26032

Sustained and rapid improvements in patient reported outcomes for moderate-to-severe psoriasis patients with moderate and high BSA treated with ixekizumab: Side-by-side results from UNCOVER-3 and IXORA-S

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Introduction: We evaluated patient reported outcomes following ixekizumab (IXE), etanercept (ETN), and ustekinumab (UST) treatment in adults with moderate-to-severe psoriasis.

Methods: In UNCOVER-3, patients received subcutaneous placebo, ETN, or IXE (80 mg every 4 weeks [Q4W] or every 2 weeks [Q2W]). Results for patients who received ETN or IXE Q2W for 12 weeks followed by IXE Q4W through Week 264 were reported. In IXORA-S, patients received IXE or UST label dosing through 52 weeks. Intent-to-treat population subgroups were stratified by baseline body surface area (BSA) 10-20% or >20%. Response rates (observed) and median times to first Itch Numeric Rating Scale (NRS) = 0 and Patient Global Assessment (PatGA[0]) were summarized.

Results: In UNCOVER-3 at Week 264, 54.1%/57.5% of BSA 10-20% IXE treated patients achieved Itch NRS = 0/PatGA(0); for BSA >20% subgroup, both response rates were 46.9%. In IXORA-S at Week 52, 50.9%/52.8% of BSA 10-20% IXE treated patients achieved Itch NRS = 0/PatGA(0); for BSA >20%, Itch NRS = 0: 36.9% and PatGA(0): 45.6%. For BSA 10-20%, median weeks to Itch NRS = 0 were IXE: 12.4, ETN/IXE Q4W:25.1 in UNCOVER-3 and IXE:12.1, UST: 28.7 in IXORA-S. For BSA >20%, median weeks to Itch NRS = 0 were IXE: 12.1, ETN/IXE Q4W: 24.6 in UNCOVER-3 and IXE: 16.3, UST: 24.0 in IXORA-S. Similar trends in time to first PatGA(0) response were observed.

Conclusion: IXE-treated patients with baseline BSA 10-20% or >20% demonstrated sustained high levels of Itch NRS = 0 and PatGA(0) through 264 weeks. Median times to Itch NRS = 0 and PatGA(0) occurred faster for IXE than ETN or UST in both BSA subgroups.

Commercial Disclosure: 100% sponsored by Eli Lilly and Company.

26033

Exacerbation and appearance of dermatosis during COVID-19 quarantine period in Bogotá, Colombia: A descriptive study of the psychological impairments

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Introduction: Quarantine established in several countries by the new coronavirus pandemic, dramatically changed our lifestyle, affecting quality of life, skin, and psyche. We described the skin diseases that initiated or were exacerbated in quarantine and assessed the impact on quality of life and the possible presence of anxiety.

Materials and methods: We performed a descriptive study from April 2020 to August 2020, assessing two questionnaires: Dermatology Life Quality Index (DLQI) and Hospital Anxiety and Depression Scale (HADS-A) in a dermatologic center. Variables analyzed were age, sex, onset or exacerbation of skin disease, DLQI and HADS-A scores. We used relative and absolute frequencies to describe patients. We collected data using Microsoft Excel and analyzed with SPSS.

Results: Of 124 patients, 85 (69%) were women. Acne was the most frequent dermatosis with 18,5% (n = 23), followed by contact dermatitis with 22 patients (17,7%). HADS-A results showed that 24.2% of patients had psychological distress. DLQI most frequent results had a small effect in life (29.8%; n = 37). Patients with psoriasis and eczematous diseases showed a major impact on their quality of life.

Conclusions: Quarantine has been related to exacerbation of pre-existent dermatologic conditions and the onset of skin affections. Lifestyle changes influenced the occurrence of acne and contact dermatitis. DLQI and HADS results did not show an important impact in patients' quality of life. Further epidemiologic studies are needed to determine whether there is a causal relationship between quarantine and these dermatologic conditions.

Commercial Disclosure: None identified.

26043

In vitro evaluation of anti-inflammatory properties of a multi-functional sunscreen

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Introduction: Sunscreen formulations with additional benefits other than SPF are extremely desirable and can enhance adherence and satisfaction with the product. Areaumat perpetua is an extract that acts reducing skin stress and neurogenic inflammation by enhancing β-endorphin release. Naringenin is a flavonoid with decreasing effect on inflammatory signaling pathways such as JAK/STAT.

Materials and methods: Human expanded keratinocytes (HaCaT) were cultured using specific culture media. The cells were incubated with 3 noncytotoxic concentrations of the investigational product, and the inflammatory process was stimulated with the addition of LPS to the culture media. The cell supernatant was collected to measure s IL-6, TNF-α and PGE-2 ynthesis through immunoenzymatic assay (sandwich ELISA).

Results: LPS induction increased IL-6, TNF-α, and PGE-2 synthesis by 42%, 309%, and 50%, respectively. The product was evaluated at 3 different noncytotoxic concentrations and the best significantly result reduced ($P < .01$) IL-6 synthesis by 29%, when compared with the LPS control group. The PGE 2 reduction was 11%. The reduction in TNF-α synthesis was 13%, in the lowest concentration tested, when compared with the LPS control.

Conclusions: The multifunctional sunscreen product, under the evaluated conditions, was able to significantly reduce IL-6, TNF-α, and PGE-2 synthesis, demonstrating potential anti-inflammatory and soothing effects on the skin.

Commercial Disclosure: 100% is sponsored by Aché Laboratórios Farmacêuticos SA.

26071

Extensive Hailey-Hailey disease effectively treated with apremilast

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Benign familial pemphigus, also referred to as Hailey-Hailey disease (HHD), is a genetic blistering dermatosis that often presents in flexural and intertriginous areas with erythematous plaques and erosions. Despite its name, it can be quite debilitating and cause a great deal of psychological distress for patients. Histologically, HHD shows characteristic suprabasilar acantholysis with sparing of the hair follicles. Due to its low prevalence, there is a lack of treatment guidelines and thus treatment is often challenging. Herein, we describe the case of a 43-year-old female who presented with a severe flare in her 13-year history of biopsy proven Hailey-Hailey disease, while on naltrexone therapy and topical halocinonide cream. Previous case reports describe treatment of HHD with apremilast, and our patient experienced near clearance after 3 weeks of therapy with apremilast. This case serves as a reminder that prompt diagnosis and initiation of appropriate therapy can substantially improve quality of life. In addition, a gradual titration period to reach the optimal dose of 30 mg twice daily can serve as a safe and effective means to minimize side effects and treat this condition.

Commercial Disclosure: None identified.