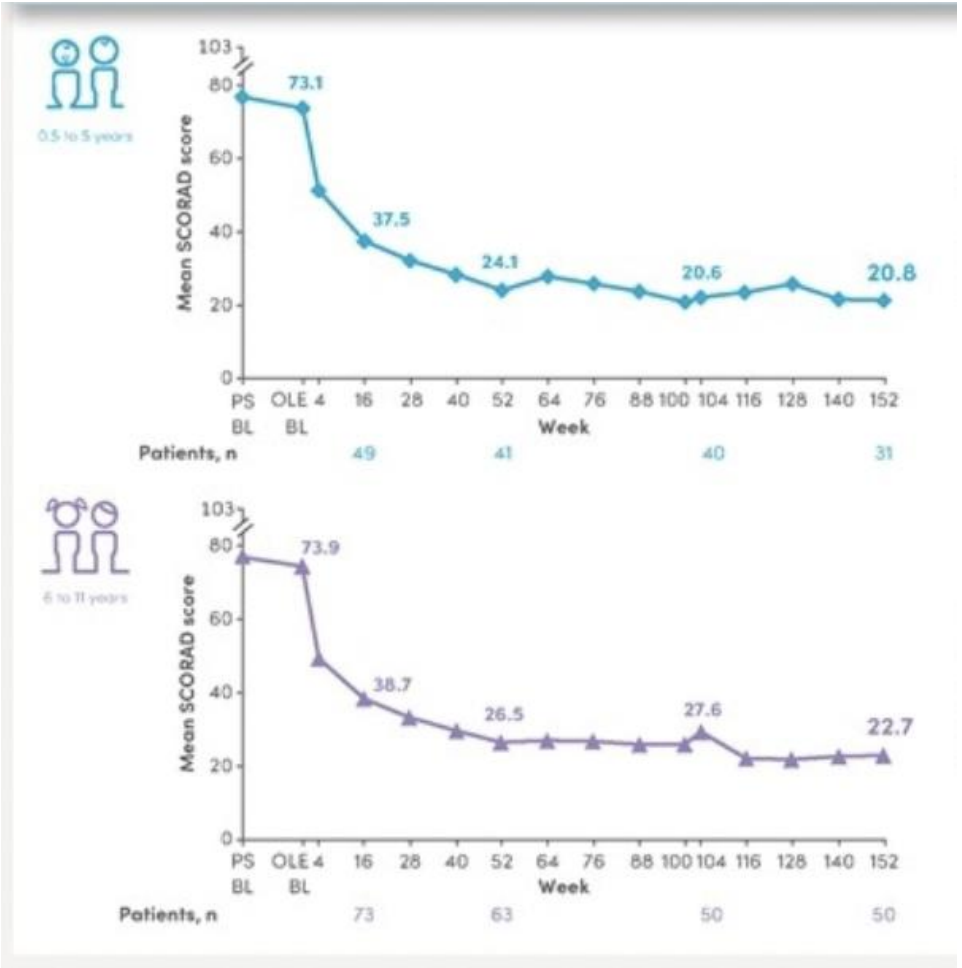
P2964

Safety and Efficacy of Dupilumab Treatment for up to 3 Years in Infants and Children With Severe Atopic Dermatitis

Amy S. Paller[1,2], Alain Taïeb[3], Stephan Weidinger[4], Masaki Futamura[5], Xing-Hua Gao[6], Lawrence F. Eichenfield[7,8], Yonghao Ma[9], Randy Prescilla[10], Tien V. Nguyen[9]

LIBERTY AD PED OLE (6 meses – 12 años)

No nuevas alertas de efectos adversos, conjuntivitis (4%) y nasofaringitis (4%)



Dupilumab en niños

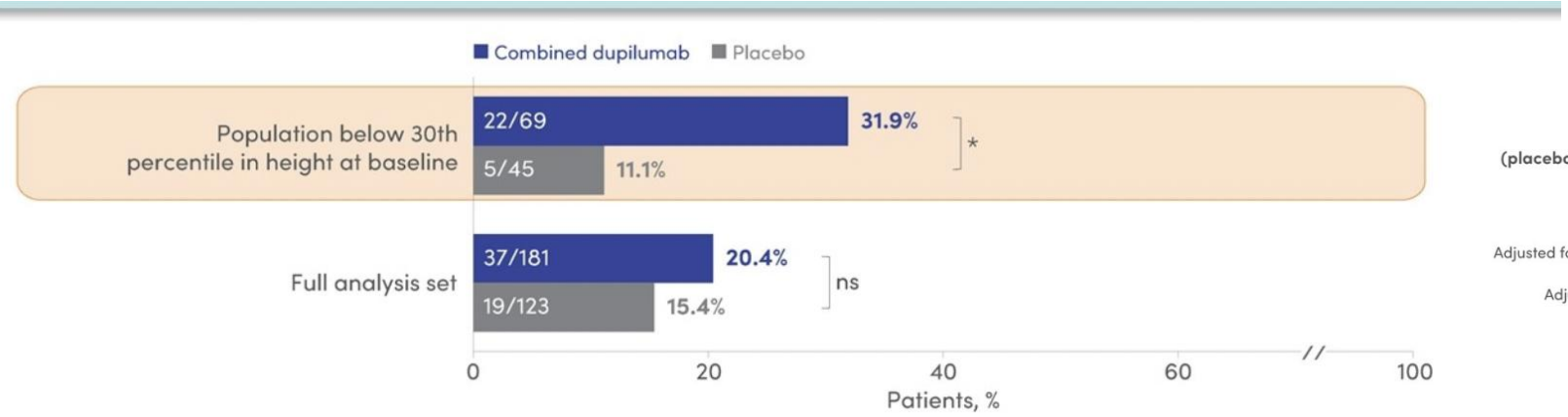
P3297

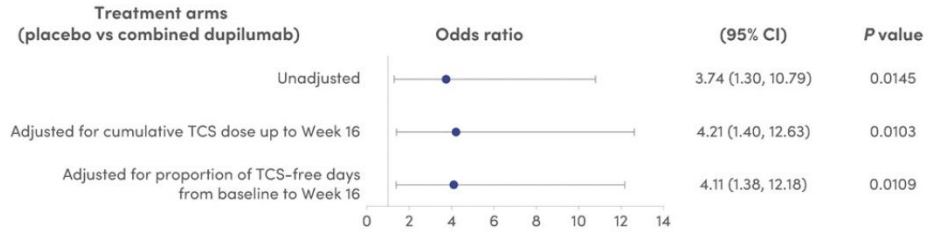
Growth Improvement in Children 6 to 11 Years With Severe Atopic Dermatitis Treated With Dupilumab Irrespective of TCS Use

Alan D. Irvine[1], Amy S. Paller[2,3], Elaine C. Siegfried[4,5], Michael J. Cork[6,7], Lisa A. Beck[8], Jiangnan Lyu[9], Annie Zhang[10], Stephane Levy[9], Sonya L. Cyr[9]

- Post – hoc análisis of LIBERTY AD PEDS

Pacientes con baja estatura tratados con dupilumab presentaron un >= 5 percentiles en el crecimiento





Independiente del uso de TCs

Dupilumab en niños

P2967

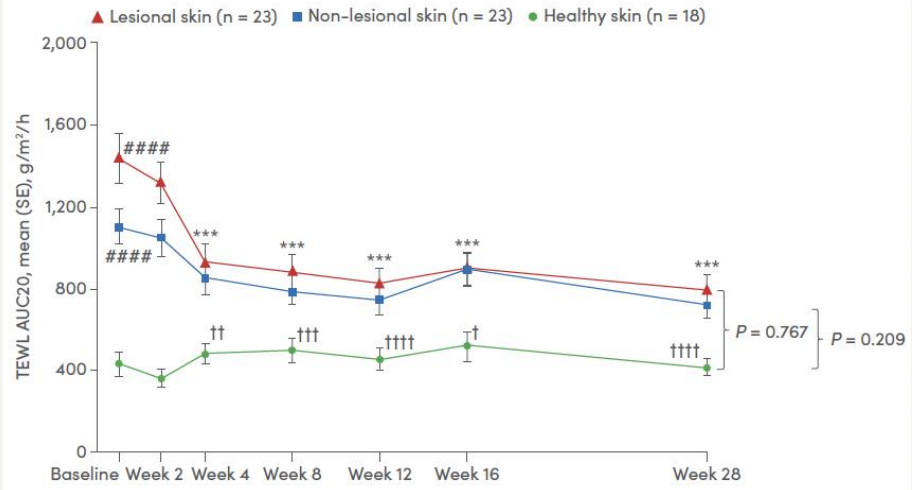
Dupilumab Treatment **Restores Stratum Corneum** Lipid Structure and **Skin Barrier Function** in Patients Aged 6 to 11 Years With Moderate-to-Severe **Atopic Dermatitis**

Michael J. Cork[1,2], Simon G. Danby[3,4], Elena Goleva[5], Evgeny Berdyshev[5], Peck Y. Ong[6], Joseph Zahn[7], Amy H. Praestgaard[8], Emilie Gloaguen[9], Inoncent Agueusop[10], Annie Zhang[8], Donald Y.M. Leung[5]

Estudio mecanístico pequeño (n=20)

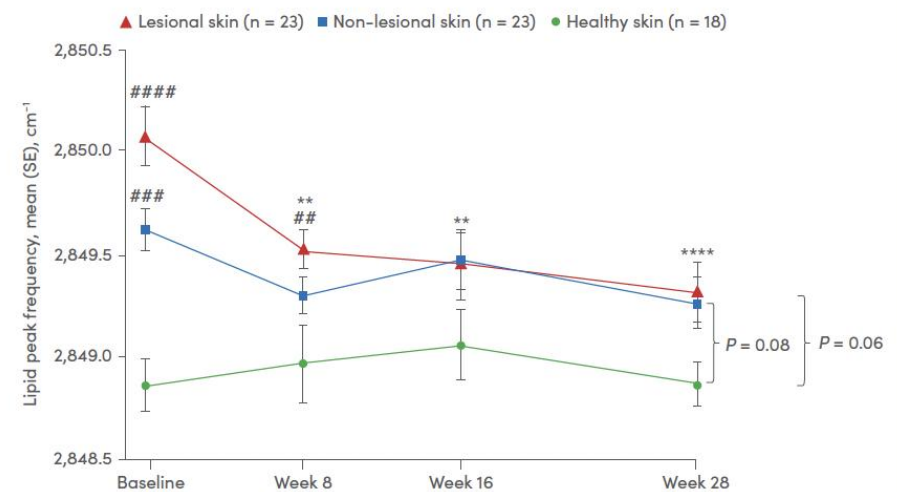
- Cambios en la barrera cutánea en niños tratados con dupilumab (6-11 años)

Dupilumab treatment improves TEWL AUC20 in lesional and non-lesional skin of patients with moderate-to-severe AD



For the comparison between healthy and lesional/non-lesional skin, *P* values were obtained using an independent sample *t*-test (if normal distribution) or a Wilcoxon–Mann–Whitney test (if non-normal distribution). For the comparison between baseline and each timepoint, *P* values were obtained using a paired sample *t*-test (if normal distribution) or a Wilcoxon signed-rank test (if non-normal distribution). LS means were based on mixed models for repeated measures. ****$P < 0.0001$ vs healthy skin. ***$P < 0.001$ vs baseline for lesional skin. †$P < 0.05$, ††$P < 0.01$, †††$P < 0.001$, ††††$P < 0.0001$ all vs baseline for non-lesional skin.

Dupilumab treatment reduces lipid peak frequency in lesional and non-lesional skin of patients with moderate-to-severe AD, indicative of an improved lipid chain conformation



**$P < 0.01$, ***$P < 0.001$, ****$P < 0.0001$ vs healthy skin; **$P < 0.01$, ****$P < 0.0001$ vs baseline for lesional skin. *P* values were derived from a linear mixed-effects model incorporating fixed effects for skin type, visit, and their interaction (skin type × visit).

Tralokinumab en vida real

AEDV Highlights 2025 — 34ª edición 17-20 sep PARÍS

P2730

Effectiveness and safety of 12 months of tralokinumab treatment in 824 adults with atopic dermatitis: Final real-world data from the prospective, non-interventional, international, single-cohort TRACE study

April Armstrong[1], Silvia Ferrucci[2], Jose Juan Pereyra Rodriguez[3,4], Jennifer Beecker[5], Teodora Festini[6], Ida Vittrup[6], Frank Vinther[6], Diamant Thaçi[7]

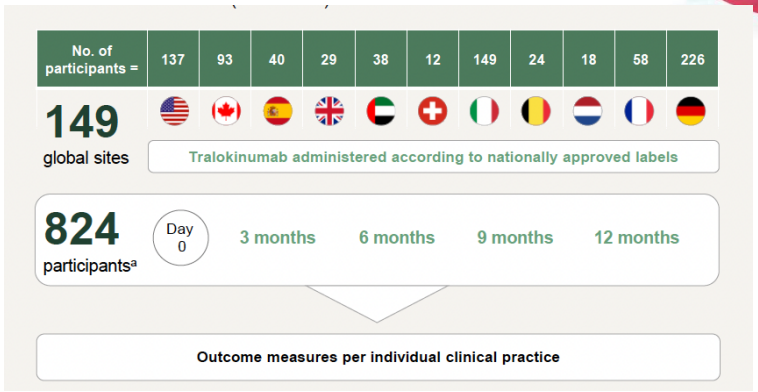
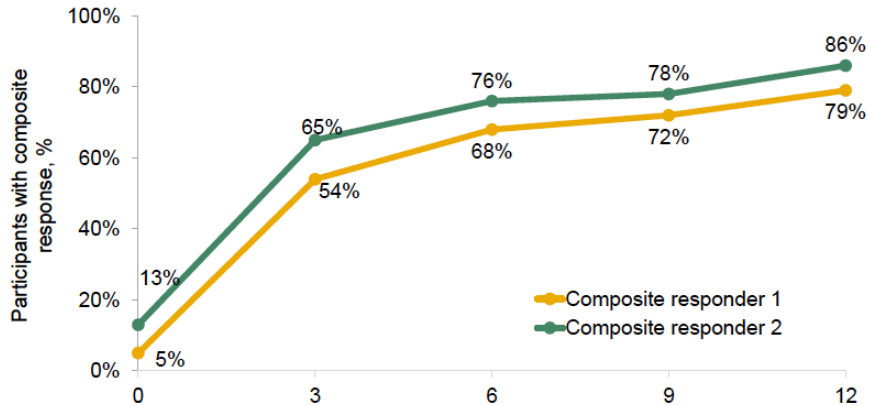


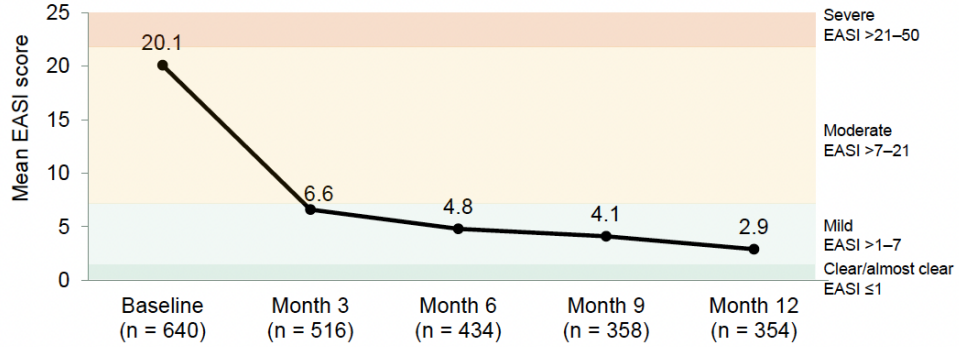
Figure 2. Changes in composite response: Baseline to Month 12



	0	3	6	9	12
Definition 1, n1/n2	42/794	352/656	369/539	315/438	326/412
Definition 2, n1/n2	108/818	430/659	409/540	342/440	356/415

The denominator for the proportions 'n2' represents at least one response assessment to any of the components of the composite response definition. Note that EASI75 is 0 at baseline.

Figure 5. Mean EASI scores among participants treated with tralokinumab



Most frequently reported preferred terms (reported in ≥2% of participants)	
Conjunctivitis	36 (4.4) [40]
Injection-site reaction	19 (2.3) [21]

No nuevas alertas de seguridad

Tralokinumab en vida real - TRACE

Poster 3225

Figure 2. Proportion of participants with **DLQI ≤5** with 12 months of tralokinumab treatment

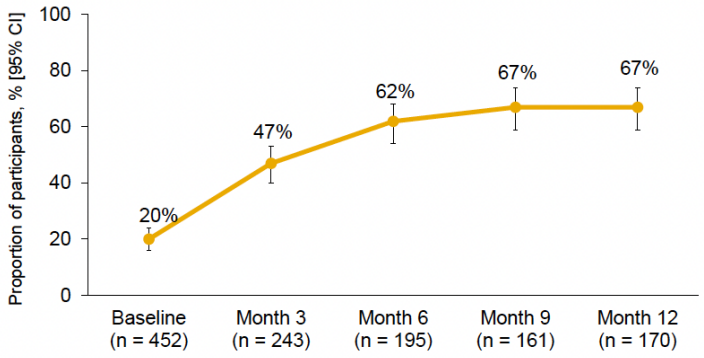


Figure 3. Proportion of participants with **PP-NRS ≤4** with 12 months of tralokinumab treatment

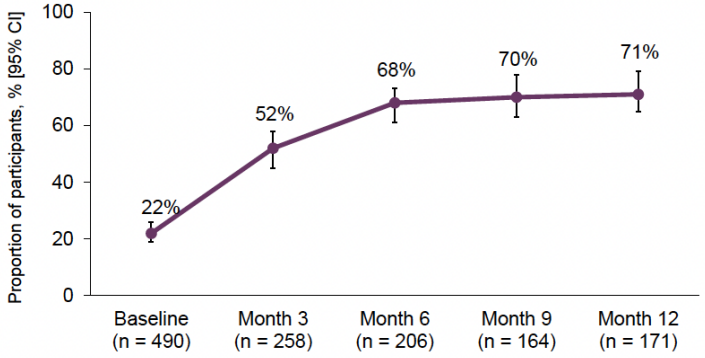
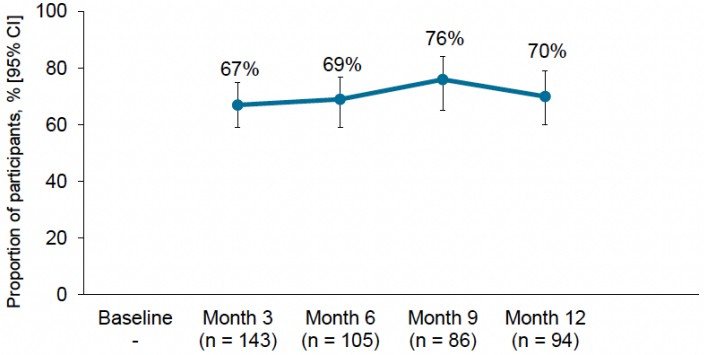
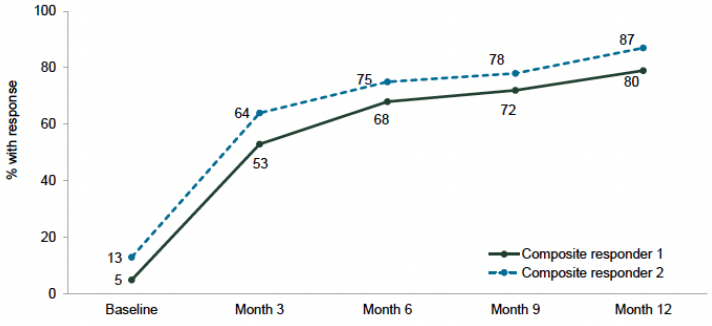


Figure 4. Proportion of participants **with ≥2 point improvement in Sleep-NRS** with 12 months of tralokinumab treatment, among those with Sleep-NRS ≥2 at baseline

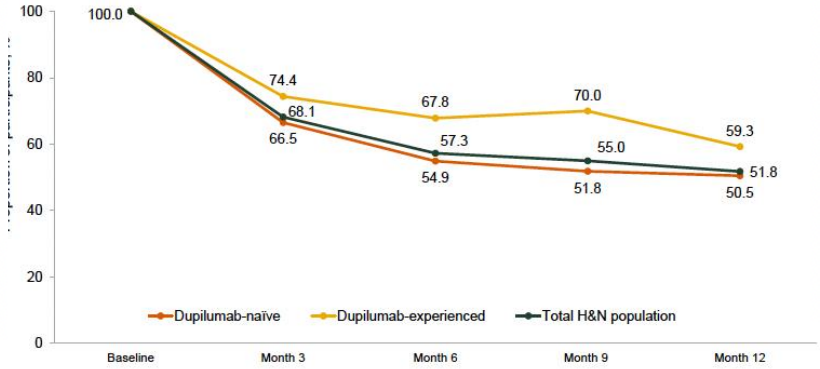


Póster 3435 – Cabeza y cuello

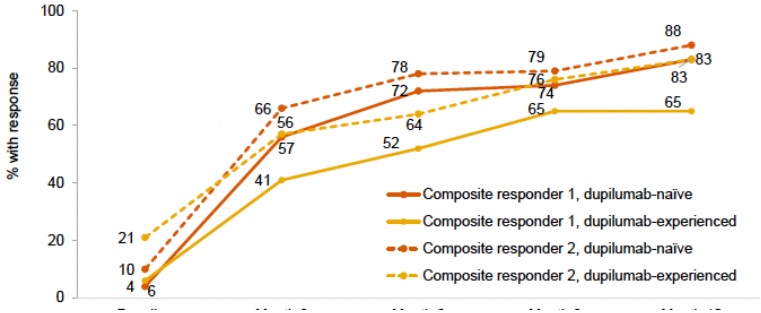
Composite responders (CRs) among participants with H&N involvement treated with tralokinumab



igure 2. Proportion of participants with H&N involvement through 2-month tralokinumab treatment



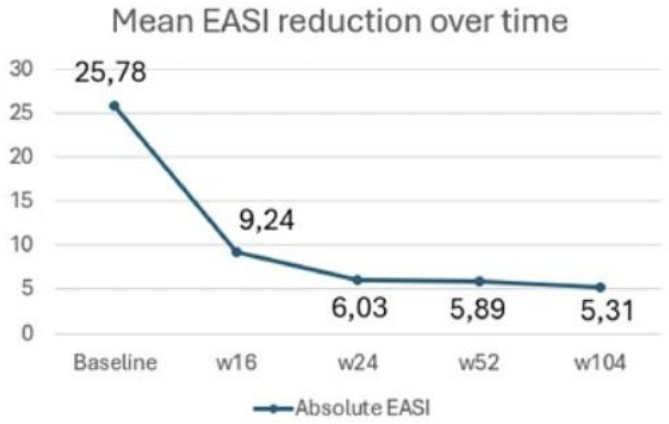
CRs by prior dupilumab experience



Tralokinumab en vida real

Multicenter Study of 209 Patients with Moderate-to-Severe Atopic Dermatitis Treated with Tralokinumab in a Real-World Practice. Efficacy and Safety Data at 52 Weeks.

Araceli Sánchez-Gilo1, Enrique Gomez de la Fuente2, Fatima Tous-Romero3, J. Ortiz de Frutos3, Pablo Chicharro-Manso4, Maria Dorado-Fernandez5, Marta Isabel Andreu Barasoain6, Nuria Barrientos Pérez7, Susana Córdoba Guijarro8, Ana Maria Almodovar- Leal9, R. Suarez Fernandez9, Vanessa Gargallo Moneva10, Bibiana Pérez2, Dulce Arranz11, Tatiana Sanz Sánchez11, Berta Perez Tato12, Alberto Guerrero Torija13, Marta Elosua Gonzalez14, A. Sirgado Martínez15, P. de la Cueva Dobao16, Héctor Muñoz González17, Rubén García Castro18. 1Hospital Universitario Rey Juan Carlos, Dermatology, Madrid, Spain, 2Hospital Universitario Ramón y Cajal, Dermatology, Madrid, Spain, 3Hospital Universitario 12 de Octubre, Dermatology, Madrid, Spain, 4Hospital Universitario la Princesa, Dermatology, Madrid, Spain, 5Hospital Universitario Severo Ochoa, Dermatology, Leganés, Spain, 6Hospital Universitario Fundación Alcorcón, Dermatology, Alcorcón, Spain, 7Hospital Universitario del Henares, Dermatology, Coslada, Spain, 8Hospital Universitario Fuenlabrada, Dermatology, Fuenlabrada, Spain, 9Hospital General Universitario Gregorio Marañon, Dermatology, Madrid, Spain, 10Hospital Universitario Sureste, Dermatology, Arganda, Spain, 11Infanta Sofia University Hospital, Dermatology, San Sebastián de los Reyes, Spain, 12Hospital Universitario de Móstoles, Dermatology, Móstoles, Spain, 13Infant Cristina University Hospital, Dermatology, Parla, Spain, 14Puerta de Hierro Majadahonda University Hospital, Dermatology, Majadahonda, Spain. 15Clinic San Carlos University Hospital, Dermatology, Madrid, Spain. 16 Infant Leonor University Hospital, Dermatology, Vallecas, Spain. 17Getafe University Hospital, Dermatology, Getafe, Spain. 18Fundación Jimenez Diaz, Dermatology, Madrid, Spain.



temic therapies, low BMI, etc. In our study we observed better EASI responses at week 52 were observed in patients gnosed at an older age ($p<0.005$). Female and older age patients responded better, although this was not statistically nificant. Our data show that patients who achieve EASI 75 or EASI 90 at week 16 are more likely to maintain response at ek 52. ($p<0.005$).

N=4 (w104)

Super-respondedores Tralokinumab

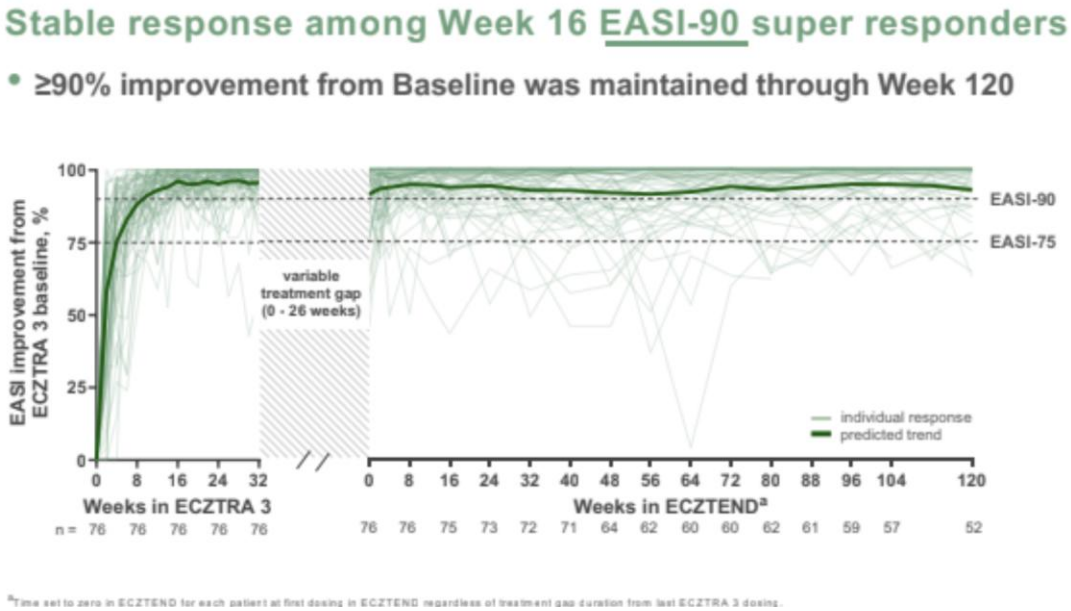
Initial Super Response to Tralokinumab Leads to Stable Long-term Response in Patients with Moderate-to-Severe Atopic Dermatitis: Response and Predictor Analysis from the ECZTRA 3 & ECZTEND Trials

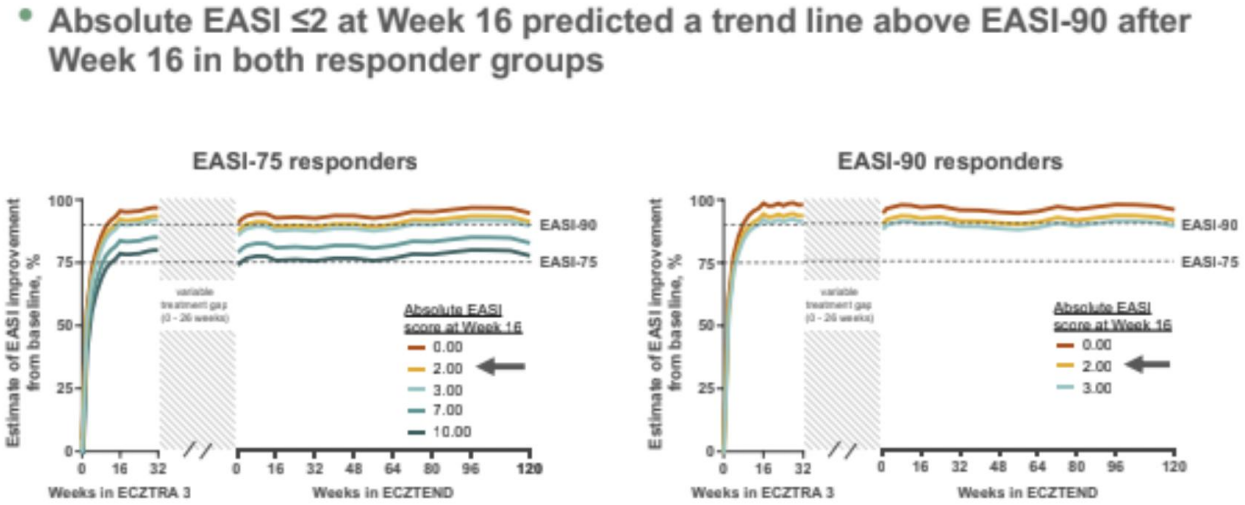
Andrew Blauvelt,[1] Marjolein de Bruin-Weller,[2] Norito Katoh,[3] Mark G Kirchhof,[4,5] Ketty Peris,[6] Andrew Pink,[7] John Stinson,[8] Peter van Iperen,[8] Rie von Eyben,[8] Stephan Weidinger[9]

Análisis post-hoc de pacientes respondedores (EASI75) en ECZTRA-3 (tralo + TCS), que posteriormente pasan a ECZTEND

- Edad media: 39 años. EASI 28.8.

Super-responder: EASI90 semana 16





Lebrikizumab – largo plazo

P-2940

Absolute EASI response achieved with lebrikizumab up to 2 years in patients with moderate-to-severe atopic dermatitis (ADvocate1&2 to ADjoin)

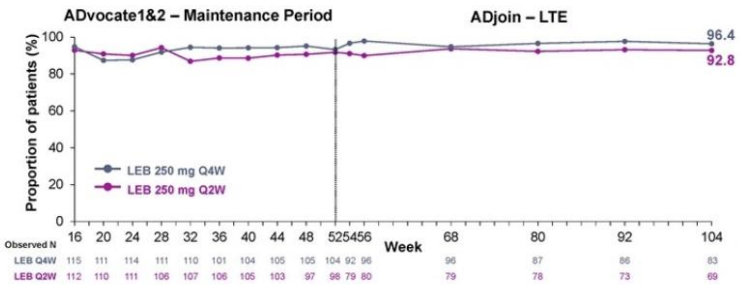
Diamant Thaçi[1], Lluís Puig[2], Kim Papp[3], Linda Stein Gold[4], Pablo Fernández-Peñas[5], Yu-Huei Huang[6], William Romero[7], Meritxell Falqués[8], Helena Agell[8], Christian Vestergaard[9]

- Respondedores semana 16 (ADvocate → AD JOIN)

KEY FINDINGS

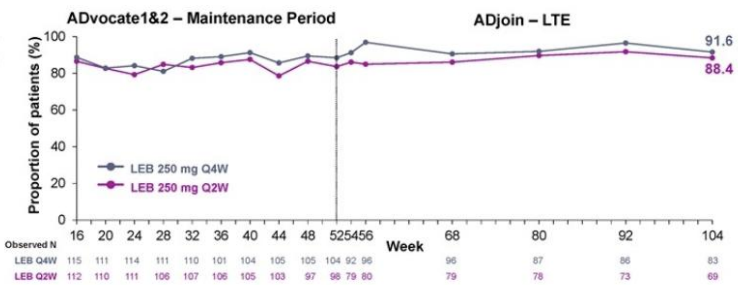
EASI absolute thresholds through W104 (2 years) in W16 LEB responders

EASI ≤7 through W104 (2 years) in W16 LEB responders



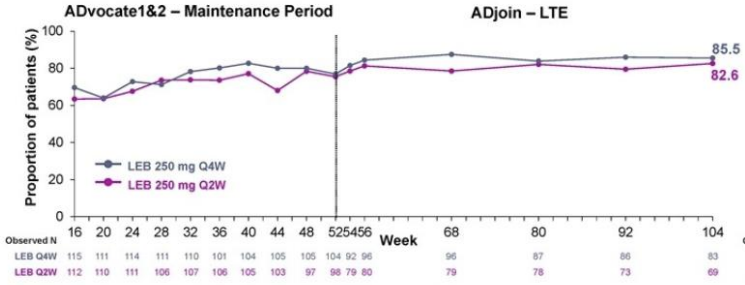
- Out of the LEB W16 per-protocol responders, EASI ≤7 response rates remained stable over time with 96.4% of LEB every 4 weeks (Q4W) and 92.8% of LEB every 2 weeks (Q2W) reporting this response after 2 years of treatment.

EASI ≤5 through W104 (2 years) in W16 LEB responders



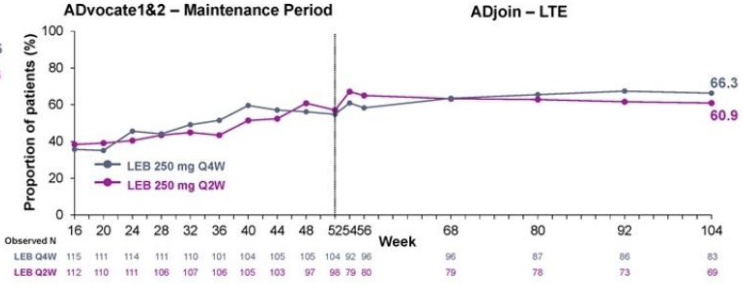
- Out of the LEB W16 per-protocol responders, EASI ≤5 response rates remained stable over time with 91.6% of LEB Q4W and 88.4% of LEB Q2W reporting this response after 2 years of treatment.

EASI ≤3 through W104 (2 years) in W16 LEB responders



- Out of the LEB W16 per-protocol responders, EASI ≤3 response rates were increased from W16 to 2 years with 85.5% of patients reporting this response with LEB Q4W and 82.6% with LEB Q2W after 2 years of treatment.

EASI ≤1 through W104 (2 years) in W16 LEB responders



- Out of the LEB W16 per-protocol responders, EASI ≤1 response rates were increased from W16 to 2 years with 66.3% of patients reporting this response with LEB Q4W and 60.9% with LEB Q2W after 2 years of treatment.

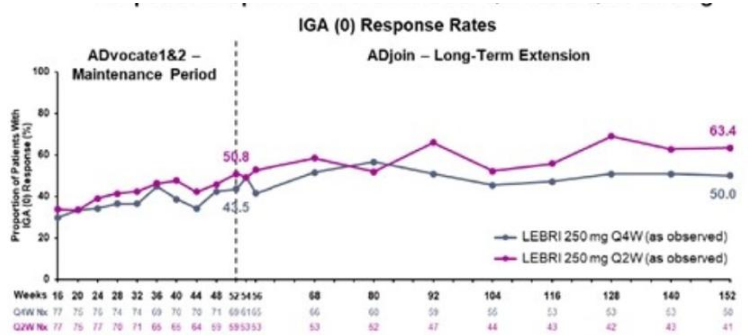
Lebrikizumab – largo plazo

AEDV 2025 Highlights
34ª edición
17-20 sep
PARÍS

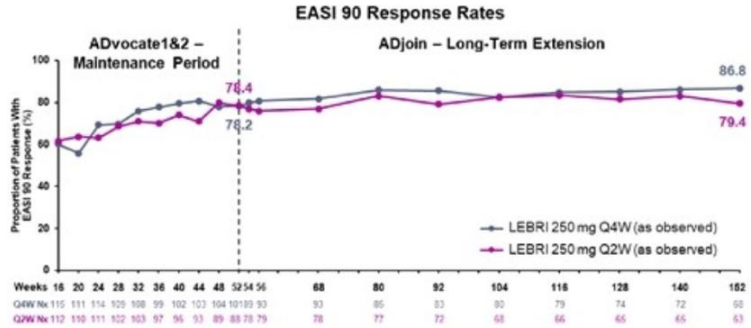
P0282

Raising the Bar of Efficacy in Atopic Dermatitis: Lebrikizumab Maintains Depth of Response Over 3 Years in Week 16 Responders

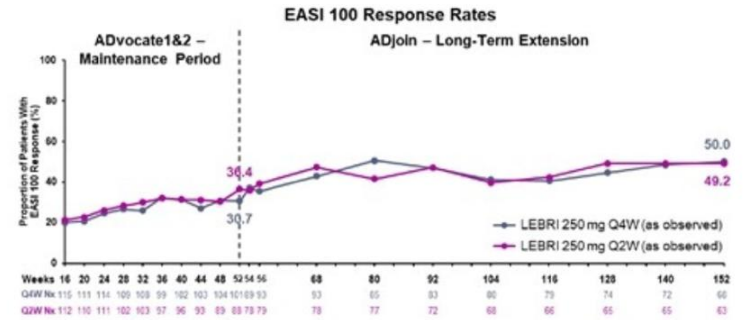
Eric Simpson[1], Tilo Biedermann[2], Leon Kircik[3], Raj Chovatiya[4,5], Ignasi Figueras-Nart[6], Marta Casillas[7], Gaia Gallo[7], Yuxin Ding[7], Evangeline Pierce[7], Helena Agell[8], Christian Vestergaard[9]



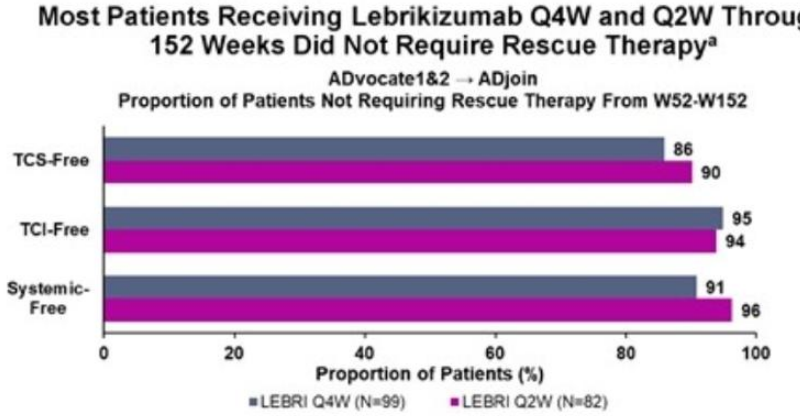
Notes: Data from Week 16 responders achieving IGA (0,1) at Week 16 of parent study. Not all patients completing ADvocate1 and ADvocate2 were enrolled to ADjoin; Week 52 data are from ADvocate1&2 parent studies.



Notes: Data from Week 16 responders achieving EASI 75 at Week 16 of parent study. Not all patients completing ADvocate1 and ADvocate2 were enrolled to ADjoin; Week 52 data are from ADvocate1&2 parent studies.



Notes: Data from Week 16 responders achieving EASI 75 at Week 16 of parent study. Not all patients completing ADvocate1 and ADvocate2 were enrolled to ADjoin; Week 52 data are from ADvocate1&2 parent studies.



Lebrikizumab - Trayectorias

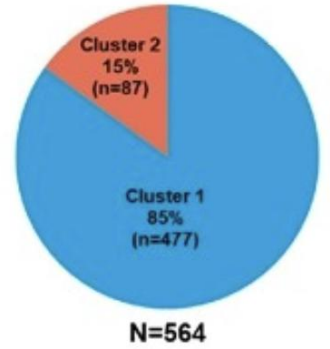
P0283

Individual Clinical Response Trajectories to Lebrikizumab in Atopic Dermatitis: A Cluster Analysis

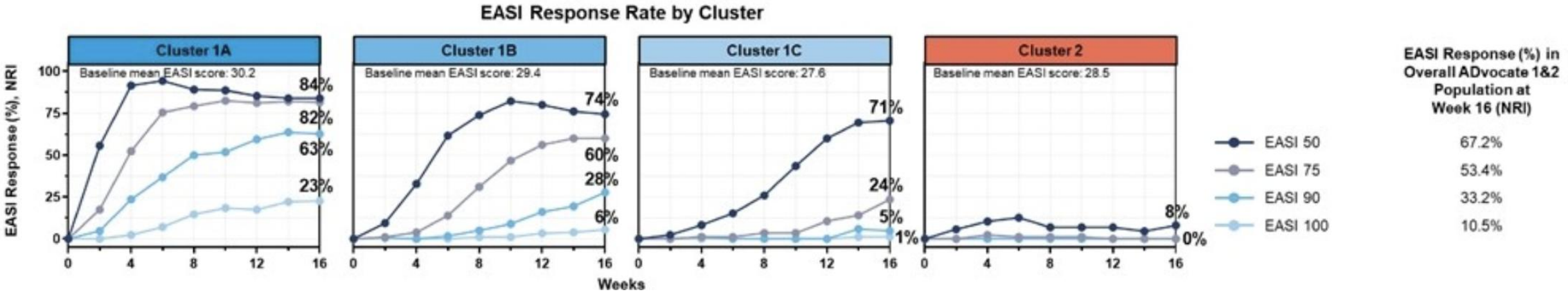
Andrew Blauvelt[1], Bruce Strober[2], Gaia Gallo[3], Yuxin Ding[3], Yun-Fei Chen[3], Martin Dossenbach[3], Lidia Rodriguez Calleja[4], Linda Stein Gold[5], Jonathan Silverberg[6]

Machine learning para construir clusters

Cluster 1: EASI 50-EASI75 semana 4-8, lo mantienen
Cluster 2: No alcanzan EASI50 o lo hacen de manera inestable



N=564



Cluster 1A: 38%

Cluster 1B: 32%

Cluster 1C: 15%

Seguridad upadacitinib

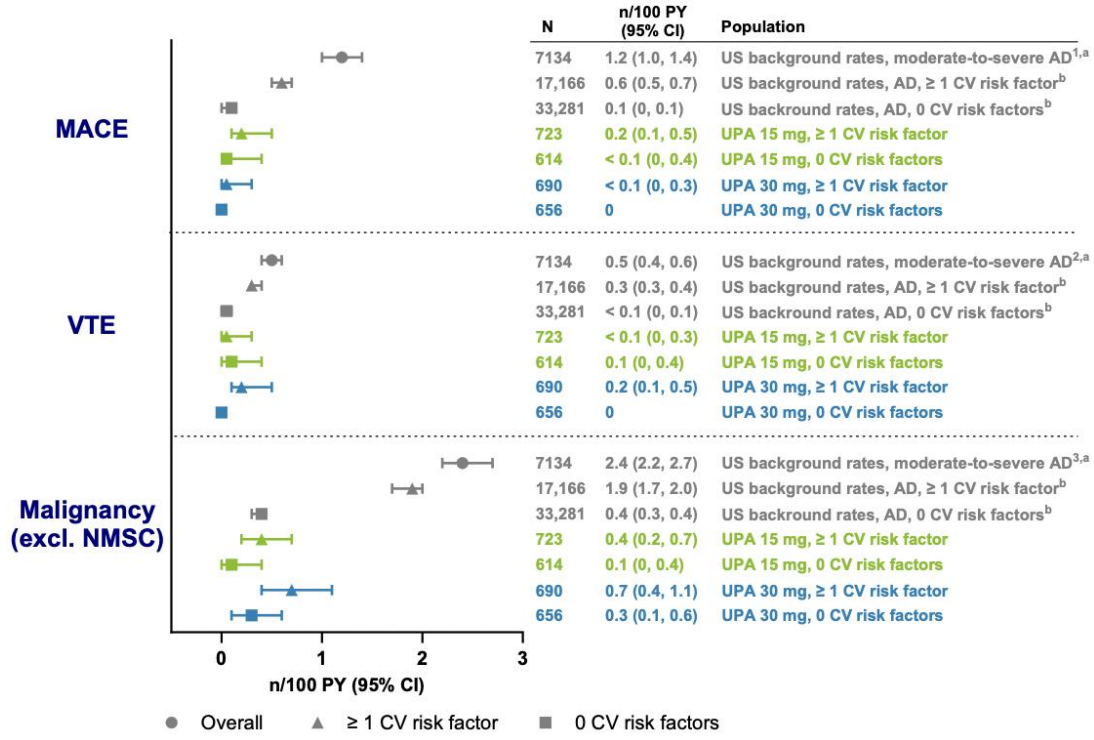
Patients with Cardiovascular Risk Factors and Atopic Dermatitis: Long-Term Safety of Upadacitinib for Major Adverse Cardiovascular Events, Venous Thromboembolism, or Malignancy (Excluding Nonmelanoma Skin Cancer)

Christopher G Bunick,[1] Linda F Stein Gold,[2] Ruth Ann Vleugels,[3] Raj Chovatiya,[4,5] David G Cotter,[6] Matthew Zirwas,[7] Paula Carolina Luna,[8] Chia-Yu Chu,[9] Ayman Grada,[10] Deanne M Dilley,[10] Emma Yue,[10] Meerat Oza,[10] Alena Pechonkina,[10] Lani Wegrzyn,[10] Gweneth F Levy,[10] Jonathan I Silverberg[11]

- **Objetivos:** Explorar incidencia de eventos cardiovasculares mayores, tromboembolismos y cáncer (excluyendo CCNM) **en función de riesgo cardiovascular** tras 6 años de upadacitinib

- **Métodos:** Ensayos clínicos fase III [Measure Up 1 & 2 (NCT03569293, NCT03607422) y AD Up (NCT03568318)]
  - Comparación con datos de pacientes con DA procedentes de base de datos poblacional, ponderados por edad y sexo
    - Estratificación por nº de factores de riesgo cardiovascular (0 vs >= 1)

- **Resultados:** 2.683 pacientes con DA con upa vs 50.447
  - Incidencia MACES y VTE ≤ 0.2 n/100 PY
  - Incidencia cancer ≤ 0.7 n/100 PY
  - **Similar en pacientes con 0, 1 y 2 factores de riesgo cardiovascular**
  - **Similar/inferior a la población general de sujetos con DA**



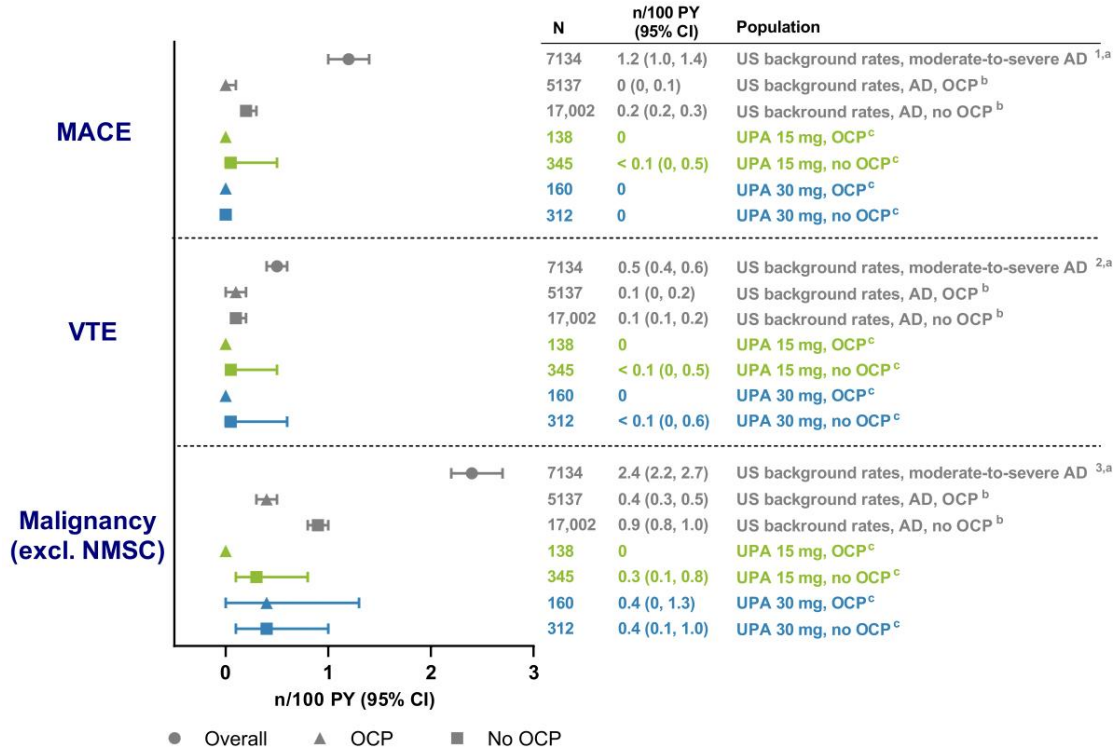
Seguridad upadacitinib

Patients with Atopic Dermatitis Using Oral Contraceptive Pills or Hormone Replacement Therapy: Long-Term Safety of Upadacitinib for Major Adverse Cardiovascular Events, Venous Thromboembolism, or Malignancy (Excluding Nonmelanoma Skin Cancer) Linda F Stein Gold,[1] Mona Shahriari,[2] Emma Guttman-Yassky,[3] Raj Chovatiya,[4,5] David G Cotter,[6] Matthew Zirwas,[7] Ruth Ann Vleugels,[8] Paula Carolina Luna,[9] Chia-Yu Chu,[10] Christopher G Bunick,[11] Ayman Grada,[12] Deanne M Dilley,[12] Emma Yue,[12] Alena Pechonkina,[12] Lani Wegrzyn,[12] Gweneth F Levy,[12] Jonathan I Silverberg[13]

- **Objetivos:** Explorar incidencia de eventos cardiovasculares mayores, tromboembolismos y cáncer (excluyendo CCNM) **en función del uso de anticonceptivos**

- **Métodos:** Ensayos clínicos fase III [Measure Up 1 & 2 (NCT03569293, NCT03607422) y AD Up (NCT03568318)]
  - Comparación con datos de pacientes con DA procedentes de base de datos poblacional, ponderados por edad y sexo
    - Estratificación por uso de ACOs

- **Resultados:** 1178 mujeres con upa y 5137 mujeres con DA de población general
  - Incidencia de MACEs y VTEs < 0.1 por cada 100 pacientes/año
  - Incidencia de cancer <= 0.4 por cada 100 pacientes/año
  - **Similar en pacientes con y sin ACOs, similar a población no tratada**



Seguridad upadacitinib

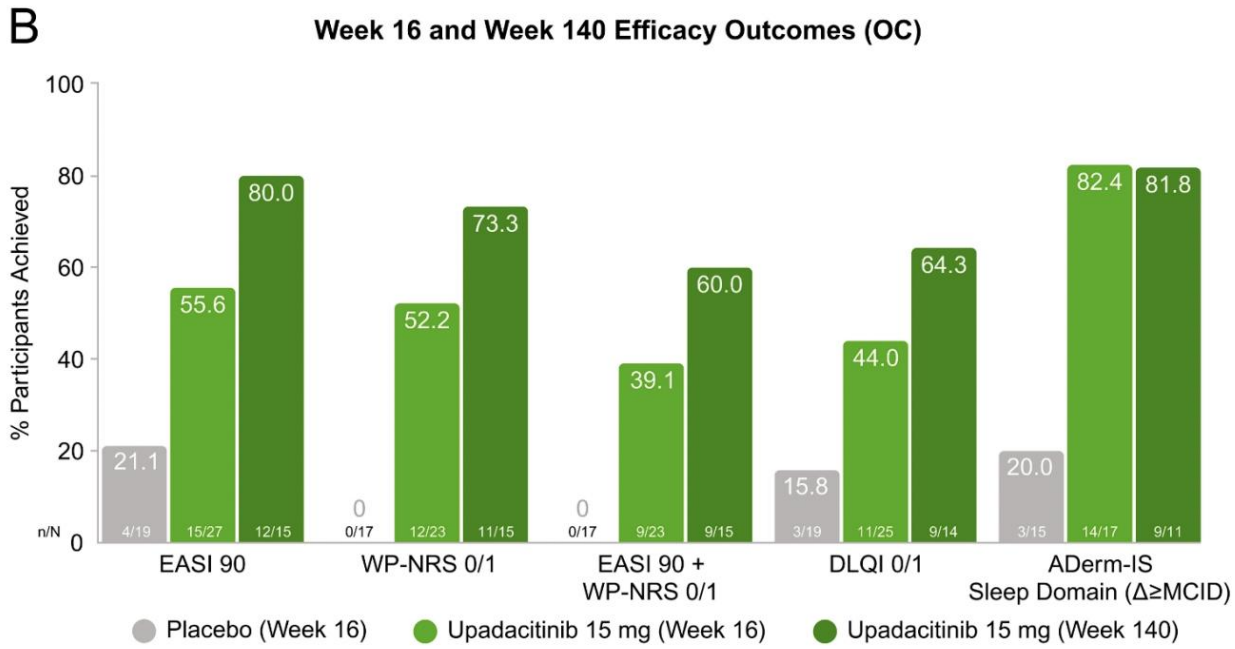
Achieving Optimal Treatment Targets for Skin Clearance and Itch Relief in Older Adults (≥65 Years) with Moderate-to-Severe Atopic Dermatitis Treated with Upadacitinib Monotherapy: 140-Week Outcomes from Integrated Phase 3 Measure Up 1 and 2 Studies

Daniel Butler[1], Diego Dasilva[2], Ruth Ann Vleugels[3], Christopher Bunick[4], David Cotter[5], Noah Levit[6], Matías Turienzo[7], Bin Yang[8], Chibuzo Obi[9], Michael Lane[9], Brian Calimlim[9], Alena Pechonkina[9], Gweneth Levy[9], Meerat Oza[9], Ayman Grada[9], Emma Guttman-Yassky*[10]

- **Objetivo:** Evaluar eficacia y seguridad en pacientes >=65 años

- **Métodos:** Ensayos clínicos fase III [Measure Up 1 & 2 (NCT03569293, NCT03607422) - análisis post-hoc

- **Resultados:** 27 pacientes semana 16, 15 pacientes semana 140
  - 80% EASI90 semana 140, 60% MDA
  - Seguridad: no eventos tromboembólicos, 3.5 MACEs por 100 personas-año, 4.5 herpes zóster por 100 personas-año



Seguridad iJAKs

Efficacy and safety of JAK inhibitors in patients aged >60 years with moderate-to-severe atopic dermatitis: a 52-week multicenter, real-life study - IL AD (Italian Landscape Atopic Dermatitis)

Luca Potestio[1], Cataldo Patruno[2], Alessandra Narcisi[3], Antonio Costanzo[3,4], Luciano Ibba[3,4], Luigi Gargiulo[3,4], Piergiorgio Malagoli[5], Michela Ortoncelli[6], Simone Ribero[6], Luca Mastorino[6], Francesco Leo[6], Silvia Mariel Ferrucci[7], Luisa Angileri[7], Francesca Barei[7], Luca Stingeni[8], Katharina Hansel[8], Claudio Sciarrone[9], Giampiero Girolomoni[10], Martina Maurelli[10], Caterina Foti[11], Benedetta Tirone[11], Anna Balato[12], Maria Esposito[13], Giovanni Paolino[14], Santo Raffaele Mercuri[14], Elena Pezzolo[15], Paola Savoia[16], Claudio Brescia[1], and Maddalena Napolitano[1].

1 Section of Dermatology, Department of Clinical Medicine and Surgery, University of Naples Federico II, Naples, Italy; 2 Department of Medicine and Health Sciences "Vincenzo Tiberio", University of Molise, Campobasso, Italy; 3 Dermatology Unit, IRCCS Humanitas Research Hospital, Milan, Italy; 4 Department of Biomedical Sciences, Humanitas University, Milan, Italy; 5 Department of Dermatology, Dermatology Unit, Azienda Ospedaliera San Donato Milanese, Milan, Italy; 6 Dermatologic Clinic, Department of Clinical Medicine, University of Turin, Turin, Italy; 7 Dermatology Unit, Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico Of Milan, Milan, Italy; 8 Dermatology Section, Department of Medicine and Surgery, University of Perugia, Perugia, Italy; 9 Department of Dermatology, Papardo Hospital, Messina, Italy; 10 Department of Medicine, Section of Dermatology and Venereology, University of Verona, Verona, Italy; 11 Section of Dermatology and Venereology, Department of Precision and Regenerative Medicine and Ionian Area (DiMePRe-J), University of Bari "Aldo Moro", Bari, Italy; 12 Unit of Dermatology, University of Campania Luigi Vanvitelli, Naples, Italy; 13 Department of Biotechnological and Applied Clinical Sciences, University of L'Aquila, L'Aquila, Italy; 14 Unit of Dermatology, IRCCS Ospedale San Raffaele, Milan, Italy; 15 Dermatology Unit, Ospedale San Bortolo, Vicenza, Italy; 16 Department of Health Sciences, University of Eastern Piedmont, Novara, Italy.

Estudio vida real

- 72 pacientes con upadacitinib (53), abrocitinib (13) y baricitinib (6)

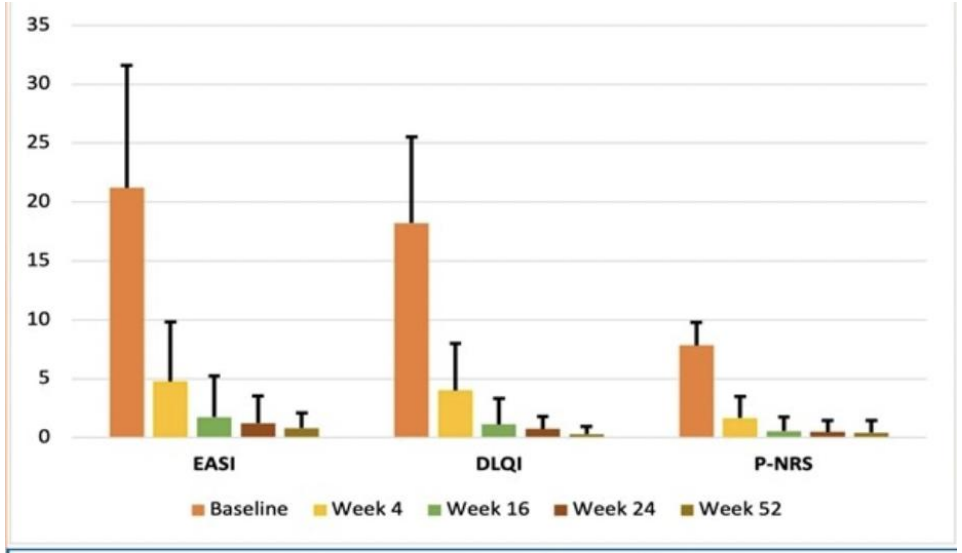


Figure 1. Clinical outcomes (EASI, DLQI, P-NRS) of the study population.

- Reported adverse events were mild and included hypercholesterolemia (6.9%), nausea (5.6%), acne (4.2%), headache (2.8%), and elevated liver enzymes (1.4%).

Nemolizumab

Nemolizumab long-term safety and efficacy up to 104 weeks in ARCADIA open-label extension study in adolescents and adults with moderate-to-severe atopic dermatitis NCT03989206

Jonathan I. Silverberg[1], Diamant Thaçi[2], Marie Tauber[3], Linda Stein-Gold[4], Marjolein S. De Bruin-Weller[5], Kim A. Papp[6,7], Matthias Augustin[8], Adam Reich[9], Matthew J. Zirwas[10], Soo Yeon Cheong[11], Liliana Ulianov[12], Christophe Piketty[12]

Figure 2. IGA 0/1 and EASI-75 response rates in evaluable patients with moderate-to-severe AD up to 104 weeks (OC analysis[1])

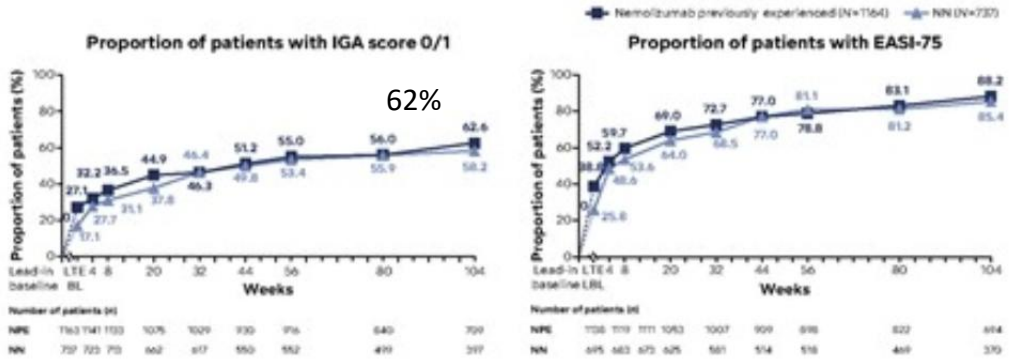


Figure 4. EASI-50 and EASI-90 response rates in evaluable patients with moderate-to-severe AD up to 104 weeks (OC analysis[1])

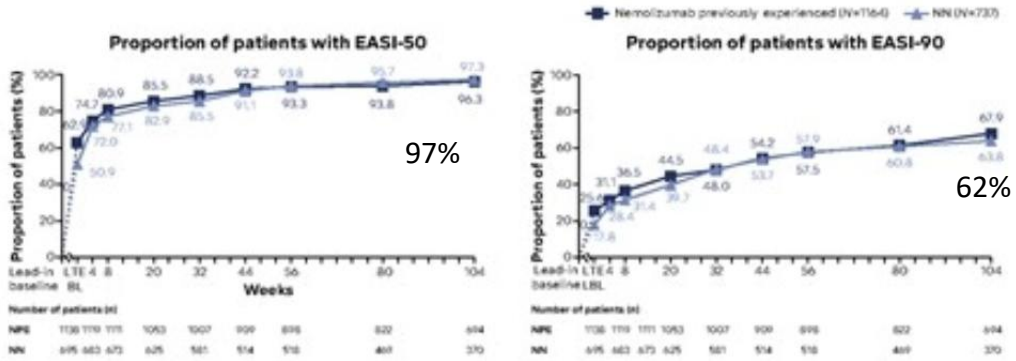
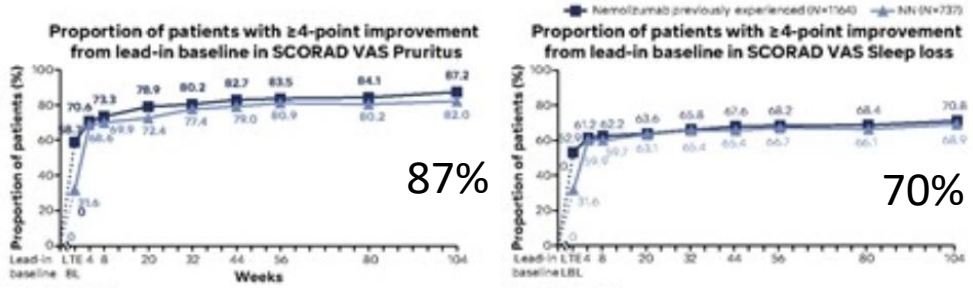


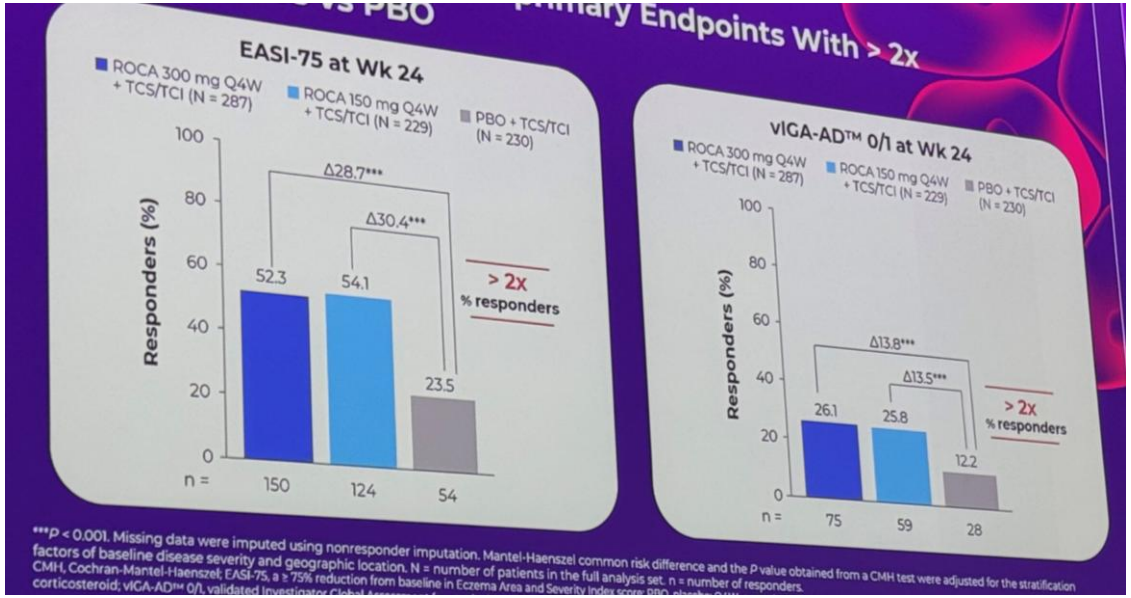
Figure 6. Itch and sleep response rates in evaluable patients with moderate to severe AD up to 104 weeks (OC analysis[1])

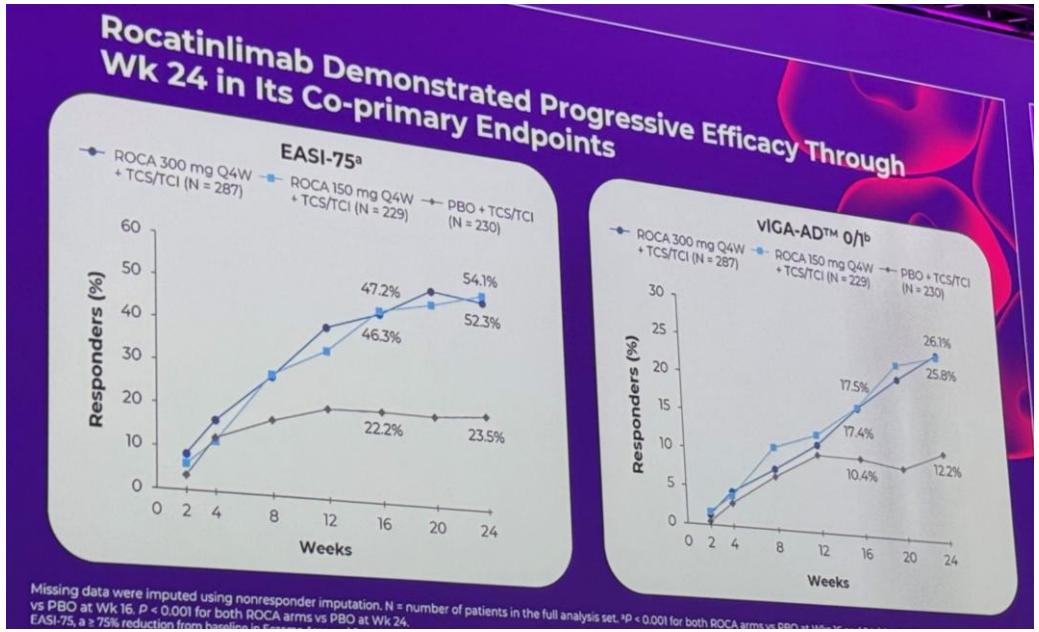


Nuevas moléculas en dermatitis atópica

ROCATINLIMAB – FASE III (ROCKET-SHUTTLE TRIAL, con TCS). LATE BREAKER, *EL. SIMPSOM*

- T-cell reballancing therapy, Inh OX40R, expresado en Linf T activados/patogénicos (memoria)
- Alrededor del 25% de los pacientes habían usado previamente terapias sistémicas avanzadas





Efectos adversos: lo más frecuente es la pirexia, que aparece entre 10-15%, ulceras aftosas 3.5-4.8%, dolor de cabeza 11% → No limitan continuación del tratamiento

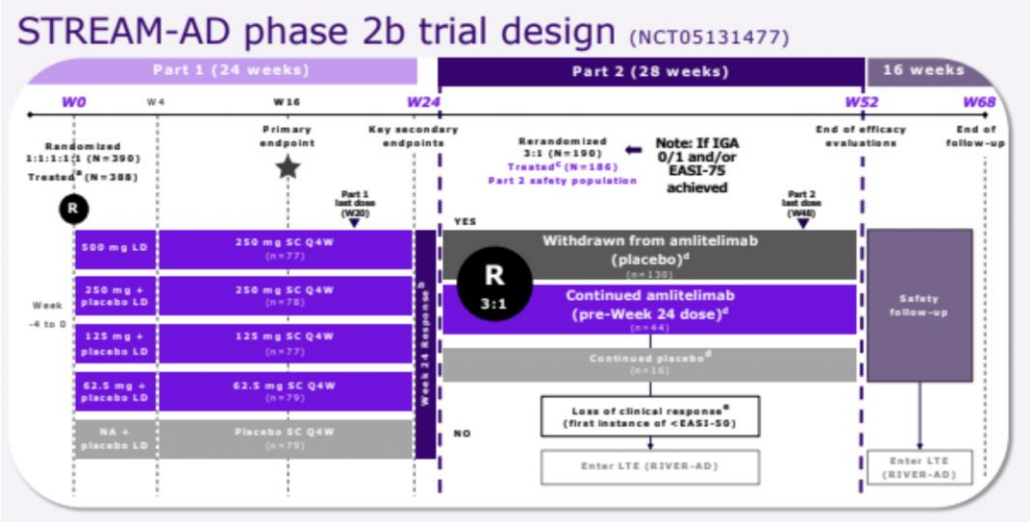
Nuevas moléculas en dermatitis atópica

AEDV Highlights 2025 — 34ª edición 17-20 sep PARÍS

Durable maintenance of EASI-90 with amlitelimab in adults with moderate-to-severe atopic dermatitis: 52-week results from the STREAM-AD phase 2b trial

Andrew Blauvelt,[1] Bruce Strober,[2,3] April Armstrong,[4] Ken Igawa,[5] Nina Magnolo,[6] Pei Li,[7] Charlotte Bernigaud,[8] Sonya Davey,[9] Kassim Rahawi[9]

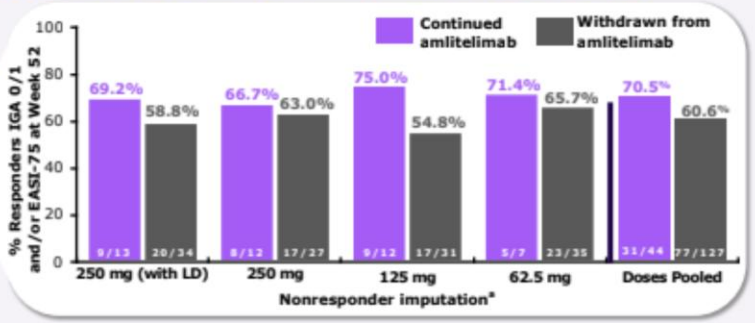
Inhibidor de OX40L → expresado en CPA



Part 2 Summary of Results:

Durable responses were observed on and off amlitelimab at Week 52

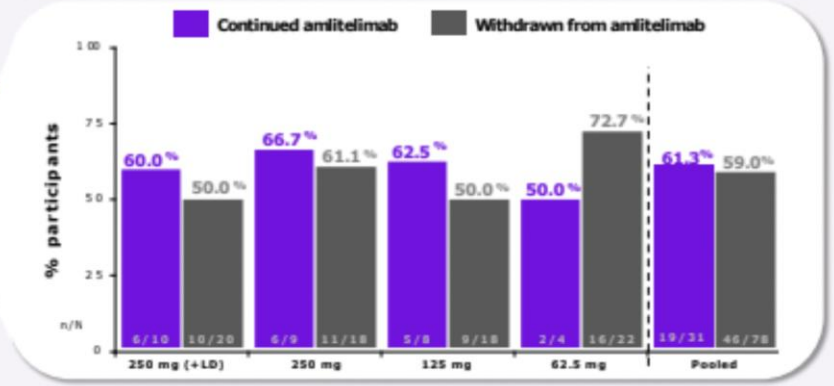
Durability of responses in clinical responders defined as patients who achieved IGA 0/1 and/or EASI-75 at Week 24 rerandomization[a]



Amlitelimab demonstrated a favorable safety profile[b]

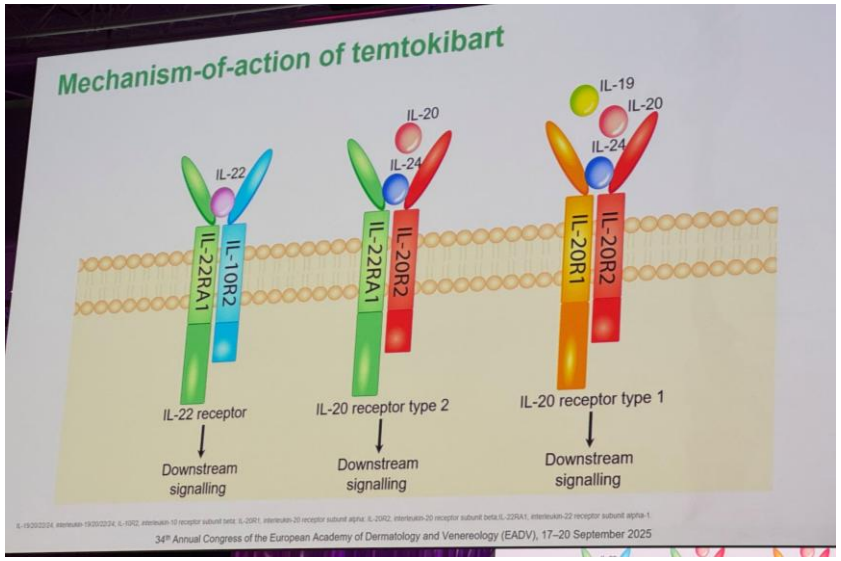
- Most ***TEAEs were mild or moderate*** and considered ***not related*** to treatment
- ***Low incidence of SAEs and treatment discontinuation*** reported across all treatment arms with both 24 and 52 weeks of amlitelimab exposure
- No reports of parasitic infections, opportunistic infections[c], malignancy, chills/aphthous ulcers, or pyrexia/influenza-like illness within 72 hours of injection, or serious injection-site reactions; no deaths occurred.

Week 52 Maintenance of EASI-90 Responses Among Week 24 EASI-90 Responders *(NRI)*[a-c]



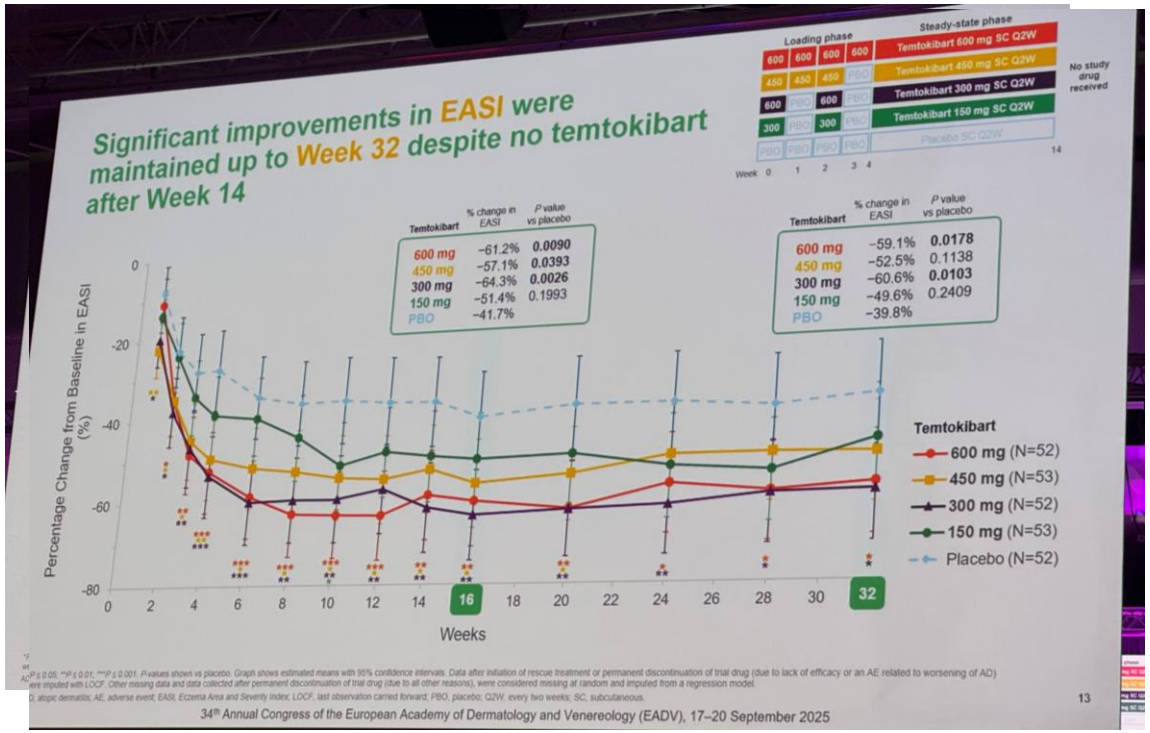
Nuevas moléculas en dermatitis atópica

TEMTOKIBART – Ensayo clínico fase IIb, eficacia y seguridad con 4 dosis distintas. *S. Weidinger*



Bloquea IL-22RA1→ IL-22, IL-20, IL-24

- Adultos, DA moderada-grave, PERMITIDO USO PREVIO DE BIOLÓGICOS E IJAKS

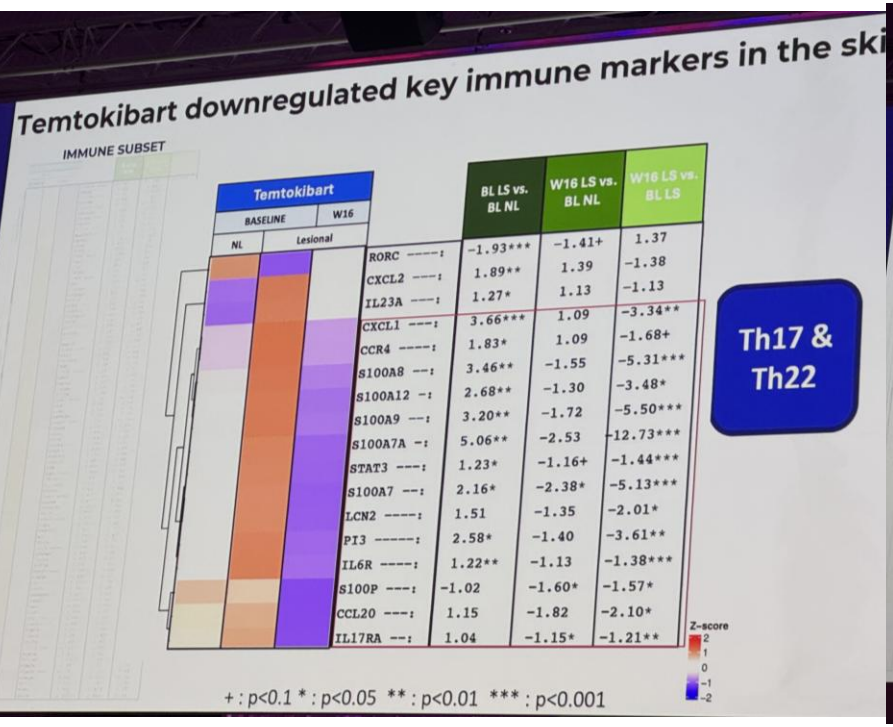


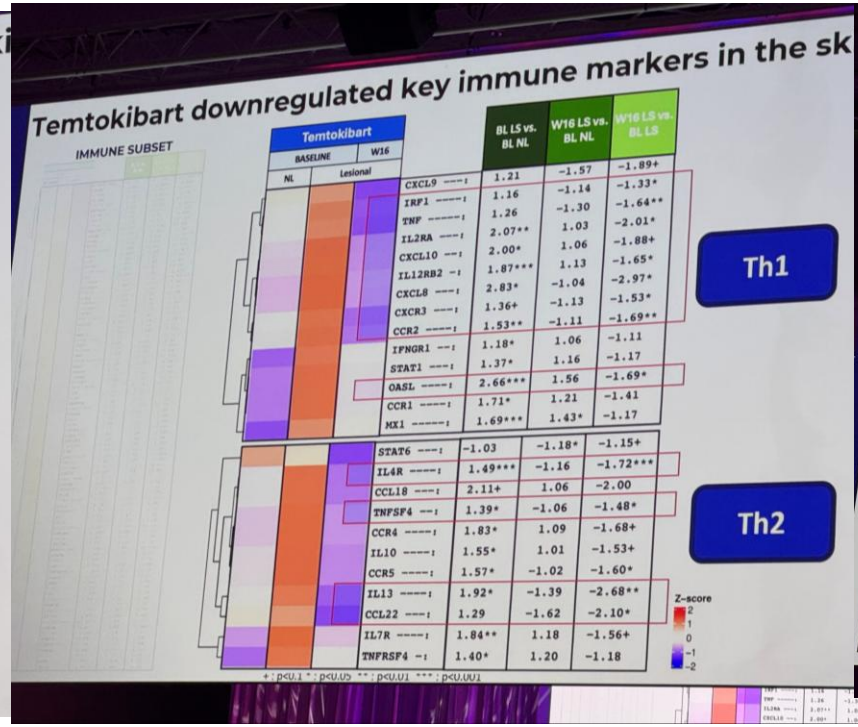
MUY BIEN TOLERADO: CONJUNTIVITIS 2%, NO HERPES ZÓSTER

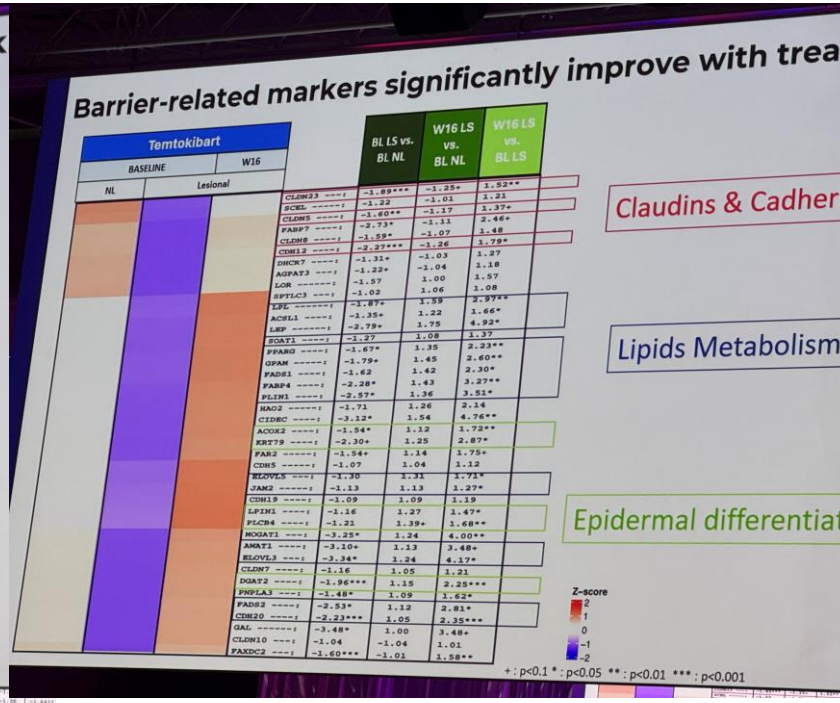
Nuevas moléculas en dermatitis atópica

AEDV Highlights 2023 — 34ª edición 17-20 sep PARÍS

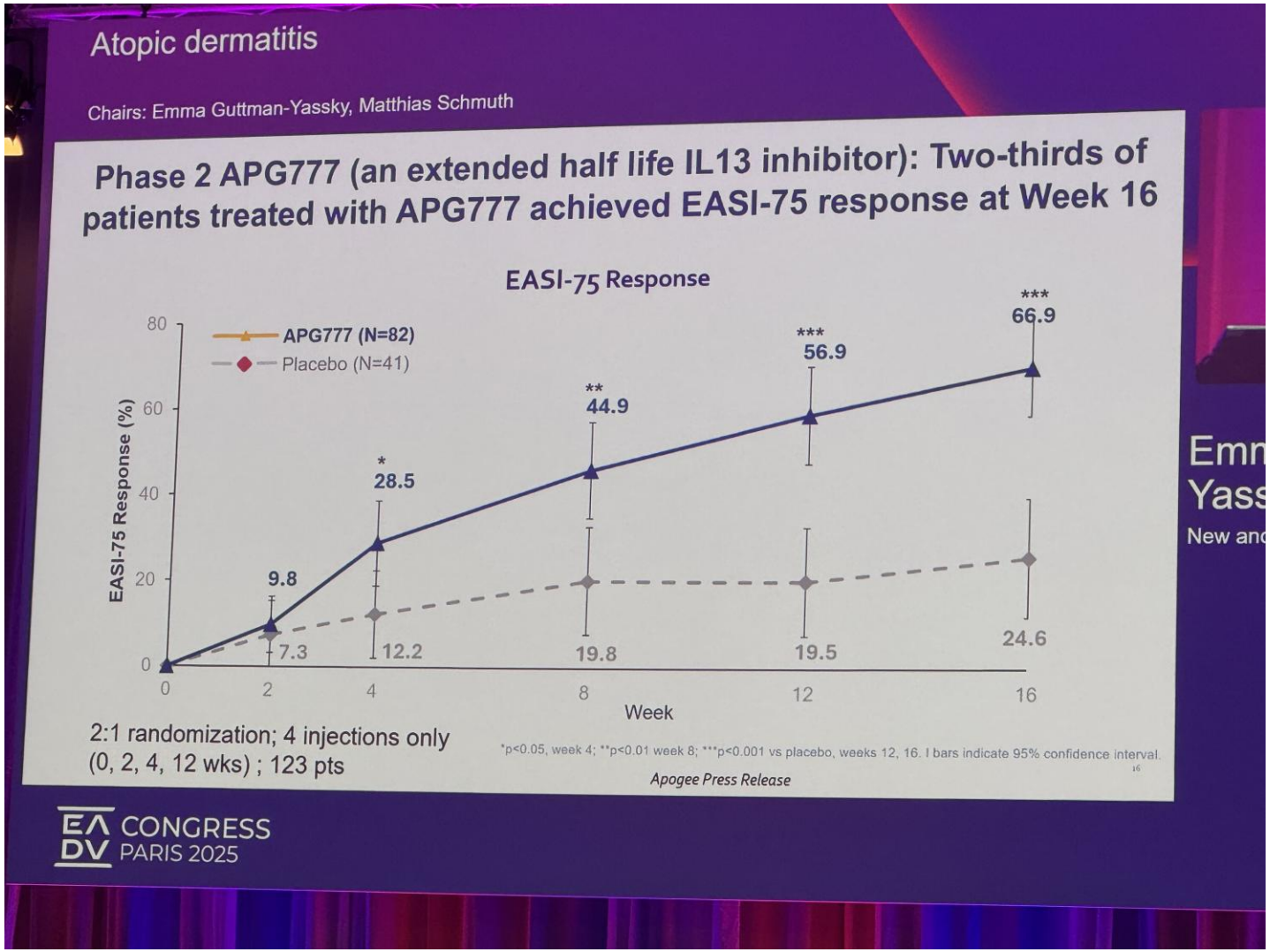
TEMTOKIBART – Estudio transcriptómica fase IIb. *Esther del Duca*







Nuevas moléculas en dermatitis atópica



APG777

Late breaking abstract

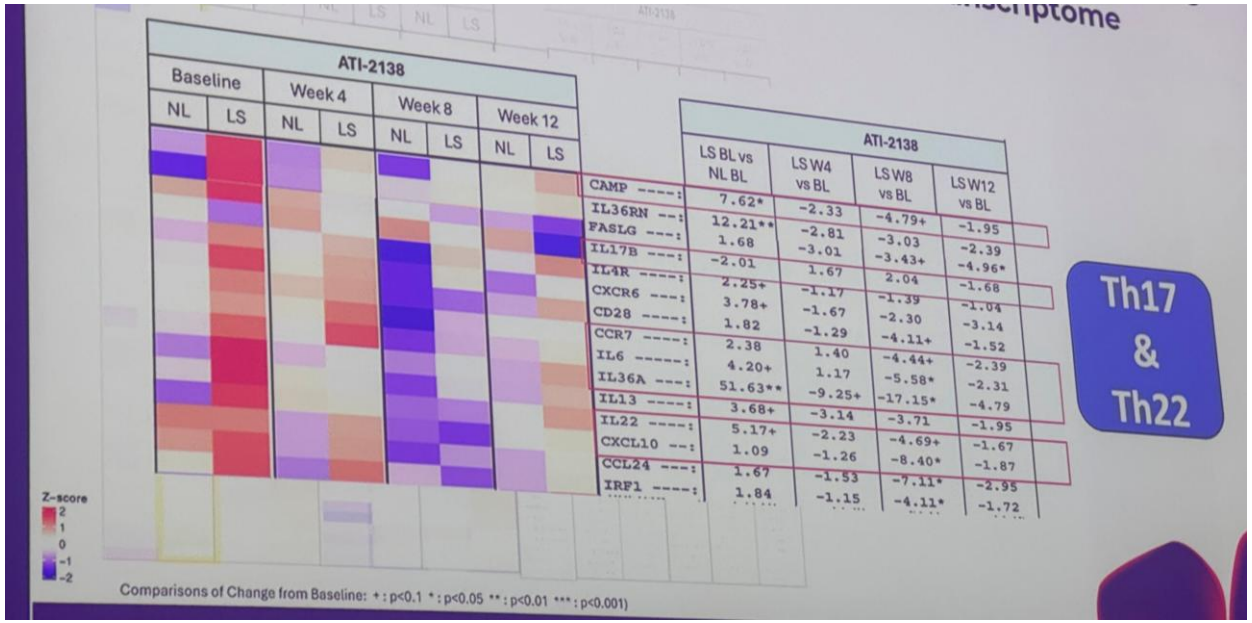
Dirigido frente a IL-13 (mecanismo de acción distinto a tralokinumab, similar a lebrikizumab)

Doble de vida media (14 vs 27 días)

Efectos adversos de clase

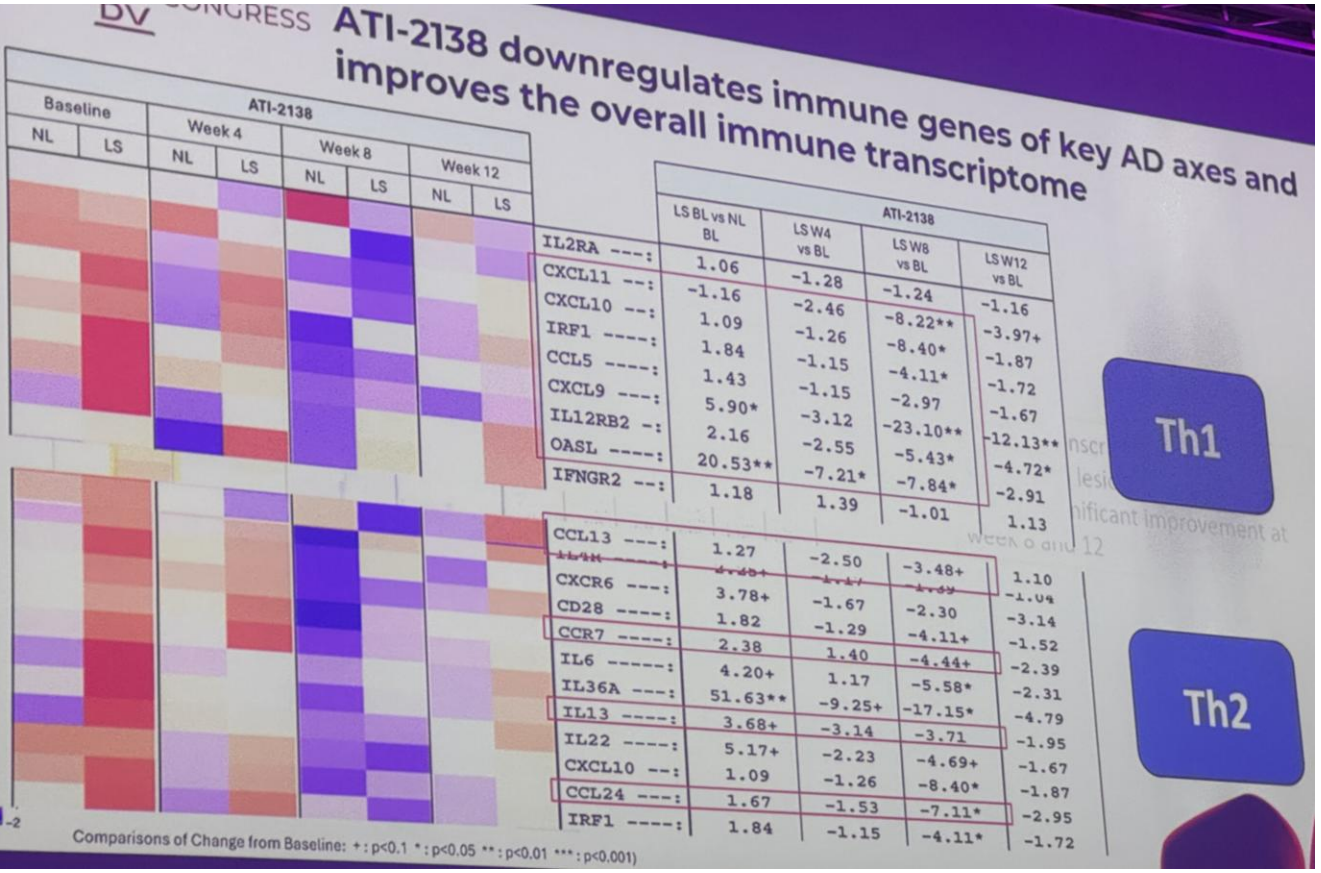
Nuevas moléculas en dermatitis atópicas

Inhibidor ITK/JAK3 --- ATI 2138 (Fase 2a) – LATE BREAKER, *J. Beaziz-Tordjman*

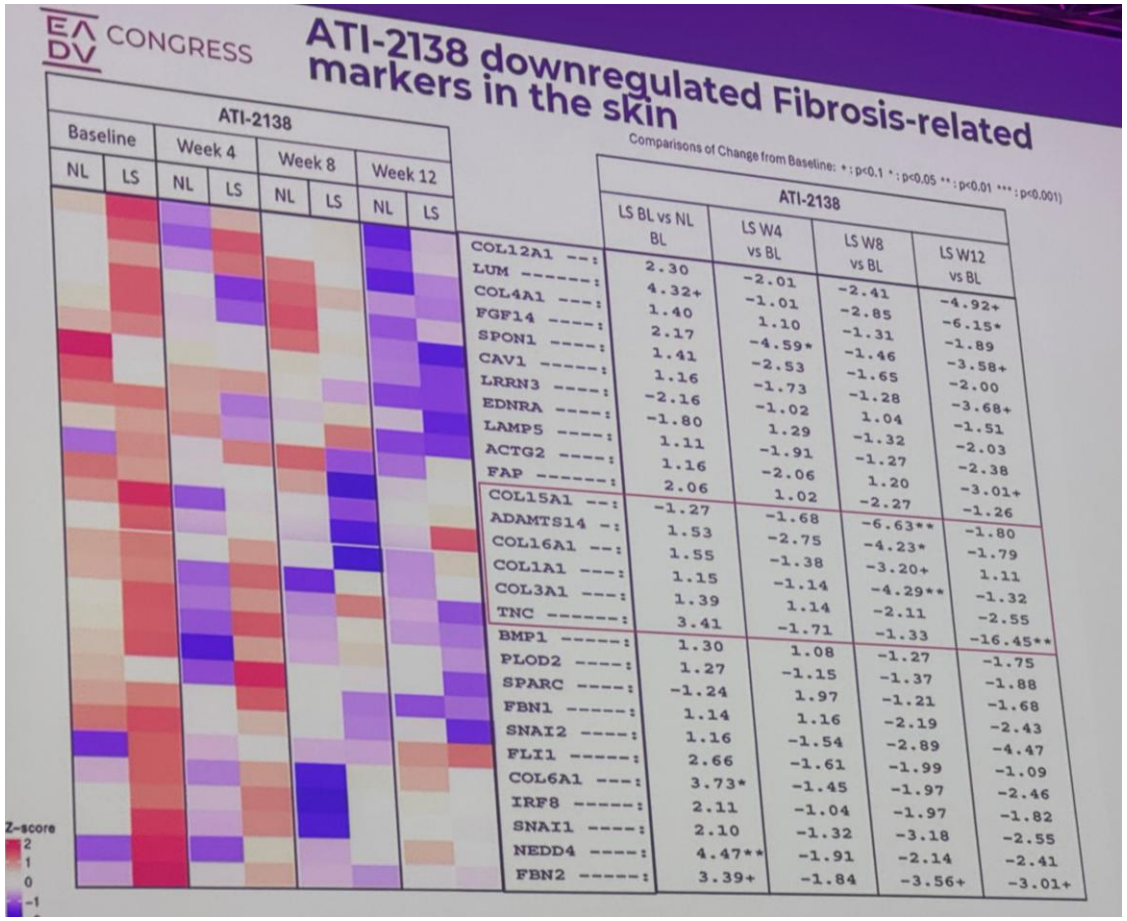


Nuevas moléculas en dermatitis atópicas

Inhibidor ITK/JAK3 --- ATI 2138 (Fase 2a)



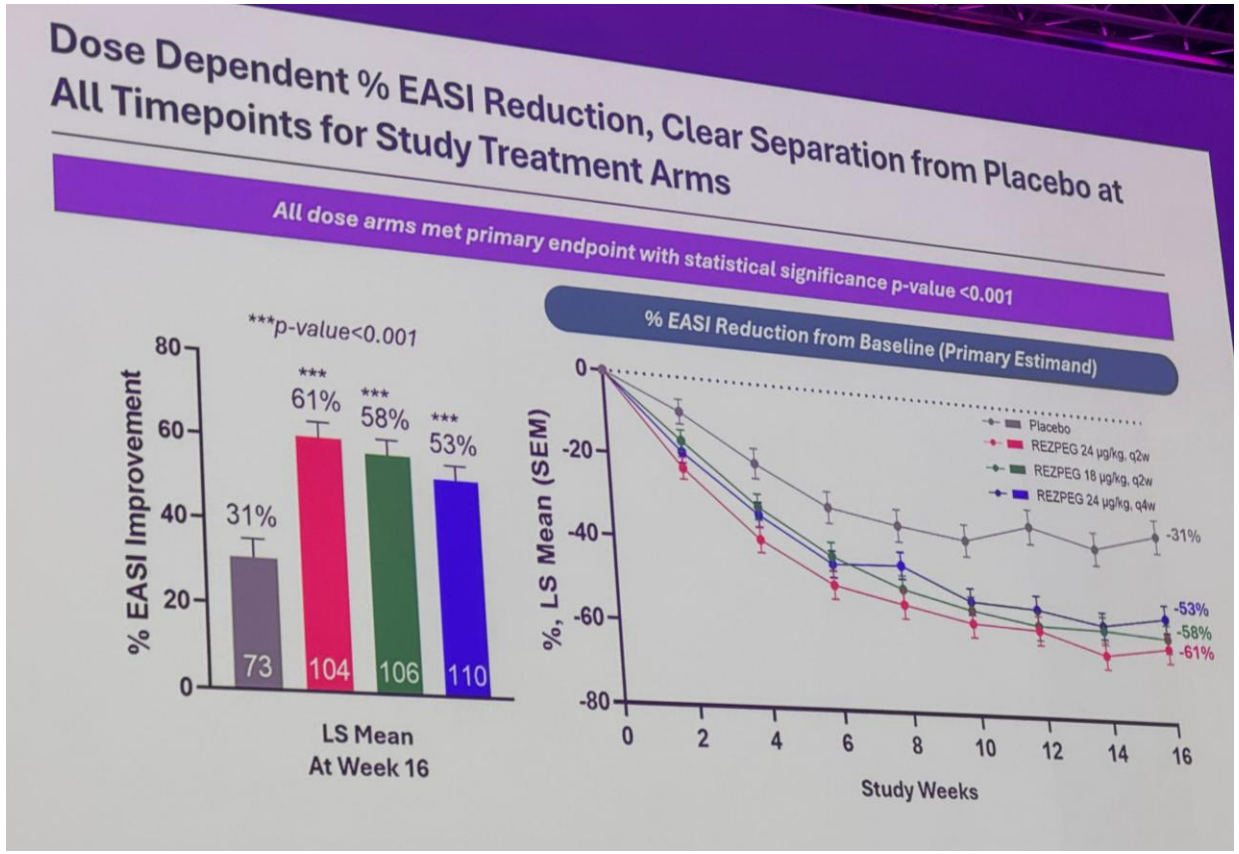
Baja la expresión de marcadores de fibrosis



Nuevas moléculas en dermatitis atópica

- **Rezpegaldesleukin - PHASE 2b Trial, REZOLVE-AD *J. Silverberg***

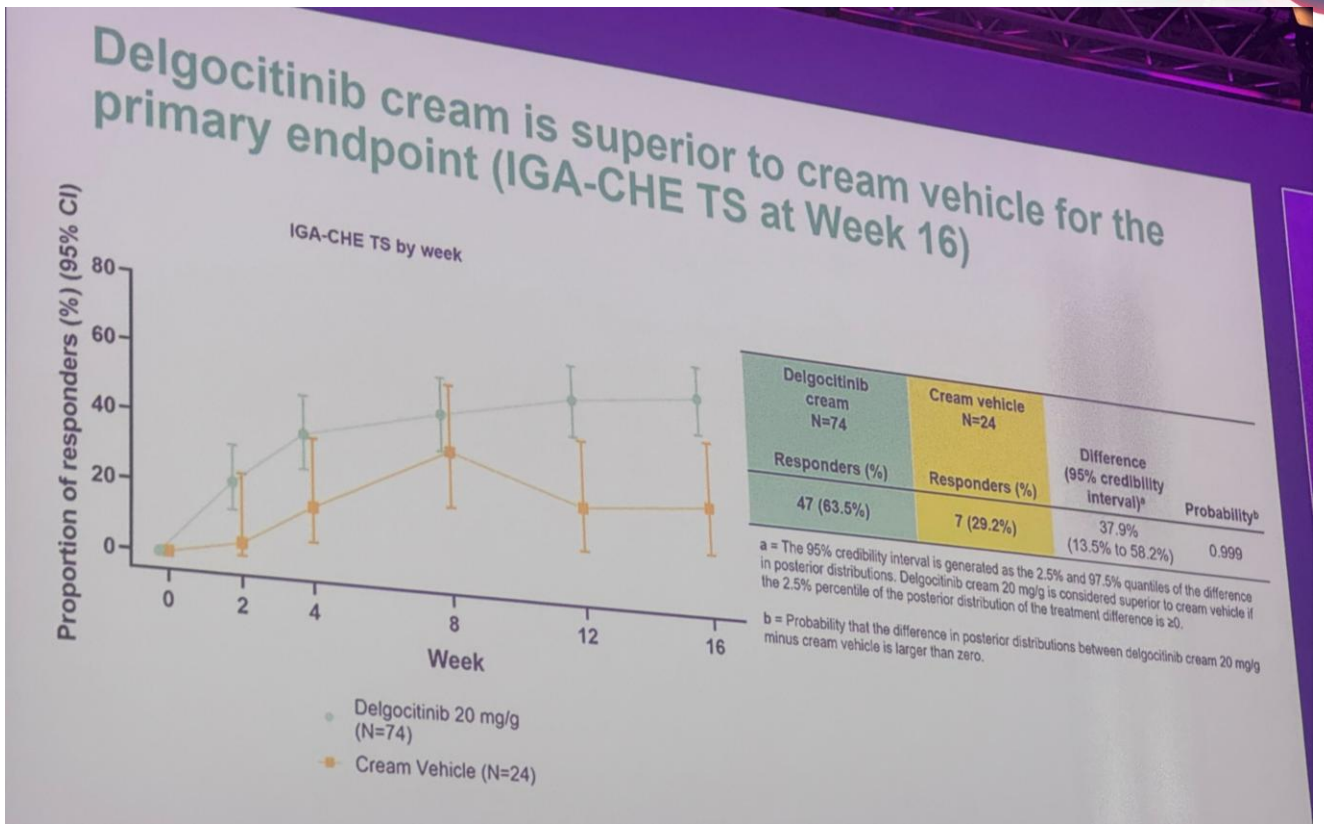
- MOA: Muy novedoso → T-cell balancing therapy → Aumenta Tregs, actúa sobre el receptor de la IL-2



Efectos adversos: No SAES, pirexia, nasofaringitis, no conjuntivitis, oral ulcers, astma infections o MACE

Eccema de manos

- **DELTA TEEN Phase III Trial**
  - Delgocitinib, pan-JAK
  - N= 74 delgocitinib vs 24 placebo; Edad media 14 años. El grupo más frecuente fue el eccema de manos atópico
  - Bien tolerado, no SAES
    - Lo más frecuente nasofaringitis y dolor de cabeza, sin diferencias entre delgocitinib y vehículo



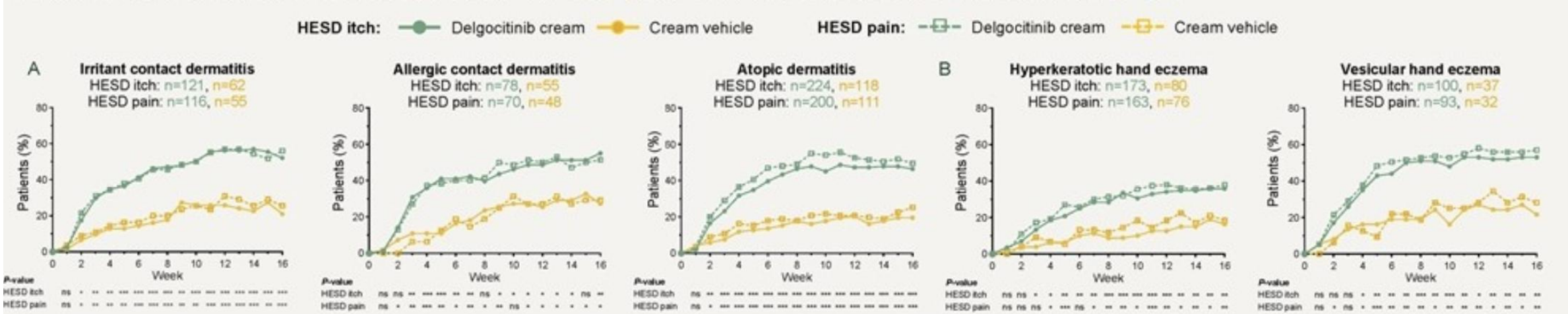
Key secondary endpoint	Delgocitinib cream N=74 Responders (%)	Cream vehicle N=24 Responders (%)	Difference (95% credibility interval)[a]
HECSI-90 at Week 16	**53 (71.6%)**	**9 (37.5%)**	36.4% (12.3% to 59.9%)

Eccema de manos

Poster ID: P0311

Patient reported outcome measures and symptom improvements across subtypes of Chronic Hand Eczema: outcomes of the phase 3 DELTA 1 and DELTA 2 trials

Robert Bissonnette,[1] Timo Buhl,[2] Parbeer Grewal,[3,4] Emma Guttman-Yassky,[5] Ziad Reguiaï,[6] Eric L. Simpson,[7] Margitta Worm,[8] Douglas Maslin,[9,10] Jenny M. Norlin,[9] Henrik Thoning,[9] Raj Chovatiya[11,12]



ns, no significance; *P<0.05; **P<0.01; ***P≤0.001 vs cream vehicle. Cochran-Mantel-Haenszel test stratified by trial ID, region (except for allergic contact dermatitis), and baseline IGA-CHE score.

Eccema de contacto

TRANSCRIPTOMIC ANALYSIS OF PATCH TEST REACTIONS IN NON-ATOPIC PATIENTS: A COMPARATIVE STUDY ACROSS MULTIPLE ALLERGENS

DAVID PESQUÉ [1] ; EVELYN ANDRADES [1] ; PAU BERENGUER-MOLINS [1] ; JÚLIA PERERA-BEL[2] ; MIQUEL CLARÓS [2] ; MARTA BÓDALO-TORRUELLA[2]; MÒNICA GONZÀLEZ-FARRÉ[3]; FERNANDO GALLARDO[1]; RAMON M PUJOL [1] ; ANA M GIMÉNEZ-ARNAU [1]

CONCLUSION

- Shared ACD imprinting among different allergens and common pathogenic pathways exist between different allergens in patients without atopic dermatitis.
- Allergen-specific immune responses are mixed and include type 1, 2 and 3 responses.

N=40 pacientes

FIGURE 1. Venn plot of upregulated DEGs in allergen versus control comparisons.

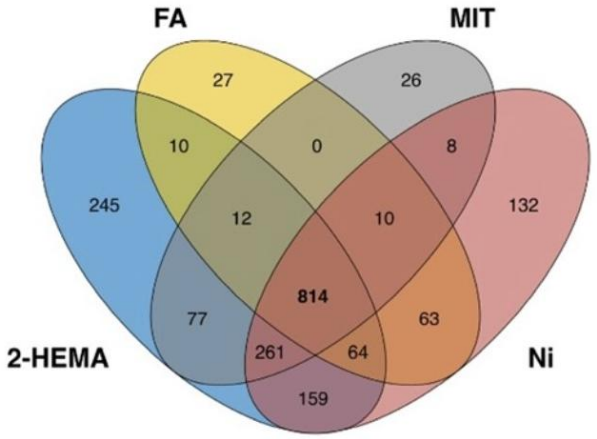
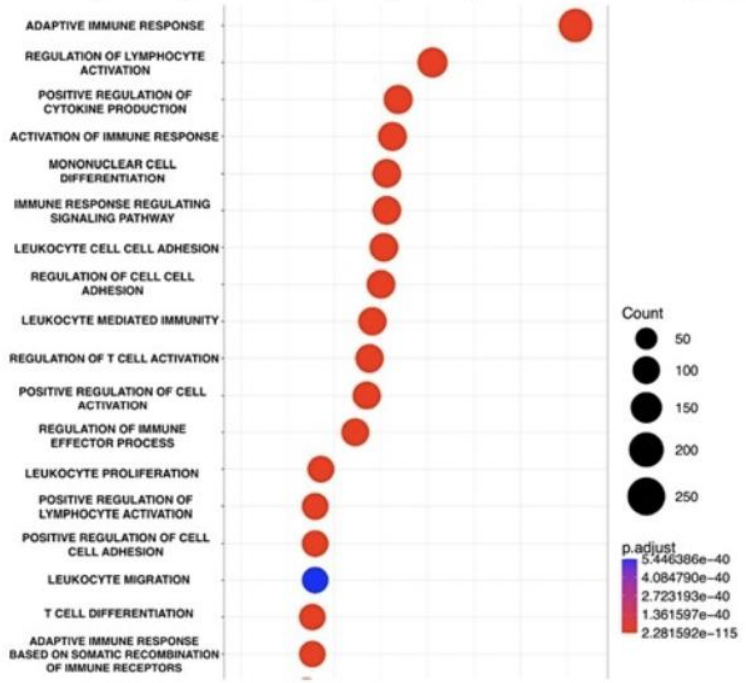


Figure 1 legend: 2-HEMA (2-hydroxyethylmethacrilate), FA (formaldehyde), MIT (methylisothiazolinone), Ni (nickel)

FIGURE 2. Main pathways according to adjusted p-value in the allergen group.



Eccema de contacto – alérgenos emergentes

New Allergens

- Allergy to caprylyl glycol (similar to propylene glycol) is more common than is thought
- Test at 1% or 5% in petrolatum
- One of the cases in this report was to caprylyl glycol in a 'hypoallergenic' hand lotion

CONTACT DERMATITIS

Contact Dermatitis homepage

CONTACT POINT | Full Access

Caprylyl Glycol, a Trending and Highly Relevant Sensitiser in Cosmetics That Needs to be Patch Tested Separately

Silada Kanokrungsee, Ella Dendooven, Olivier Aerts

First published: 26 August 2025 | https://doi.org/10.1111/cod.70019

New allergens

- Caprylhydroxamic acid = anti-yeast agent
- Facial dermatitis
- Shampoos, shower gels, cleansers, creams etc.

CONTACT DERMATITIS

CONTACT POINT | Open Access

Caprylhydroxamic Acid: A Growing Allergen in Skincare Products

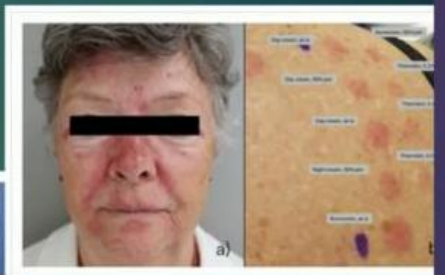
Valentine Theret, Estelle Burle, Françoise Giordano

First published: 25 June 2025 | https://doi.org/10.1111/cod.14830

Eccema de contacto – alérgenos emergentes

New allergens

- Isobutylamido thiazolyl resorcinol = derivative of resorcinol
- Tyrosinase inhibitor used as a skin lightening chemical
- Caused a facial dermatitis
- Test at 0.2% in pet.



CONTACT DERMATITIS

CONTACT POINT | Open Access

Allergic Contact Dermatitis to Isobutylamido Thiazolyl Resorcinol (Thiamidol)

Thanisorn Sukakul, Jakob Dahlin, Sigrid Lundgren, Josefin Ulriksdotter, Cecilia Svedman

First published: 02 June 2025 | https://doi.org/10.1111/cod.14821

Eccema de contacto- alérgenos emergentes

Allergens in unusual places

- Systemic allergic dermatitis/DRESS to cyanoacrylate used for pelvic varices embolization
- +++ butyl-cyanoacrylate
- +++ octyl-cyanoacrylate
- +++ open test to Dermabond

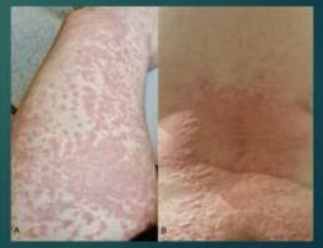
CONTACT DERMATITIS

CONTACT POINT | Open Access

Systemic Allergic Dermatitis to Cyanoacrylate Used for Embolisation

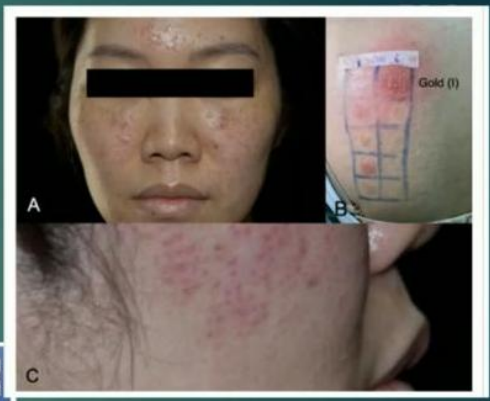
Salomé Allichon, Xavier Stefanovic, Nadia Raison-Peyron, Marie Lagreula

First published: 26 August 2025 | https://doi.org/10.1111/cod.70018



Allergens in unusual places

- Gold-coated needles
- Cosmetic procedure
- Treated successfully with IPL



CONTACT DERMATITIS

CONTACT POINT | Full Access

Gold Allergy Associated With Persistent Reactions Post Fractional Radiofrequency Microneedling Treatment

Nirin Seatamanoch, Pariya Ruxrungtham, Narisa Brownell, Suwimon Loplumlert

First published: 06 August 2025 | https://doi.org/10.1111/cod.70004

Allergens in unusual places

- Formaldehyde in work clothes
- -> ITCH only – NO dermatitis
- But key message = formaldehyde present in new garments but NO formaldehyde release in multiply washed garments

CONTACT DERMATITIS

CONTACT POINT | Open Access

Occupational Allergic Contact Dermatitis to Formaldehyde Released by Work Clothes

Tina Lejding, Anna Kiuru, Ola Bergendorff

First published: 17 June 2025 | https://doi.org/10.1111/cod.14827

Allergens in unusual places

- Dimethylfumarate – previous cause of sofa dermatitis
- Over-ear headphones worn on flight
- Need to test patient's own items

CONTACT DERMATITIS

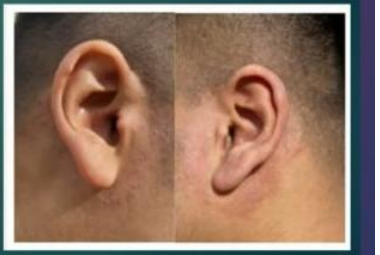
Contact Dermatitis homepage

CONTACT POINT | Open Access

Allergic Contact Dermatitis After Use of Headphones: A New Case of Contact Allergy to Dimethylfumarate (DMF)

Christoffer Kursawe Larsen, Malin Glindvad Ahlström, Jakob F. B. Schwensen

First published: 29 April 2025 | https://doi.org/10.1111/cod.14806



Picor de origen desconocido

P3453

Dupilumab Improves Itch in Patients with **Chronic Pruritus of Unknown Origin**: Results From a **Phase 3 Trial (LIBERTY-CPUO-CHIC-A)**

Brian S. Kim*[1], Gil Yosipovitch*[2], Shawn G. Kwatra[3,4], Sonja Ständer[5], Lacey B. Robinson[6], Lu Xin[6], Ashish Bansal[7], Ariane Dubost-Brama[8]

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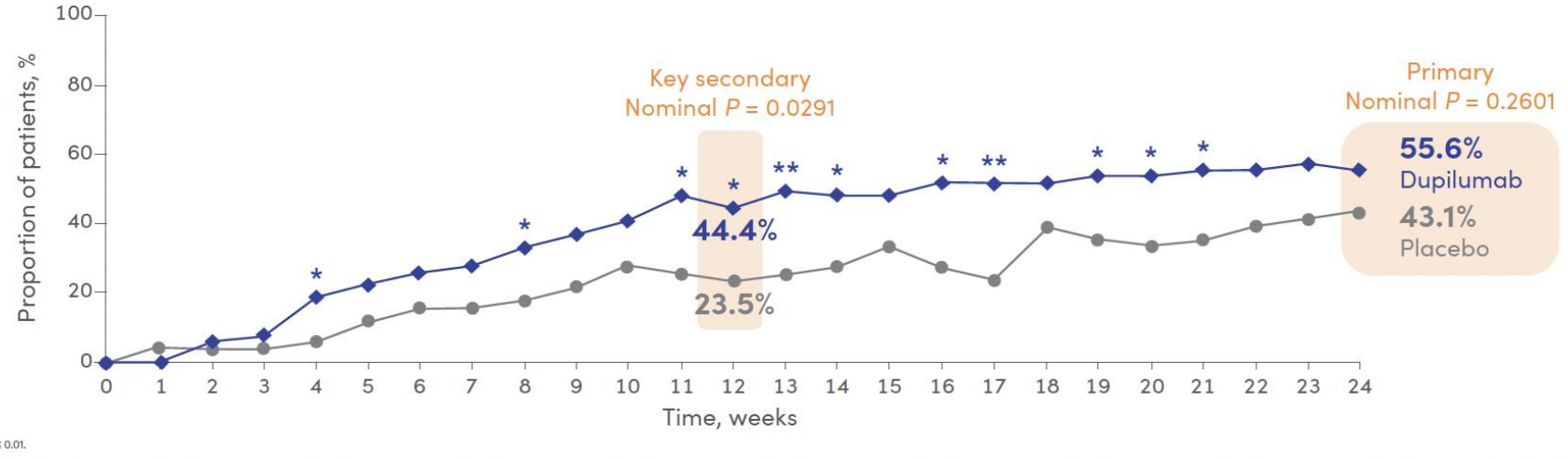
Métodos

- EC aleatorizado
- Población: pacientes con prurito de origen desconocido (descartan causa cutánea, neurológica, psiquiátrica, sistémica)
- 54 pacientes dupilumab vs 51 placebo

Dupilumab substantially increased the proportion of patients with a ≥4-point reduction in WI-NRS vs placebo at Week 12; the effect was maintained at Week 24, although not statistically significant vs placebo



Nominal *$P \leq 0.05$, **$P \leq 0.01$.

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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 2025.

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GRACIAS