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ABSTRACT BOOK

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Alopecia Areata

0001-AA Meta-analysis of jak inhibitors for alopecia areata: mild adverse events similar to placebo, except acne

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Background: Alopecia areata (AA) is an autoimmune hair loss disorder whose key cytokines are blocked by Janus kinase (JAK) inhibitors. Unlike patients with psoriasis or rheumatoid arthritis, AA patients are typically younger with fewer comorbidities, potentially affecting safety profiles. Studies show inconsistent frequencies of mild adverse events (AEs) with JAK inhibitors versus placebo. This meta-analysis assesses whether common mild AEs differ in AA patients.

Methods: Following PRISMA guidelines, we searched PubMed, Scopus, Embase, and Cochrane for randomized controlled trials (RCTs) of JAK inhibitors for AA, published up to November 2023. Eligible RCTs compared JAK inhibitors versus placebo, reporting AEs like upper respiratory tract infection (URTI), headache, nasopharyngitis, and acne. Data were pooled using odds ratios (OR) and risk ratios (RR) with 95% confidence intervals (CI). Heterogeneity was assessed with Cochran's Q test and I^2 statistics.

Results: Six RCTs with 2,456 patients (73.7% on JAK inhibitors) were included. No differences were found for URTI (RR=1.04; 95% CI: 0.78-1.39; p=0.79; I^2=0%), headache (RR=1.27; 95% CI: 0.91-1.79; p=0.16; I^2=0%), or nasopharyngitis (RR=1.39; 95% CI: 0.82-2.38; p=0.22; I^2=38%). Acne was significantly more frequent with JAK inhibitors (OR=4.10; 95% CI: 2.03-8.29; p<0.0001; I^2=0%), with baricitinib showing a higher OR (e.g., OR=4.50) than ritlecitinib (e.g., OR=3.50).

Conclusion: JAK inhibitors for AA show no increased risk of URTI, headache, or nasopharyngitis versus placebo, aiding counseling. Acne, a class effect, is four times more frequent, particularly with baricitinib, requiring dermatologic follow-up.

0002-AA Impact of Switching Janus Kinase Inhibitors in the treatment of Severe Alopecia Areata

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Alopecia areata (AA) is an autoimmune condition with limited treatment options for severe cases. Janus kinase inhibitors (JAKis) have improved outcomes for severe AA, but data on switching JAKis due to lack of efficacy or insurance issues are limited. This study evaluated the impact of switching JAKis in severe AA patients.

A retrospective review was conducted on severe AA patients who switched JAKis after ≥6 months of initial treatment. Outcomes were assessed using Severity of Alopecia Tool (SALT) scores.

Eight patients (75% female, mean age 45 years) were included, with a mean AA duration of 6.6 years (1.5–10) and baseline SALT score of 93 (70–100). Initial JAKis included baricitinib (n=4), deuruxolitinib (n=1), ruxolitinib (n=1), and tofacitinib (n=2), with a mean treatment duration of 24 months (6–65). Six patients switched due to lack of efficacy, two following insurance denial. Three patients (37.5%) achieved SALT ≤20 after switching JAKis, with a mean SALT reduction of 72. Two patients showed minimal improvement, and one showed none. Two patients worsened after switching JAKis due to insurance denial, despite initial improvement on tofacitinib (SALT 20, 25), with SALT scores increasing to 50 and 35. Three patients switched to a third JAKi; none attained SALT ≤20, though two showed some improvement.

Switching JAKis can benefit some AA patients, with 37.5% showing meaningful regrowth. Two patients denied tofacitinib coverage worsened after switching, highlighting patient advocacy importance. Limitations include small sample size and retrospective study design. A multi-center study is underway for a larger population.

Atopic Dermatitis

0001-AD Assessment of the association between serum vitamin D levels and atopic dermatitis severity

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Atopic dermatitis (AD) is a chronic inflammatory skin disease characterized by dry, pruritic and eczematous lesions, significantly impacting quality of life [1]. Its pathophysiology involves immune system dysregulation and skin barrier dysfunction [2]. Vitamin D has been observed to influence skin barrier integrity and immune modulation, though evidence remains conflicting [3].

To evaluate the association between severity of atopic dermatitis and serum vitamin D concentration.

A retrospective study analyzed disease severity in 91 subjects using SCORAD index (mild:< 25; moderate:25-50; severe:>50) and serum vitamin D levels (deficient:<10 ng/ml; insufficient:10-29 ng/ml; sufficient:30-100 ng/ml). The inclusion criteria were a diagnosis of AD confirmed by a dermatologist, age 18-60 years, no use of systemic immunosuppressive drugs for at least one month prior to the study, absence of oncological, autoimmune diseases, chronic or acute infections.

Of the 91 participants, 31 (34,07%) had mild, 34 (37,36%) moderate and 26 (28,57%) severe AD. The mean serum vitamin D concentration was 31,63 ng/ml (SD±17,5), with the following concentrations observed in each group: 31,96 ng/ml (SD±17,84) mild, 30,76 ng/ml (SD±13,61) moderate and 32,38 (SD±21,77) severe AD. The average SCORAD scores were 45,94 (SD±28,54) for vitamin D deficiency, 36,3 (SD±16,64) insufficiency and 33,72 (SD±16,71) sufficient vitamin D levels. The correlation of SCORAD values with serum vitamin D concentration was very weak (rs=-0,051, p>0,05).

More than half (56,04%; 95%CI:45,85%–66,24%) of the participants had insufficient serum vitamin D levels but no significant association between AD severity and serum vitamin D concentration was found.

0002-AD Improvement of atopic dermatitis, asthma, and chronic obstructive pulmonary disease with tralokinumab in a patient with hypohidrotic ectodermal dysplasia

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Background: Tralokinumab is a human monoclonal antibody that blocks interleukin (IL)-13, a cytokine in Th2-mediated inflammation that has been linked to atopic dermatitis (AD), asthma, and variably, chronic obstructive pulmonary disease (COPD). Clinical trials have demonstrated therapeutic potential for AD and asthma, but there is limited research on its impact in COPD. Hypohidrotic ectodermal dysplasia (HED), a rare genetic condition characterized by hypotrichosis, hypohidrosis, and hypodontia, has been associated with atopy, and its management includes treatment of such comorbidities.

Objective: We describe the case of a 67-year-old male with HED whose AD, asthma, and COPD improved after tralokinumab therapy.

Methods: Previous therapies included topical corticosteroids for AD and bronchodilators and combination inhaled corticosteroid/long-acting beta agonist for asthma and COPD. AD treatment was inadequate; thus, subcutaneous therapy with tralokinumab 300mg every two weeks was initiated.

Results: After starting on tralokinumab for two weeks, the patient reported a significant reduction in symptoms of AD, asthma, and COPD with improvements in sleep and quality of life. Pruritus, assessed by Numeric Rating Scale, decreased in intensity from a score of 8-10 at initial visit to 6 after tralokinumab. Asthma and COPD exacerbations also incidentally decreased in frequency.

Conclusion: Tralokinumab may be a potential option for treating multiple comorbid IL-13-mediated conditions, especially when complicated by HED. Future studies on the efficacy of tralokinumab therapy for COPD and in the context of HED are warranted. Clinicians may consider tralokinumab for patients with comorbid AD, asthma, and COPD, or those for whom other therapies are contraindicated.

0003-AD Lebrikizumab improves signs and symptoms of moderate-to-severe atopic dermatitis in patients inadequately controlled or ineligible for cyclosporine: German extension results (Week 76) of ADvantage study

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Background: Lebrikizumab (LEB), a high-affinity anti-interleukin-13 monoclonal-antibody, showed efficacy and safety in patients with moderate-to-severe atopic dermatitis (AD). Cyclosporine A (CsA) is indicated for severe AD, but its efficacy may not be optimal and its safety limits longer-term use.

Objective: To analyze the long-term efficacy and safety of LEB in patients with moderate-to-severe AD inadequately-controlled/ineligible for CsA (German-extension from ADvantage-study, NCT05149313).

Methods: ADvantage is a 52Week (W) study (16W placebo [PBO]-controlled Induction-Period plus 36W every-2-weeks [Q2W] open-label Maintenance-Period). Eligible patients were adults/adolescents (≥12-<18 years) with EASI≥16, IGA≥3, and ≥10% BSA of AD involvement, not-adequately controlled/non-eligible for CsA. Patients received concomitant low-to-mid potency topical corticosteroids (TCS) through W16; from W16 onwards TCS-use was at investigator discretion. Patients who completed W52 Maintenance-Period were eligible to join the Extension-Period (to continue LEBQ4W for minimum 24 additional-weeks, German-extension). Efficacy-endpoints: % patients who achieved EASI75 and ≥4-point improvement in pruritus-NRS (4pNRS). Safety-endpoints: TEAEs, SAEs and TEAEs leading to discontinuation. Missing data were imputed using non-responder imputation/multiple imputation (W0-to-W16). From W16 to W76 data are presented as observed.

Results: 43 patients were included. At W16 (LEBQ2W+TCS/PBOQ2W+TCS), W52 (LEBQ2W±TCS) and W76 (LEBQ4W±TCS), % patients achieving EASI75 was: 73.9%/25.0%, 79.1%, 78.0%; % patients achieving 4pNRS: 45.8%/27.3%, 69.7%, and 69.7%, respectively. Safety profile has proved to be acceptable in the German-extension.

Conclusions: In the German-extension population with moderate-to-severe AD inadequately-controlled/ineligible for CsA, LEB showed continuous improvements in signs/symptoms of AD up to W76 and a safety profile, consistent with the known LEB profile.

0004-AD Impact of Amlitelimab (An Anti-OX40 Ligand Antibody) on Atopic Dermatitis of the Head and Neck: Post Hoc Results From the STREAM-AD Phase 2b Study of Moderate-to-Severe Atopic Dermatitis

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Introduction: In atopic dermatitis (AD), head and neck (H&N) lesions are difficult to treat, have a high impact on patients' life quality.

Methods: STREAM-AD (NCT05131477), a randomised, placebo-controlled, Phase 2b trial, included a 24-week treatment period (Part 1), a 28-week maintenance/withdrawal period (Part 2), and 16-week safety follow-up. In Part 1, adult participants with moderate-to-severe AD were randomised 1:1:1:1:1 to subcutaneous amlitelimab (250 mg with 500 mg loading dose [250 mg +LD], n=77; 250 mg, n=78; 125 mg, n=77; 62.5 mg, n=79) or placebo (n=79) every 4 weeks. H&N region EASI subscores were analysed using least-squares (LS) mean percent change from baseline to Week 24 (post hoc analysis).

Results: All doses of amlitelimab demonstrated improvements in percent change in EASI H&N subscores from baseline to Week 24 vs placebo; highest response seen with 250 mg+LD. LS mean percent change from baseline in H&N region subscore was -52.6, -40.9, -41.2, -38.3, and -25.3 for 250 mg+LD, 250 mg, 125 mg, 62.5 mg, and placebo, respectively, at Week 24. LS adjusted mean percent change from baseline in the four H&N subscores at Week 24 were: erythema (-57.3, -44.6, -47.4, -42.4, and -19.9), oedema/papulation (-58.7, -50.3, -49.2, -40.9, and -25.1), excoriation (-67.5, -57.8, -58.3, -47.9, and -22.8), lichenification (-64.2, -53.0, -53.6, -46.2, and -19.9), for 250 mg+LD, 250 mg, 125 mg, 62.5 mg, and placebo, respectively.

Conclusion: Amlitelimab improved EASI H&N subscores vs placebo at Week 24, was effective across all signs of H&N AD and could be an effective future treatment option.

0005-AD Treatment with Dupilumab improves skin barrier biomarkers in patients with atopic dermatitis

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Background: The stratum corneum, composed of corneocytes and lipids like cholesterol sulfate and glucosylcholesterol, plays a crucial role in skin barrier function and the pathophysiology of atopic dermatitis (AD). Natural Moisturizing Factors (NMF), derived from filaggrin breakdown, are essential for moisture retention and barrier integrity.

Objective: To investigate the impact of Dupilumab on disease severity and skin barrier biomarkers.

Methods: Between July 2020 and September 2022, 60 AD patients initiating Dupilumab were enrolled in the TREatment of ATopic eczema, the Netherlands and Belgium (TREAT NL/BE) registry and included in this substudy. Clinical outcomes and tape strips were obtained at baseline, 1, 3, 6, and 12 months, with continued clinical follow-up thereafter. Skin barrier biomarkers were measured in tape strips. Filaggrin mutation analysis was performed.

Results: Dupilumab improved the Eczema Area and Severity Index (EASI) (P<.001) and Peak Pruritus Numerical Rating Scale (NRS) over 12 months (P<.001). NMF levels, adjusted for filaggrin mutations, increased in lesional skin (P<.001) and remained unchanged in non-lesional skin (P=.05) over 12 months follow-up. Preliminary lipid analysis (n=12) showed a reduction in glucosylcholesterol in lesional skin during treatment (P=.048) and a trend towards reduction in cholesterol sulfate (P=.08). Glucosylcholesterol and cholesterol sulphate remained unchanged in non-lesional skin (P=.74 and P=.84, respectively). The completed analysis will be presented on the poster.

Conclusion: Dupilumab leads to significant clinical improvement and increased NMF levels in lesional skin. Preliminary data show a decrease in glucosylcholesterol levels in lesional skin, suggesting that Dupilumab leads to improvement of lipid dysregulation in AD.

0006-AD Exploring population-based epidemiological research methodologies in atopic dermatitis: a scoping review

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Background: Atopic dermatitis is a prevalent skin condition that impacts individuals of all ages globally. While numerous systematic reviews and meta-analyses have attempted to estimate the burden of atopic dermatitis at the country, regional, and global levels, the variability in source data often leads to the exclusion of significant portions of data or the aggregation of data representing disparate factors.

Objective: Identify and present how current atopic dermatitis epidemiological studies are reported in terms of; the case definitions used, the severity assessment method, measures of frequency and key socio-demographic factors.

Methods: A systematic literature search was conducted across three databases covering the period from January 2023 to February 2024. Original, population-based studies were included if they reported the prevalence and/or incidence of atopic dermatitis with a clear definition of the condition. The review was done in duplicate and blinded. Descriptive analyses will stratify data by geographic region and age group.

Results: A total of fifty-nine studies were included, with data spanning from 1996 to 2023 across 40 countries. Data on atopic dermatitis prevalence used various definitions: physician diagnoses (20%), patient-/parent-reported physician diagnoses (44%), validated questionnaires (31%), and other methods (4%). Eleven studies (19%) reported the severity distribution. WHO regions with the fewest data on atopic dermatitis were Southeast Asia (4%) and Africa (5%).

Conclusion: Recent population-based epidemiological studies on atopic dermatitis are highly heterogeneous, limiting meaningful comparisons across studies. Future research should aim to address this variability and fill key geographical gaps in the global burden data.

0007-AD Optimization of pharmacological therapy with dupilumab in patients with atopic dermatitis

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Background: Dupilumab is the leading biological therapy for the treatment of atopic dermatitis (AD). It is highly effective in controlling the disease at the doses established for this condition. However, current evidence on tapering and/or dose reduction is limited, although satisfactory results have been observed in patients with prolonged treatments.

Objective: To describe the clinical and economic outcomes of a treatment optimization strategy in patients with AD.

Methods: A retrospective observational descriptive study conducted on a cohort of AD patients treated at a specialized healthcare provider (CLIPSO). A treatment optimization strategy was implemented based on their clinical progression, ensuring cost-effectiveness. A univariate analysis was performed, using measures of central tendency, relative and cumulative frequencies, with the statistical package R Core Team (2022).

Results: The strategy was implemented in 115 patients, with a median age of 27 years (IQR: 20–36), and 60% were women. Of these, 59.1% underwent dose interval extension, 20% avoided therapy initiation, 16.5% complete discontinuation, and 4.4% dose adjustment. After an average follow-up time of 10 months, patients achieved an average EASI score of 3 (mild disease), SCORAD of 14.6 (mild), POEM of 5.5 (mild eczema), DLQI of 3.0 (low impact), and 81.9% remained with controlled AD (ADCT). The strategy generated cost savings of USD 758,426.92 (COP 3,354,467,214).

Conclusion: The dupilumab optimization strategy produced successful clinical outcomes and significant health resource savings.

0008-AD A Survey on Patient Experiences with phototherapy: Evaluating anD Describing phototherapy for ATopic Eczema (SPEEDDATE)

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Background: Phototherapy is a common treatment option for atopic eczema (AE), underlined by a 2020 survey showing that 80.9% of caregivers utilize narrowband ultraviolet B (NB-UVB) phototherapy (1). The evidence for this treatment is of very low certainty (2). Patients' perspectives on phototherapy treatment for AE are unknown. Furthermore, while research suggests that patients with other inflammatory dermatological conditions report a greater patient satisfaction with home-based phototherapy treatment (3, 4), the experience of patients with AE with home-based versus hospital-based remains unexplored.

Objective: This study aims to investigate patients' perspectives on phototherapy for AE, focusing on experiences with outpatient versus home-based treatment, and to identify areas for improvement.

Methods: An online survey was developed to assess patient perspectives on AE phototherapy. The survey contained 77 questions in six sections, covering patient characteristics, therapeutic history, hospital and home phototherapy experiences, treatment outcomes and patient's perspectives.

Preliminary results: To date, a total of 107 patients have completed the online survey, which will stay open for the upcoming two weeks. Of the 107 participants already enrolled, 39 participants (36.4%) reported being treated at home, 60 (56.1%) were treated in an outpatient setting and 8 (7.5%) have had both treatments. We will report on patients experiences with phototherapy and expect to demonstrate differing and corresponding opinions between the home and outpatient phototherapy groups.

Conclusion: We will provide insights into the patients' perspectives on phototherapy, and specifically home-based versus outpatient treatment, which will help to identify opportunities for improvement in AE phototherapy care.

Abbreviations:

AE – Atopic Eczema

NB-UVB – Narrowband ultraviolet B

SPEEDDDATE - A Survey on Patient Experiences: Evaluating anD Describing phototherapy for ATopic Eczema

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0009-AD Long-term outcomes of new systemic agents in atopic dermatitis: Drug survival analyses and treatment patterns in daily practice

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Background: In recent years, several new systemic agents (biologics and Janus Kinase inhibitors (JAKi) have been registered for the treatment of moderate-to-severe atopic dermatitis (AD). However, comparisons of real-world drug survival data and insights into treatment patterns of these advanced systemics are limited.

Objectives: This study presents real-world data on drug survival of dupilumab, tralokinumab, abrocitinib, baricitinib, and upadacitinib in AD patients. Additionally, we investigated predictors of drug survival and evaluated treatment patterns in AD patients initiating biologic or JAKi treatment in daily practice.

Methods: Data from a prospective observational single-center registry were collected from 549 adult AD patients (759 treatment courses) receiving biologics (dupilumab, tralokinumab) or JAKi (abrocitinib, baricitinib, upadacitinib) and analyzed using Kaplan-Meier survival curves. Cox regression analyses were used to evaluate predictors of survival. Frequencies and percentages summarized data on the initial and subsequent treatments received, with a Sankey diagram illustrating the switching patterns.

Results: The 18 months overall drug survival rates for dupilumab, abrocitinib, upadacitinib, tralokinumab and baricitinib were 70%, 51.5%, 48.4%, 39.4% and 20.4%, respectively. No significant predictors for drug survival were identified. Dupilumab was the predominant initial treatment (87.2%) and upadactinib the most frequently used second-and third treatment. In the total cohort, 57.9% of patients remained on their initial treatment and 26.8% switched to other treatments.

Conclusion: In conclusion, dupilumab showed superior survival rates while baricitinib had the lowest survival rate. Frequent switching highlights the need for biomarkers that predict response to advanced systemic treatments to improve attrition rates.

0010-AD Treatment trajectories and reasons for discontinuation of systemic therapy in atopic dermatitis patients: insights from the TREAT NL/BE Registry

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Background: The introduction of new targeted therapies has altered the treatment landscape for atopic dermatitis (AD). A better understanding of treatment trajectories could help guide systemic therapy selection, as no definitive treatment algorithm exists.

Objective: To examine the treatment trajectories and reasons for discontinuation of conventional and targeted therapies in AD patients enrolled in the TREatment of ATopic eczema, the Netherlands and Belgium (TREAT NL/BE) registry.

Methods: We analyzed data from 517 AD patients included in the registry between 2017 and 2024 who initiated systemic therapy at least 6 months prior to the database readout. Descriptive statistics assessed treatment patterns, reasons for treatment discontinuation, and factors associated with discontinuation.

Results: Dupilumab was the most commonly used first- and second-line systemic therapy. On average, patients who continued their baseline systemic therapy did so for 2.43 years. The average treatment duration for the patients who discontinued was approximately one year. 56% of patients remained on their initial therapy, while the other 44% either switched treatments or discontinued. This was primarily due to inefficacy (41%) or adverse events (34%) (Figure 1). No significant association was found between the broad categories of reasons for discontinuation, as shown in Figure 1, and the therapy discontinued. Younger age and prior use of systemic therapy were associated with treatment discontinuation.

Conclusion: These findings offer insights into treatment patterns in AD following the introduction of targeted therapies, particularly the relatively high rate of switches or discontinuations, which are primarily explained by inefficacy and adverse events.

0011-AD AI-Driven Digital Applications/Tools for Atopic Dermatitis - Understanding the Current Landscape

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Background: Atopic Dermatitis (AD) is a prevalent skin condition that affects patients of all ages worldwide. It is characterised by severe pruritus and recurrent skin lesions, significantly impairing quality of life and is associated with many co-morbidities. The complexity of managing AD highlights the need for innovative technological solutions, with AI and computational tools emerging as key players in its diagnosis, monitoring, and management.

Objectives: The aim is to systematically consolidate and evaluate the current body of literature on AI digital tools/ applications used for AD and identify key challenges such as data privacy, algorithmic bias, and integration barriers with clinical workflows. AI-driven digital tools/applications are categorised based on their functionalities and applications.

Methods: In this scoping review, we systematically assessed studies on AI-driven digital applications for AD. A total of 3,122 papers were identified through searches in Medline, Embase, Web of Science, and Scopus. Studies were screened double and blinded at all stages of the review.

Results: After screening, 136 studies met the selection criteria and categorised as follows: diagnostic tools (102), symptom tracking tools (23), predictive tools (17), teledermatology platforms (9), personalised treatment tools (8) and natural language processing (3). Notably, some studies developed multiple AI tools.

Conclusion: AI advancements in AD management show promise but face challenges like data privacy, algorithmic bias, and clinical integration. Real-world testing is essential for ensuring reliability and usability. To maximise impact, AI tools must prioritise patient care, clinical decision-making, and both clinical and AI best practices throughout development.

0012-AD "Study of the Burden of Atopic Dermatitis on Quality of Life in Children": Insights from tertiary care centre

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Introduction: Atopic dermatitis (AD) is a common, chronic inflammatory skin disorder characterized by dry, itchy, and inflamed skin. It typically manifests in childhood and is often associated with a variety of symptoms such as intense itching, redness, scaling, and cracking of the skin, which can significantly impact a person's daily life.

Materials and Methods: This was a hospital-based cross-sectional study involving 120 patients. The Children's Dermatology Life Quality Index (CDLQI) questionnaire was used to evaluate patients' quality of life. Additionally, the Global Disease Severity Scale and Visual Analog Scale (VAS) for atopic dermatitis severity were recorded, along with socio-demographic details. The study spanned one year, and informed consent from the parents and ethical approval from the institution were obtained before the study began.

Results: Out of 120 patients, 104 responded (response rate: 87%), with ages ranging from 0 to 15 years. Males made up more than two-thirds of the sample. The "Symptoms and Feelings" domain was the most affected in the CDLQI. Itching, female gender, and the presence of skin lesions were significant predictors of poorer quality of life scores.

Conclusion: This study identifies the epidemiological factors associated with atopic dermatitis and highlights key predictors of poor quality of life. Regular, subjective assessments of quality of life should be incorporated into routine clinical visits, as counseling is a vital part of managing these patients.

Keywords: Atopic dermatitis, Quality of Life, Disease severity

0013-AD Assessing Tactile Sensitivity in Children with Atopic Dermatitis using Quantitative Sensory Testing: a Sensitive Skin?

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Background: Similar to chronic pain, chronic itch sensitization can occur in individuals with atopic dermatitis (AD) leading hypersensitivity to tactile stimuli. While several studies have examined tactile sensitivity in adults with AD, no studies to date have explored tactile sensitivity in children with AD.

Objectives: To assess tactile sensitivity in children with atopic dermatitis using quantitative sensory testing (QST).

Methods: This cross-sectional, prospective study enrolled children aged 7 to 11 years with a clinical diagnosis of AD in accordance with the UK Working Carty Criteria. Quantitative Sensory Testing (QST) was conducted on non-lesional skin on the hands assessing thermal detection thresholds, 2-point discrimination capability, mechanical detection thresholds and vibration perception. Clinical disease severity was measured using Eczema Area Severity Index (EASI) and validated Investigator Global Assessment for AD (vIGA-AD), as well as Numeric Rating Scales (NRS) for pruritus and pain. Outcomes were compared across age groups using previously published reference data. Effects of disease severity on QST outcomes was evaluated using regression analyses.

Results: The study included 70 patients with mild-to-moderate AD. Compared to reference data, children with AD showed significantly lower detection thresholds for warm stimuli, two-point discrimination tests and mechanical detection thresholds. Vibration perception was unimpaired. Clinical AD parameters including EASI and NRS pruritus showed no significant relationship with QST outcomes.

Conclusions: Our study is the first to assess tactile sensitivity in children with AD. We reveal that children with AD have increased sensitivity in their peripheral sensory systems; however, it cannot exclude the involvement of central mechanisms.

0014-AD Impact of lebrikizumab in combination with topical corticosteroids in the psychological wellbeing of patients with moderate-to-severe atopic dermatitis: a randomized phase 3 clinical study (ADvantage)

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Background: Atopic dermatitis (AD) can have a substantial impact on psychological wellbeing. Lebrikizumab (LEB) has demonstrated efficacy and safety in adults and adolescents with moderate-to-severe AD.

Objective: To assess the impact of AD on psychological wellbeing and to describe the improvement after LEB+topical corticosteroids (TCS) at week (W) 16 and W52 of the ADvantage study.

Methods: Eligible patients were adults and adolescents (≥12-<18 years) with moderate-to-severe AD, not adequately controlled/ineligible for cyclosporine. Patients were randomized 2:1 (LEB 250mg:placebo [PBO]) every two weeks (Q2W). After 16W (induction period), all patients received LEB 250mg Q2W during an open-label of 36W (maintenance period). Patients received mid-potency TCS through W16; from W16-W52, TCS was at investigator discretion. Wellbeing was assessed through the 5-item WHO Well-being Index (WHO-5; range 0-100, 100=maximal well-being; Mean WHO-5 score in the general population was 64.7. 52.2/51.4 in women with breast cancer/patients with diabetes with distress. Analyses were performed as observed cases.

Results: 331 patients were randomized (220 LEB+TCS:111 PBO+TCS). Mean±SD WHO-5 score (LEB+TCS and PBO+TCS) was 40.9±20.1 and 39.1±20.0 at baseline and increased to 61.4±20.6 and 52.2±21.0 at W16. At W52, it was 66.0±20.2 and 67.1±18.3 for LEB+TCS/LEB±TCS(N=180) and PBO+TCS/LEB±TCS(N=87), respectively.

Conclusions: At baseline, patients with moderate-to-severe AD showed a clinically significant impairment of their psychological wellbeing, lower than breast cancer or diabetes with distress. In 16W, lebrikizumab improved the psychological wellbeing to similar levels than the general population, and it was maintained after 52W.

0015-AD Scientific rationale for a first-in-human study in atopic dermatitis of EGL-003: a novel IL-2-based regulatory T cell activator

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Background: Regulatory T cells (Tregs) maintain immune tolerance and prevent excessive inflammation. Atopic dermatitis (AD) is characterized by an imbalance between effector T cells and Tregs. EGL-003, an IL-2 mutein/Fc fusion protein, is designed to selectively expand Tregs.

Objective: The design and scientific rationale of a Phase 1, open-label, dose-finding study in adults with moderate-to-severe AD will be presented.

Methods: Subjects will receive one of four doses of EGL-003 subcutaneously over 12 weeks. The primary objective is to assess safety and tolerability. Secondary objectives include systemic and tissue pharmacodynamics, measured via flow cytometry and single-cell RNA sequencing, alongside exploratory assessments of disease activity. To assess tissue-level Treg dynamics, lesional skin biopsies will be analyzed for Treg expansion and functional markers for immune tolerance.

Results: The lowest dose was chosen as the minimum anticipated biological effect level in ex vivo studies with cells from individuals with autoimmune diseases; specifically, the effective concentration-20% (EC20) of the phosphorylated STAT5 assay for Treg activation. The highest dose was chosen based on a margin of safety to the no-observed-adverse-event-level in non-human primates. Preclinical data supporting the safety and Treg selective mechanism of action of EGL-003 are discussed, as well as the predicted pharmacokinetics with a half-life of 20-30 hours.

Conclusion: This FIH study is pioneering in assessing the effect of a Treg-targeting IL-2 mutein in skin biopsies. The findings will provide important insights into the link between plasma and tissue pharmacodynamics and inform future trials exploring EGL-003 as a novel immunoregulatory therapy for autoimmune diseases.

0016-AD Triangulating transcriptomic evidence uncovers novel therapeutic targets for atopic dermatitis

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Background: Genome-wide association studies (GWASs) for atopic dermatitis (AD) have uncovered 81 risk loci in European participants, however translating these findings into functional and therapeutic insights remains challenging.

Objective: We conducted a transcriptome-wide association study (TWAS) in AD leveraging cis-eQTL data from 3 central AD tissues and the latest GWAS of AD in Europeans.

Methods: We implemented the OTTERS pipeline that combines polygenic risk score (PRS) techniques accommodating diverse assumptions in the architecture of gene regulation. We also used differential expression datasets and co-expression networks to characterize the transcriptomic landscape of AD.

Results: We identified 176 gene-tissue associations covering 126 unique genes (53 novel). Most TWAS risk genes were identified by adaptive PRS frameworks, with non-significant differences compared to clumping and thresholding approaches. The novel TWAS risk genes were enriched in allergic reactions (e.g., AQP7, AFF4), skin barrier integrity (e.g., ACER3) and inflammatory pathways (e.g., TAPBPL). By integrating co-expression networks of lesional AD skin, we identified 16 hub genes previously identified as TWAS risk genes (6 novel) that orchestrate inflammatory responses (e.g., HSPA4) and keratinization (e.g., LCE3E, LCE3D), serving as potential drug targets through drug-gene interactions.

Conclusion: Collectively, we leverage cis-eQTLs from 3 representative tissues to identify novel risk genes in AD through TWASs. We report 53 novel TWAS risk genes with previously unidentified roles in AD pathogenesis. Through the integration of TWASs with RNA sequencing, we validate the pathogenic role of 16 genes that could be prioritized for follow-up studies and therapeutic development.

0017-AD Lebrikizumab improves skin and quality of life in patients with moderate-to-severe atopic dermatitis, previously treated with dupilumab (ADapt Trial)

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Background: Many patients with moderate-to-severe atopic dermatitis (AD) remain in need of an effective treatment despite of current available treatments. Lebrikizumab (LEB) is a monoclonal antibody that binds with high-affinity to IL-13 thereby blocking its downstream effects.

Objective: To report the efficacy and safety of LEB in moderate-to-severe AD patients previously treated with dupilumab (ADapt study, NCT05369403).

Methods: ADapt is an open-label, 24-week (W) trial that included patients with moderate-to-severe AD previously treated with dupilumab (DUPI) and who must have discontinued DUPI due to inadequate response (non-response/partial or loss of response), intolerance or an adverse event (AE), or other reasons. ≥4W after DUPI discontinuation, patients received 500 mg LEB loading-dose (Baseline and W2) plus 250 mg every 2W (Q2W) through W16. At W16, responders (IGA 0/1 with ≥2-point improvement [IGA 0/1] or EASI 75 [primary endpoint]) received LEB 250 mg Q4W; other patients continued with 250 mg Q2W. Q2W/Q4W pooled-data were analyzed as-observed and non-responder/multiple imputation (NRI/MI).

Results: 86 patients were enrolled (56% discontinued DUPI due to inadequate response, 16% due to intolerance/AEs to DUPI, and 28% other reasons). See results in the Table. Safety profile was consistent with other LEB Phase 3 trials. Four patients who discontinued DUPI due to conjunctivitis did not report conjunctivitis with LEB. 3.5% of patients reported treatment-emergent conjunctivitis.

Conclusions: In DUPI-experienced patients, LEB treatment of moderate-to-severe AD resulted in meaningful improvements in skin clearance, itch, and QoL.

% patients achieving:W16W24EASI 75 (as-observed, NRI/MI)57.4%, 50.7%60.0%, 52.8%IGA 0/1 (as-observed, NRI/MI)38.7%, 35.6%38.2%, 36.8%Face-IGA 0 (as-observed)42%49%Pruritus NRS ≥4-point improvement (as-observed, NRI/MI)53.2%, 48.8%61.5%, 47.9%DLQI ≥4-point improvement (as-observed)83.0%83.0%

0018-AD 68-week safety results of amlitelimab (an anti-OX40 Ligand antibody) in participants with moderate-to-severe atopic dermatitis from STREAM-AD Phase 2b dose-ranging and withdrawal study

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Introduction: Amlitelimab, a fully human, non-depleting, anti-OX40 Ligand (OX40L) antibody modulates the immune system via OX40L inhibition. Here, we present 68 weeks safety results from the STREAM-AD trial.

Methods: STREAM-AD (NCT05131477) was 2-part, Phase 2b, randomised, double-blind, placebo-controlled trial of amlitelimab in adults with moderate-to-severe AD. The study included 24-week treatment with subcutaneous amlitelimab or placebo every 4 weeks (Part 1), 28-week maintenance/withdrawal (Part 2), and 16-week safety follow-up. Participants achieving Eczema Area and Severity Index-75 and/or Investigator Global Assessment 0/1 at 24-week in Part 1 (clinical responders) entered Part 2 and were re-randomised 3:1 to placebo (withdrawal group) or to continue the pre-Week 24 Q4W amlitelimab dose. Participants (n=186) were treated with 250mg+LD, n=34 (withdrawal)/n=13 (continuing); 250mg, n=28/n=11; 125mg, n=32/n=12; 62.5mg, n=34/n=7; placebo responders continuing placebo (n=15).

Results: No dose-dependent relationship was observed in total incidence of treatment-emergent adverse events (TEAEs), serious adverse events (SAEs), or adverse events of special interest. Pooled data from Week 0-68 are presented: continued amlitelimab, (n=43); withdrawn, (n=128); continued placebo, (n=15). Incidence of TEAEs was (83.7%, 92.2%, and 93.3%), respectively. Majority of TEAEs were mild or moderate in severity. Incidence of SAEs was (4.7%, 2.3%, and 0), respectively; with 1 (0.8%) considered related to treatment in the withdrawn group. One participant (continued-125mg) had 4 TEAEs leading to treatment discontinuation which were not related to treatment. No other TEAEs leading to treatment discontinuation were reported, no deaths during study.

Conclusions: Amlitelimab was well tolerated with an acceptable safety profile up to 68 weeks.

HIDRADENITIS SUPPURATIVA

0001-HS Bimekizumab impact on draining tunnels over 2 years in HS: Data from BE HEARD EXT

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Background: Draining tunnels (DT; fistulas/sinus tracts) negatively impact quality of life in patients with hidradenitis suppurativa (HS) and lead to potential long-term sequelae. Bimekizumab (BKZ), a humanised IgG1 monoclonal antibody, inhibits interleukin (IL)-17A and IL-17F.

Objective: To report the impact of BKZ on the number of DTs over 2 years across the phase 3 BE HEARD I&II (BHI&II) and open-label BE HEARD EXT (BHEXT) trials.

Methods: Data were pooled from the BHI&II studies (NCT04242446, NCT04242498) and BHEXT (NCT04901195). Week48 BHI&II completers could enrol in BHEXT and receive open-label BKZQ2W or BKZQ4W based on ≥90% HS Clinical Response (HiSCR90; averaged from Weeks36/40/44). Data are reported for all patients randomised to BKZ in BHI&II who enrolled in BHEXT (BKZ Total). Mean absolute change from baseline (CfB) in DT count and achievement of ≥3 DT reductions (baseline count ≥5) are reported at Week48 and Week96 (observed case).

Results: Among 657 BHI&II Week48 completers who entered BHEXT, 556 of these received continuous BKZ. At baseline, 76.4% (n=425) of patients randomised to BKZ had DTs (mean±SD: 3.8±4.3). Mean±SD DT absolute CfB was -2.4±3.4 at Week48 and -2.9±3.7 at Week96 in the BKZ Total group. The proportion of patients in the BKZ Total group with ≥3 DT reductions (baseline count ≥5; n=177) was 84.7% (n=150/177) at Week48 and 88.1% (n=133/151) at Week96.

Conclusion: In patients randomised to BKZ, clinically important reductions in the number of DTs observed at Year1 were maintained or improved to Year2.

Funding: UCB. Medical writing: Costello Medical.

0002-HS Bimekizumab 2-Year impact on HSSQ skin pain in moderate to severe HS: Data from BE HEARD EXT

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Background: Patients with hidradenitis suppurativa (HS) experience pain which negatively impacts quality of life. Bimekizumab (BKZ), a humanised IgG1 monoclonal antibody, inhibits interleukin (IL)-17A and IL-17F.

Objective: To report proportions of patients with moderate to severe HS achieving clinically meaningful pain outcome improvements over 2 years across BE HEARD I&II (BHI&II) and open-label BE HEARD EXT (BHEXT) phase 3 trials.

Methods: Data were pooled from BHI&II (NCT04242446, NCT04242498) and BHEXT (NCT04901195). Week48 BHI&II completers could enrol in BHEXT and receive open-label BKZQ2W or BKZQ4W based on ≥90% HS Clinical Response (HiSCR90; averaged from Weeks36/40/44). Data reported for all patients randomised to BKZ in BHI&II who enrolled in BHEXT (BKZ Total).

Week48/Week96 HS Symptom Questionnaire (HSSQ; individual symptom items scored 0–10) skin pain response (30% reduction and ≥1-point reduction from baseline score of ≥3), alongside HSSQ absolute/percentage change from baseline (%CfB), are reported (observed case).

Results: Among 657 BHI&II Week48 completers who entered BHEXT, 556 received continuous BKZ. At baseline, mean±SD HSSQ skin pain score of patients in BKZ Total (n=551): 5.8±2.4; skin pain >0 was reported by 98.5% (543/551) of patients. Among patients with baseline pain score ≥3 (n=496), 72.2% (358/496)/78.5% (306/390) achieved Week48/Week96 HSSQ skin pain response. Through Weeks0–48/Weeks0–96, mean±SD absolute CfB in HSSQ skin pain score: −3.0±2.8/−3.5±3.0; %CfB: −48.0%±49.4%/−56.9%±54.2%.

Conclusion: In patients randomised to BKZ, clinically meaningful skin pain improvements observed to 1 year were maintained to 2 years.

Funding: UCB. Medical writing: Costello Medical.

0003-HS Bimekizumab efficacy by patient subgroups in moderate to severe hidradenitis suppurativa: 2-year phase 3 results from BE HEARD EXT

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Background: Hidradenitis suppurativa (HS) disease characteristics vary and can impact treatment response, necessitating new treatments with consistent efficacy. Bimekizumab (BKZ), a humanised IgG1 monoclonal antibody, inhibits interleukin (IL)-17F in addition to IL-17A.

Objective: To assess maintenance of ≥50%/≥75% HS Clinical Responses (HiSCR50/75) with BKZ treatment across patient subgroups with moderate to severe HS over 2 years.

Methods: Data pooled from BE HEARD I&II (BHI&II: NCT04242446/NCT04242498) and BE HEARD EXT (BHEXT: NCT04901195). Patients completing BHI&II could enrol in BHEXT and receive BKZ every 2 weeks (Q2W)/BKZQ4W based on HiSCR90. Patients achieving HiSCR50/75 at Week48/96 reported for patient subgroups: age (<35/≥35years [median]), sex, disease duration (<5.02/≥5.02years [median]), and Hurley Stage (II/III). Data reported for patients randomised to BKZ from baseline (BKZ Total) in BHI&II who entered BHEXT (observed case).

Results: 657 BHI&II completers entered BHEXT; 556 received BKZ from baseline. At Week48, high proportions reached HiSCR50/75: <35years (80.5%/65.2%), ≥35years (79.2%/63.0%); male (80.5%/63.4%), female (79.3%/64.5%); disease duration<5.02years (83.2%/66.3%), ≥5.02years (76.4%/61.6%); Hurley Stage II (83.5%/69.6%) and III (75.5%/57.3%). At Week96, HiSCR50/75 proportions were maintained or increased: <35years (87.7%/78.3%), ≥35years (83.3%/76.1%); male (87.8%/78.4%), female (83.3%/76.0%); disease duration <5.02years (86.3%/78.1%), ≥5.02years (84.5%/76.1%); Hurley Stage II (88.5%/83.5%), Hurley Stage III (81.8%/69.5%).

Conclusion: Patients treated with BKZ demonstrated efficacy in all subgroups with improvements in HiSCR outcomes observed at Week48 maintained over 2 years. These results emphasize BKZ's value as a consistent and effective treatment option for HS.

Funding: UCB. Medical writing: Costello Medical.

0004-HS Bimekizumab impact on pain and quality of life stratified by IHS4 levels in patients with hidradenitis suppurativa: 2-year results from BE HEARD EXT

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Background: Hidradenitis suppurativa (HS) impacts patients' quality of life (QoL) including debilitating pain. Lesion-based disease severity, HS skin pain, and HS health-related QoL (HRQoL) are assessed by the International Hidradenitis Suppurativa Severity Score System (IHS4), HS symptom questionnaire (HSSQ), and HS QoL questionnaire (HiSQOL), respectively.

Objective: To report association between Week16 IHS4 levels and improvements in skin pain and HRQoL to Year2.

Methods: Data pooled from BE HEARD I&II (BHI&II; NCT04242446/NCT04242498) and open-label BHEXT (NCT04901195). Week48 BHI&II completers could enrol in BHEXT and receive BKZ 320mg every 2 weeks (Q2W)/Q4W based on ≥90% HS Clinical Response (Weeks36/40/44 average). Associations between mutually exclusive Week16 IHS4 response levels (<IHS4-55 [percentage change from baseline of <55%]/IHS4-90-100) and achievement of clinically meaningful improvements in HSSQ skin pain (≥30% and ≥1-point reduction) and HiSQOL (total score ≥21-point reduction) response are reported at Week48/96 for patients randomised to BKZ from baseline (observed case).

Results: 556/657 BHI&II Week48 completers who entered BHEXT received BKZ from baseline. At Week48, greater reductions in skin pain (increasing proportions of HSSQ skin pain responders) observed with higher Week16 IHS4 response levels (<IHS4-55:61.9%; IHS4-90-100:87.4%). Response levels maintained to Week96 (<IHS4-55:75.2%; IHS4-90-100:84.0%). At Week48, greater improvements in HRQoL (generally increasing proportions of HiSQOL responders) observed with higher Week16 IHS4 response levels (<IHS4-55:36.2%; IHS4-90-100:56.3%). Response levels maintained to Week96 (<IHS4-55:47.7%; IHS4-90-100:70.0%).

Conclusion: Through Year2 of bimekizumab treatment, achievement of higher, mutually exclusive Week16 IHS4 response levels were associated with clinically meaningful improvements in skin pain and HRQoL.

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0005-HS Exploring the impact of fatigue and sleep disturbance in hidradenitis suppurativa: Perspectives from patients and healthcare professionals

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Background: Hidradenitis suppurativa (HS) is a chronic, painful inflammatory skin disease. Although pain is the most bothersome symptom, fatigue and sleep disturbance are under-explored.

Objective: To explore patient and healthcare professional (HCP) perspectives on HS-related fatigue and sleep disturbance and the impact on quality of life (QoL).

Methods: Patients (n=6) and HCPs (n=3) from Europe and North America shared insights on the impact of HS-related fatigue and sleep disturbance on QoL.

Results: Fatigue was described as a debilitating symptom affecting QoL. Many attributed fatigue to the physical and mental demands of living with HS. Beyond general fatigue, individuals identified different facets associated with the physical, mental, reduced motivation and activity domains of fatigue. Sleep disturbance was related to HS-related pain, itching and drainage, further exacerbating fatigue and creating a cycle of exhaustion. Some individuals acknowledged subconscious itching during sleep and co-morbid obstructive sleep apnea as additional contributors to restlessness. Strain of HS on partners and families was also recognised because fatigue and sleep disturbance can reduce energy levels, interest in intimacy and family/social interactions, potentially leading to isolation. Fatigue and sleep disturbance can also impact work productivity and, consequently, career progression and financial stability.

Conclusion: HS-related fatigue and sleep disturbance profoundly impact daily functioning, relationships and work productivity, creating a cycle of physical and emotional exhaustion. Recognising the multi-faceted HS symptoms, providing reasonable adjustments in the workplace, encouraging open dialogue with HCPs and measuring fatigue with standardised reporting could help improve the QoL of people living with HS.

0006-HS Association between hidradenitis suppurativa and liver fibrosis in patients with metabolic dysfunction-associated steatotic liver disease

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Background: Hidradenitis suppurativa (HS) is a chronic inflammatory skin disease associated with metabolic comorbidities. Research suggests a link between HS and liver disease, including metabolic dysfunction-associated steatotic liver disease (MASLD), though its association with liver fibrosis remains unclear.

Objective: To evaluate whether HS is associated with liver fibrosis in patients with MASLD.

Methods: A cross-sectional study was performed including patients from the Copenhagen Cohort of MASLD (CoCo-MASLD). A questionnaire regarding the presence of HS was sent out. Participants were divided into two groups: MASLD with HS and MASLD without HS. Demographic data, metabolic comorbidities, inflammatory markers, advanced liver fibrosis scores including fibrosis-4 (FIB-4) index and transient elastography were included. Logistic regression was performed with non-invasive test (NIT)-defined liver fibrosis (FIB-4 ≥1.3 and transient elastography ≥8 kPa) as outcome.

Results: The study compared MASLD patients with HS (n=67) to MASLD patients without HS (n=417). HS was reported by 13.8% of the respondents. HS patients were younger (55 vs. 60 years, p=0.0027), more often female (69% vs. 51%, p=0.011), and had higher BMI (33.6 vs. 30.1 kg/m², p=0.003) and hs-CRP (3.2 vs. 1.9 mg/L, p=0.004). While FIB-4 did not differ significantly, HS was associated with increased liver stiffness (6.9 vs 5.9 kPa, p=0.005) and NIT-defined fibrosis (OR 2.70; 95% CI 1.03–6.85; p=0.038).

Conclusion: HS is more common in patients with MASLD compared to data from background population. Furthermore, HS is associated with liver fibrosis in patients with MASLD, advocating for integrated dermatological-hepatological care and further interdisciplinary research.

0007-HS Psoriasiform paradoxical reactions clincal case

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Hidradenitis suppurativa (HS) is a chronic dermatosis, affecting about 1% of the population, mostly women aged 20–40. It's marked by comedones, painful nodules, abscesses, fistulas, and scarring, significantly impacting quality of life. Diagnosis is clinical, and treatment ranges from surgical procedures and corticosteroid injections to systemic antibiotics and biologics. Paradoxical reactions—when symptoms opposite to the expected effect occur—can happen with anti-TNF-alpha therapy. Psoriasiform paradoxical reactions occur in 15–20% of patients on anti-TNF-alpha, likely due to innate immune cell buildup (e.g., neutrophils, mast cells, macrophages, and plasmacytoid dendritic cells). We describe the case of a 23-year-old female smoker, diagnosed with Hurley stage III HS in 2015, with no family history of skin diseases. She underwent several antibiotic cycles and four surgeries. In 2021, she began anti-TNF-alpha therapy. A year later, she experienced a flare-up with a lesion in the right axilla, requiring surgery.

Later, a new HS focus developed in the groin, treated with antibiotics. In 2023, she reported itching and scaling on her scalp and inframammary areas. Physical exam showed erythematous, scaly plaques. The initial diagnosis was seborrheic and intertriginous dermatitis. Despite topical treatment, lesions persisted. A skin biopsy confirmed psoriasiform dermatitis.

Anti-TNF-alpha therapy was maintained initially, alongside topical corticosteroids and immunomodulators. Due to poor response, treatment was switched to anti-IL17, leading to improvement of both HS and skin lesions. Dermatologists should stay alert to paradoxical reactions and differentiate them from new-onset dermatoses.

0008-HS Clinical Evolution and Management of Hidradenitis Suppurativa During Pregnancy: A Multicenter Study

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Objective: To describe the clinical phenotype, evolution, treatment approaches, obstetric complications, and perinatal outcomes in pregnant patients with HS through a nationwide multicenter retrospective case series.

Materials and Methods: A retrospective, observational multicenter study involving dermatology departments across Spain. We included women diagnosed with HS who became pregnant. Variables collected included demographic data, HS phenotype (lesion location. iHS4 and type), clinical course during pregnancy, treatment strategies before and during pregnancy, obstetric complications (e.g., preeclampsia, preterm labor), and neonatal outcomes.

Results: A total of 19 pregnant patients with hidradenitis suppurativa (HS) were included across multiple centers in Spain. The preliminary analysis highlights a heterogeneous clinical course of hidradenitis suppurativa (HS) during pregnancy, with variable patterns in disease activity, phenotypic expression, and response to different therapeutic strategies. Obstetric and perinatal outcomes are being characterized, with a focus on potential associations with HS features and management. These findings aim to provide new insights into the clinical evolution of HS during pregnancy and its potential implications for maternal and neonatal health.

Conclusions: This multicenter study aims to provide comprehensive real-world data on the management and outcomes of HS during pregnancy. The results will help guide clinicians in making evidence-based decisions and improve the care of pregnant patients with HS.

0009-HS A case of neglected hidratenitis suppurativa complicated by renal amyloidosis and renal failure

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Hidradenitis suppurativa (HS), is a chronic, inflammatory cutaneous condition characterized by poor responsiveness to treatment and significant morbidity. Complication with Amyloid A (AA) amyloidosis, though exceptional, has been described.

Here we present a case of chronic HS in a 40-year old patient leading to biopsy-verified renal AA amyloidosis and dialysis dependency.

We describe a 40-year-old man, smoker and drug addict, having a 7 year history of recurrent, tender nodules in the inguinal and gluteal regions, resulting in abscesses, sinus tract formation, and large areas of scarring treated over years by antibiotics.

The diagnosis of HS (Hurley stage III) has been retained. During admission, patient presented bilateral lower limbs edema, and exams showed low serum albumin and nephrotic range proteinuria. Percutaneous renal biopsy showed amyloid deposits in the glomeruli and renal tubules. Immunochemical tests were positive for amyloid A (AA). Despite treatment, patient developped end stage renal disease and recieved hemodialysis.

Although AA amyloidosis is a well-recognized complication of chronic inflammatory diseases, it has rarely been reported in HS. The most common site of involvement is the kidneys, presenting as asymptomatic proteinuria or nephrotic syndrome that may progress to renal failure. It follows HS onset by 3-51 years. This is consistent with our patient who had neglected HS duration of 7 years complicated by nephrotic proteinuria and renal amyloidosis.

Patients with chronic inflammatory diseases such HS should be treated precociouly and screened periodically for microalbimuniria and serum albumin to prevent complications such as amyloidosis where kidneys are the first organ affected.

0010-HS Hidradenitis suppurativa impacts work life and daily activities more severely than psoriasis

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Several studies have reported that hidradenitis suppurativa (HS) greatly impacts work life, finances, and career pros-pects. Psoriasis, a similarly chronic and burdensome inflammatory skin disease, also seems to affect work and productivity. A direct comparison of real-life data on work impact between HS and psoriasis, however, has not yet been performed. We used the Work Productivity and Activity Impairment Questionnaire (WPAI) in 203 HS patients (mean age 39.7 years, 51.7% women) and 203 psoriasis patients (mean age 48.96 years, 42.9% women), prospectively sourced from a tertiary dermatology hospital (March 2021, September 2023). We found that significantly more HS patients were unemployed (41.4% vs 28.1%, P=0.005), had taken sick leave (26.1% Vs 3.4%) and had lower productivity (53.2% Vs 10.8%). Last, 53.2% of HS patients and 8.4% of psoriasis patients reported difficulty performing daily activities over the previous week. Total work impairment {31.12% Vs 4.95%, P<0.001}, absenteeism {10.14% Vs 2.22%, P<0.001}, presenteeism {28.72% Vs 4.43%, P<0.00} and daily activities impairment {27.29% Vs 3.9% , P<0.001} were significantly higher in HS patients. The results of our study align with previously pub-lished data. According to three studies (The Netherlands, Denmark, Canada) that calculated WPAI score in a cohort of HS patients, mean absenteeism reported as 0% (median, range 0-5.3%), 7%, and 14.5%, respec-tively. Mean presenteeism was 20% (median, range 0-50%), 21.3%, and 30.1%, respectively. A multinational study investigating work impairment in psoriasis patients found that total impairment, absenteeism, and presenteeism were approximately 19%, 2.5%, and 16.5%, respectively.

0011-HS Global approach to hidradenitis suppurativa in dakar,senegal: epidemiology, clinical features, management, and quality of life

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Introduction: To our knowledge there was no study on Hidradenitis Suppurativa in Senegal. The aim was to provide an initial overview of this disease in Senegal, focusing on epidemiology, severity, management, and quality of life.

Methodology: A multicentric, descriptive and analytical study was conducted over 18 months in dermatology reference centers. Data collection was performed using individual questionnaires, DLQI, and HSQoL-24.

Results: We included 41 patients and the hospital frequency was 0.10%, with a female predominance (sex ratio 0.41) and a mean age of 33 years. Nearly all patients consulted for hypertrophic scars or recurrent abscesses, with a mean disease duration of 6.7 years. Diagnosis was made within one year for 39% of cases and 5–9 years for 20%. Stress was the primary triggering factor, with 39% experiencing monthly flares. Smokers accounted for 29.3%, and 24.4% were obese, though no correlation with severity was found. Most patients had about 10 lesions. Axillary involvement was predominant, and most were at Hurley stage II. The mean modified Sartorius score was 46.7 (range: 10–324). Metabolic syndrome was noted in 36.6%, and acne was the most common associated condition. Mean HSQoL-24 and DLQI scores were 21.0 (range: 3.1–80.2) and 8.5 (range: 0–23), respectively. Amoxicillin-clavulanic acid was prescribed in 62%, and maintenance therapy mostly involved doxycycline with favorable outcomes in 70% of cases.

Conclusion: This study provides a preliminary understanding of HS in Senegal, showing data consistent with global findings, despite the challenges posed by limited therapeutic options in the region.

OTHER

0001-OT Management of chronic prurigo and prurigo nodularis with systemic Janus kinase inhibitors: an evidence-based review

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Background: Although first-line treatment for chronic prurigo (CPG) and prurigo nodularis (PN) involves topical and systemic corticosteroids, novel studies involving systemic Janus kinase inhibitor (JAKi) use have recently been reported.

Objective: This systematic review examines evidence surrounding systemic JAKi for CPG/PN.

Methods: Following PRISMA guidelines, Embase and MEDLINE databases were searched using specific terms. Quality of evidence was assessed using Oxford Centre for Evidence-Based Medicine 2011 Levels of Evidence.

Results: After independent screening by two reviewers, 23 articles reflecting 101 patients were included. Mean age was 53.1 years (range: 12-77 years) with sex reported in 99% (100/101) instances (male: 62%, 62/100; female: 38%, 38/100). RefractoryCPG/PN to topical and/or systemic therapy was identified in 95 patients (94.1%). The systemic JAKi utilized for CPG/PN were: upadacitinib (36.7%, 37/101), baricitinib (24.8%, 25/101), abrocitinib (21.8%, 22/101), and tofacitinib (16.8%, 17/101). Complete resolution was seen commonly with upadacitinib (59.5%, 22/37; mean: 308.4 days) and tofacitinib (58.8%, 10/17; mean: 157.2 days). The greatest mean improvement in Investigator Global Assessment (IGA) was observed with tofacitinib (93.1%, n=9), followed by upadacitinib (79%, n=24). The highest mean improvement in itch Numeric Rating Scale (NRS) was seen with tofacitinib (98%, n=11), followed by upadacitinib (72%, n=30). Mean treatment duration was 178.4 days (88/101). Nineteen treatment-emergent adverse events (18.8%, 19/101) were observed, most commonly being acne (4%, 4/101); there was 1 discontinuation (1%) due to post-herpetic neuralgia.

Conclusion: Our results suggest that systemic JAKi provide favourable utility for refractory CPG/PN. Study limitations include incomplete follow-up data and potential selection bias.

0002-OT Refractory pemphigus foliaceus treated with rituximab

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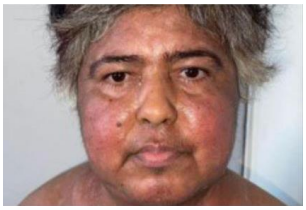
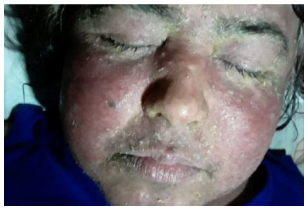
Background: Pemphigus foliaceus is an autoimmune disease caused by autoantibodies to desmogleins1 which produce superficial erosions of the skin without mucosal involvement. The blisters are described as fragile and can be easily ruptured, which can lead to crusting and scaling. First-line treatment consists of topical and/or systemic corticosteroids (SC) alone or in combination with other immunosuppressive agents, which sometimes can have limited benefit. Because some patients with pemphigus foliaceus never enter into remission ,new immunosuppressants are warranted, Rituximab a monoclonal antibody directed against the CD20 antigen on B lymphocytes, leading to a transient depletion of B cells, has been successfully used to treat such cases.

Objectives: Evaluation of the efficacy and safety of Rituximab in the treatment of Steroid -Resistant pemphigus foliaceus.

Methods: A 50 year-old patient with history of pemphigus foliaceus treated with prednisolone and azathioprine 25 mg daily. She presented to our clinic by recalcitrant severe generalized pemphigus foliaceus. we treated her with methyl prednisolone 500 mg /daily for three days followed by prednisolone 1mg/kg without any response. then Rituximab was given via intravenous infusion in combination with SC .she showed complete remission over 3 months without any side effects. Discussion: Our patient was diagnosed with PF since several years ago and had a long journey with a low dose of systemic prednisone and azathioprine, due to the relapse, and the failure of methylprednisolone to control the condition, the combination between rituximab and oral prednisolone was recommended.





0003-OT Off-label use of anifrolumab in dermatology: a systematic review

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Background: Anifrolumab, a monoclonal antibody targeting the type I interferon receptor subunit 1 (IFNAR1), is currently approved for refractory systemic lupus erythematosus (SLE). Recently, increasing reports have documented the use of anifrolumab for various dermatologic conditions, including cutaneous lupus erythematosus (CLE).

Objective: This systematic review examines evidence surrounding anifrolumab use for dermatologic conditions.

Methods: In adherence with PRISMA guidelines, MEDLINE and Embase databases were searched. Quality of evidence was assessed using the Oxford Centre for Evidence-Based Medicine 2011 Levels of Evidence.

Results: After independent screening by two reviewers, 32 studies encompassing 576 patients were included. The mean age was 40.7 years, with 92.5% (533/576) being female. Anifrolumab was commonly used off-label for: cutaneous manifestations of SLE (49.1%, 283/576), isolated CLE (47.4%, 273/576), and dermatomyositis (1.6%, 9/576). Mean treatment duration was 20.5 weeks (range: 3 - 156). Dermatomyositis achieved the highest mean resolution (100%, 9/9), followed by isolated CLE (79.9%, 218/273). The mean improvement in Cutaneous Lupus Erythematosus Disease Area and Severity Index (CLASI) was 92.1% (range: 71.4%–100%, n=90), while the mean improvement in Cutaneous Dermatomyositis Disease Area and Severity Index (CDASI) was 80% (range: 77.4%–100%, n=9). There were 438 instances of treatment-emergent adverse events (AEs) noted, with upper respiratory tract infections (15.8%, 69/438) and nasopharyngitis (14.5%, 66/438) being most common. Treatment discontinuation due to AEs was reported in 6.4% (28/438) of cases.

Conclusion: Anifrolumab demonstrates a favourable utility for off-label dermatologic conditions such as CLE and dermatomyositis. Study limitations include incomplete follow-up data and potential selection bias.

0004-OT Palate neurofibroma in fibromatosis type 1, case report

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Introduction: Recklighausen disease or neurofibromatosis type 1 (NF1) is a frequent hereditary disorder with a variable expression and an unknown etiology. The most observed manifestations of the disease are cutaneous (café au lait spots) and neurologic (neurofibromas), but oral manifestations can also occur. Some of the manifestations can present a risk of malignization. Therefore, multidisciplinary follow-up must be instituted for patients with Von Recklighausen disease as long as possible. A case of a 16 years old girl with Von Recklinghausen disease presenting a neurofibroma localized in oral the hard palate is reported.

Case report: We report a case of a neurofibroma originating in the hard palate in a 16-year-old girl . She presented to our department with a 3cm dome-shaped right palate mass, the tumor was resected under general anesthesia. Histology found schwann cells, Eventually, the mass was diagnosed as a neurofibroma.

Conclusion: NF1 is one of the most common hereditary diseases. Its oral manifestations are frequent, hence the dermatologist's role in screening for this disease and multidisciplinary management.The great variability of clinical expression, the frequency of nerve tumours and the possible malignant transformation of neurofibromas require lifelong follow-up.

Keywords: Neurofibroma; hard palate ; Schwann Cells

0005-OT Anti-tumor necrosis factor-α treatment with infliximab after unsuccessful treatment with hydroxychloroquine in Granuloma Annulare

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Background: Granuloma annulare (GA) is a persistent inflammatory condition of unclear origin, marked by the formation of plaques that typically affect the distal extremities. The disease often follows an unpredictable course, with frequent spontaneous remissions and relapses. Additionally, most treatment approaches are based on anecdotal evidence and show varying levels of effectiveness.

Objective: The aim of our study was to evaluate the effectiveness of anti-tumor necrosis factor-α therapy with infliximab in the treatment of granuloma annulare following the failure of hydroxychloroquine treatment.

Methods: The study included 25 patients, each treated with hydroxychloroquine at a dose of 400 mg/day. Disease severity was assessed using the BSA, GPA, and DLQI scales. Infliximab was administered to 20 patients as part of the treatment. Disease severity was evaluated after each infliximab infusion

Results: As a result of the applied treatment, a significant improvement in skin condition and quality of life was achieved, despite the previous ineffectiveness of hydroxychloroquine therapy. The detailed results are still under analysis.

Conclusion: Anti-tumor necrosis factor-α therapy demonstrated high effectiveness in the treatment of granuloma annulare, leading to a significant improvement of the skin condition and patients' quality of life.

0006-OT Real-time Experience of Alitretinoin Use in Skin Inflammatory Diseases and Mycosis Fungoides: A Multicenter Retrospective Study(2016-2023)

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Background: Alitretinoin, a recently developed retinoid, acts on both RAR and RXR receptors, promoting anti-inflammatory effects, skin differentiation, and inhibiting proliferation of skin lymphocytes. Initially used for hand eczema, it has been reported effective in various inflammatory skin diseases.

Objective: This study aimed to investigate the real-world use of alitretinoin, identify effective therapeutic groups, and assess any associated challenges.

Methods: A retrospective study was conducted using patient charts from Daegu Catholic University Hospital and two private clinics from 2016 to 2023. Diagnosis was confirmed through clinical examinations and skin tissue tests validated by two dermatopathologists and five dermatologists. Treatment efficacy was evaluated using the IGA scale, and adverse effects were assessed using The Adverse Drug Reaction (ADR) Probability Scale. Statistical analysis was performed using SPSS 28, with results rounded to two decimal places at a 95% confidence level.

Results: Conditions treated with alitretinoin included Hand eczema, Palmoplantar pustulosis, Atopic dermatitis, Mycosis fungoides, Psoriasis vulgaris, Pityriasis rubra pilaris, Pityriasis lichenoides chronica, and Generalized lichen planus. Treatment response rates assessed by the IGA scale were: The overall treatment response rate was 77.3% (109/141). The average treatment durations were 17.1 months. The most common side effects were gastrointestinal issues, followed by dyslipidemia, headache, and general weakness. Headache was the most frequent reason for discontinuation ($p < 0.05$), primarily due to perceived lack of efficacy ($p < 0.05$).

Conclusion: Alitretinoin shows promising results in various skin conditions including Mycosis fungoides, with manageable side effects such as headache and dyslipidemia requiring careful monitoring during treatment.

PSORIASIS

0001-PS Behavioural assessment as a tool for evaluation of efficacy therapies associated with well-being recovery in preclinical models of skin diseases

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Psoriasis and atopic dermatitis (AD) are two common skin diseases characterized by chronic inflammation and itchiness. Scratching damages the skin, which in turn worsens the itch, affecting the patient's quality of life.

We evidenced that behavioural assessment can not only predict the efficacy of drugs but also allow the recovery of well-being in preclinical evaluation performed in mice with conditions respectful of their chronobiology and environment.

In studies conducted over ten years in the Imiquimod-induced psoriasis (n=18) and DNCB-induced AD (n=14) models in BALB/c mice, reproducible and significant results were observed. Mice were treated during the last week of experiments by daily topical application with placebo or reference drugs, Clobetasol and Calcipotriol for psoriasis, Ruxolitinib and Triamcinolone for AD. All along this period, the Psoriasis Area Severity Index (PASI) and its equivalent Atopic Dermatitis Area Severity Index (ADASI) were monitored, as well as body weight and the use of cotton dental rolls as enrichment. At the end of experiments, a behavioural evaluation was performed to evaluate the effects of treatments on scratching behaviour and motor activity of animals.

Before treatments, induced mice no longer use or almost no longer use the enrichment. Mice treated with reference drugs gradually reuse the enrichment in correlation with the progressive decrease in PASI and ADASI scores, unlike mice treated with the placebo. Reduced scratching behaviour and increased motor activity of reference treated mice were also observed compared to placebo treated mice.

Our experimental conditions allow to follow efficacy and recovery of well-being of mice.

0002-PS A case of scabies that was misdiagnosed as psoriasis

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Psoriasis, a chronic inflammatory skin condition, typically manifests as well-demarcated erythematous plaques with silvery scales. Its clinical resemblance to various dermatologic conditions, such as atopic dermatitis, seborrheic dermatitis, tinea, scabies, and drug eruptions, often makes accurate diagnosis challenging.

We report the case of a 32-year-old woman patient presenting with erythematous plaques distributed over her body for one month. The initial mineral oil mount was negative. She was initially diagnosed with psoriasis based on clinical findings and histopathology showing psoriasiform dermatitis. Despite treatment with oral cyclosporine, antihistamines, and topical corticosteroids, there was no clinical improvement. Reassessment revealed burrow-like lesions on the interdigital web spaces, and a repeat mineral oil mount confirmed scabies. Treatment with topical permethrin resulted in significant clinical improvement.

Scabies, characterized by nocturnal pruritus, erythematous papules, excoriated crusts, and burrows, can mimic psoriasis, especially in atypical presentations or when diagnostic tests like a mineral oil mount yield false negative. This case highlights the importance of reconsidering the diagnosis in refractory cases and underscores the necessity of a careful differential diagnosis to avoid misdiagnosis and ensure appropriate management in dermatologic conditions.

0003-PS Pemphigus foliaceus in a patient with psoriasis treated with deucravacitinib

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Pemphigus foliaceus(PF) is an acquired autoimmune blistering disease characterized by the production of immunoglobulin G autoantibodies targeting desmoglein-1(Dsg-1). Depending on the clinical presentation of skin, it can mimic psoriasis, pityriasis rubra pilaris, and drug hypersensitivity.

A 42-year-old man presented with erythematous plaques of varying sizes that had been developing on his whole body for 8 months. He had no significant medical or family history other than gout. He was diagnosed with psoriasis and treated with acitretin (20 mg/day) and phototherapy for four months without improvement. Subsequent treatment with oral dimethyl fumarate and topical calcipotriol/betamethasone dipropionate also proved ineffective. Finally, deucravacitinib (6 mg/day) was administered for two months. Subsequently, the erythematous plaques on the extremities improved, but the skin lesions on the face and upper body did not improve, and new bullous lesions developed. Punch biopsy, immunofluorescence, elevated serum anti-desmoglein-1 (Dsg-1) levels (1240 U/mL), and normal serum anti-Dsg-3 levels confirmed the diagnosis of PF. Oral methylprednisolone (15 mg/day) was started, and both psoriasis and PF lesions cleared within a month.

Some reports suggest that PF may develop after phototherapy or brodalumab treatment in patients with psoriasis, or that PF and psoriasis may coexist. In our case, PF in a psoriasis patient being treated with deucravacitinib has not been reported to date. Herein, we report on the need to consider PF as a differential diagnosis that may occur during the treatment of psoriasis.

0004-PS Guttate psoriasis in asymptomatic carriers

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Background and Objectives: This report highlights cases of guttate psoriasis triggered by streptococcal infection in adult patients who were asymptomatic but had close contact with children diagnosed with streptococcal pharyngitis.

Methods: In the winter of 2023, two male patients aged 35 and 37 presented to our Clinic with newly developed guttate psoriasis. Both patients had a negative personal but positive family history of psoriasis. They were in close contact with their preschool-aged children, who had confirmed streptococcal pharyngitis. Although the patients exhibited no respiratory infection symptoms, throat swabs confirmed the presence of streptococcal pathogens.

Antibiotic therapy, guided by sensitivity testing, was administered, followed by treatment with topical corticosteroids and 20 sessions of narrowband UVB (NB-UVB) phototherapy. Both patients achieved complete resolution of their psoriatic lesions.

Guttate psoriasis occurs in less than 30% of psoriasis cases and is most prevalent in childhood or young adulthood. Although it is most common in childhood, it should also be considered in adults, where it occurs in approximately 10% of all psoriasis cases, particularly following a respiratory tract infection. Whereas rare, patients receiving biologic therapy may develop guttate psoriasis, potentially triggered by infections or immune system modulation. In some cases, medications like beta-blockers, lithium, and systemic corticosteroids can act as triggers.

Results and Conclusion: These cases illustrate that guttate psoriasis can develop in asymptomatic carriers without evident streptococcal disease. Despite the availability of advanced biologic therapies, NB-UVB phototherapy combined with topical corticosteroids remains a highly effective and standard treatment for guttate psoriasis.

0005-PS Persistence of Post-Inflammatory Hyperpigmentation in Patients with Psoriasis: Influence of Disease Duration and Severity Before Biologic Treatment

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Psoriasis is a chronic inflammatory skin condition which commonly results in post inflammatory hyperpigmentation (PIH), particularly in individuals with richer skin tones. The inflammatory cytokine profile of active psoriasis lesions increases melanin synthesis and dispersion, resulting in PIH. These post-inflammatory pigmentary changes can persist despite biological treatments.

This retrospective case series investigated the influence of disease duration and severity of psoriasis on PIH, and analyzed for confounding variables such as photo type, and comorbidities. We hypothesized that longer and more severe psoriasis duration would contribute to persistent PIH in participants with richer skin tones.

Retrospective analysis of 12 participants with psoriasis treated with biologics for at least two years' duration using descriptive and multivariate analysis to adjust for confounders. Data collected included gender, comorbidities, Fitzpatrick skin types, type of biologic treatment, disease duration, and hyperpigmentation persistence.

The cohort included 11 males(91.7%) and 1 female (8.3%). Fitzpatrick skin types were distributed as follows: 5 patients (41.7%) with type III, 5 (41.7%) with type IV and 2 (16.6%) with type V. Guselkumab was the most commonly prescribed (n=6). Comorbidities included type 2 diabetes mellitus, hypercholesterolemia, hypertension and psoriatic arthritis. The average disease duration was 12.75 years (±7.89). Despite complete resolution of all psoriatic lesions, PIH persisted with no improvement across all Fitzpatrick skin types independent of other factors.

Persistence of PIH despite resolution of psoriasis on biologics can occur irrespective of skin type or disease duration. Larger studies are needed to better understand these findings.

0006-PS Two-year real-world drug survival of bimekizumab for adult patients with plaque psoriasis: A multicenter retrospective study

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Background: While open-label extension studies have investigated the long-term efficacy and safety of bimekizumab, real-world drug survival data remains limited.

Objective: We conducted a retrospective multicenter study of patients treated with bimekizumab from four institutions.

Methods: We included adult plaque psoriasis patients initiated on bimekizumab with two-year follow-up. A Kaplan-Meier analysis was conducted to estimate drug survival.

Results: This analysis included a total of 70 patients. The mean age was 44.9 (range: 19-74) years, with 61.4% (43/70) being male. At weeks 104±8 (n=70): Investigator Global Assessment (IGA) 0/1 was achieved by 75.7% (53/70); 75.7% (53/70), 71.4% (50/70), and 62.9% (44/70) achieved 75%, 90%, and 100% improvements in Psoriasis Area and Severity Index (PASI75, PASI90, and PASI100), respectively; 75.7% (53/70), 72.9% (51/70), and 67.1% (47/70) achieved absolute PASI scores ≤3, ≤2, and ≤1; and 71.4% (50/70) achieved body surface area (BSA) ≤1%.

At weeks 104±8, the real-world drug survival of bimekizumab was 77.1%. In total, 21 treatment-related adverse events (AEs) occurred (30%, 21/70); most commonly candidiasis (7.1%, 5/70) and bacterial folliculitis (4.3%, 3/70). Sixteen treatment discontinuations (22.9%) were noted (lack of efficacy [n=11]; AEs: anxiety [n=1], inflammatory bowel disease [n=1]; nasopharyngitis [n=1], recurrent respiratory infection [n=1]; and pregnancy [n=1]).

Conclusion: Our real-world outcomes are comparable to three existing open-label extension studies with no new safety signals. Overall, our long-term survival analysis of bimekizumab demonstrates a favourable patient retention up to 2 years. Study limitations include its small sample size and retrospective nature.

0007-PS Real-world effectiveness and safety of deucravacitinib for adult patients with plaque psoriasis: A 16-week multicenter retrospective study of monotherapy and combination therapy

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Background: Currently, real-world evidence (RWE) regarding deucravacitinib for plaque psoriasis is limited.

Objective: We conducted a real-world retrospective multicenter study from four institutions in Canada.

Methods: We included adult plaque psoriasis patients initiated on deucravacitinib, either as monotherapy or combination therapy.

Results: A total of 68 patients were included; mean age was 54.9 (range: 22-80) years, with 61.8% (42/68) being female. At week 16±6 with monotherapy (n=48): 35.4% (17/48) achieved an Investigator Global Assessment score of clear or almost clear (IGA 0/1); 41.7% (20/48), 27.1% (13/48), and 24% (12/48) patients achieved 75%, 90%, and 100% improvements in Psoriasis Area and Severity Index (PASI) scores from baseline (PASI75, PASI90, and PASI100, respectively); and there were 37% (10/27) that achieved Dermatology Life Quality Index (DLQI) 0/1. At week 16±6 with combination therapy (n=20): IGA 0/1 was achieved by 40% (8/20); 35% (7/20), 20% (4/20), and 10% (2/20) achieved PASI75, PASI90, and PASI100.

Fourteen (20.6%) treatment-related adverse events (AEs) occurred, including acne (5.9%, 4/68), headache (2.9%, 2/68), nausea (2.9%, 2/68), and upper respiratory tract infection (2.9%, 2/68). Twenty-one (30.9%) treatment discontinuations occurred (inefficacy [n=12]; AEs [n=8]; patient preference [n=1]).

Conclusion: While our real-world response rates are slightly lower than clinical trials and a single-center retrospective study from Japan, these differences may be explained by a high proportion of biologic-experienced patients in our study (58.9%) and a more conservative analysis (non-responder imputation). Overall, we highlight the real-world utility of deucravacitinib for plaque psoriasis. Study limitations include its retrospective nature and short follow-up.

0008-PS Comprehensive literature review evaluating the use, safety, and efficacy of subcutaneous methotrexate in the treatment of adult patients with moderate-to-severe plaque-type psoriasis

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Background: Methotrexate (MTX) is a conventional systemic therapy widely used in the treatment of chronic plaque-type psoriasis, a chronic inflammatory skin disease that significantly impacts patients' quality of life. MTX can be administered orally or subcutaneously. The use of subcutaneous versus oral MTX has been a subject of ongoing debate among dermatologists over the past decades. Therefore, the aim of this literature review was to investigate the differences between oral and subcutaneous MTX described in the scientific literature in terms of intestinal absorption and bioavailability, efficacy, safety, patient satisfaction and quality of life, treatment adherence, and economic outlook. Methods

Thirty-two articles were included in the review, notably including evidence-based guidelines on the management of psoriasis as well as randomized clinical trials and real-world studies. Only European guidelines recommend the use of subcutaneous over oral MTX, hence the use of subcutaneous MTX being reported almost exclusively in European countries.

Results: Despite the paucity and heterogeneity of the literature, findings from the review suggest that subcutaneous MTX may overcome some limitations of the oral route in terms of intestinal absorption, bioavailability and safety. Moreover, subcutaneous MTX may provide higher efficacy with a faster, or even greater, response in psoriatic patients, as well as better patient satisfaction, quality of life, and adherence to treatment.

Conclusions: In conclusion, subcutaneous MTX tends to be advantageous with regard to psoriasis management; however, this comes with a higher cost. The treatment of psoriasis using subcutaneous MTX deserves further studies especially in the age of biologics.

0009-PS Methotrexate hepatotoxicity in psoriasis management: a preconceived notion or a real threat?

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Background: Methotrexate (MTX) is a widely utilized systemic therapy for moderate to severe psoriasis, valued for its efficacy and cost-effectiveness. However, concerns about hepatotoxicity, ranging from transient liver enzyme elevations to severe outcomes

such as fibrosis and cirrhosis, limit its long-term use. Risk factors for hepatotoxicity include obesity, diabetes, hyperlipidemia, heavy alcohol consumption, and inherited liver diseases. Psoriasis itself may contribute to liver abnormalities, although this association remains insufficiently understood.

Objective: This study aimed to evaluate the association between MTX use and hepatotoxicity in psoriasis patients, identify contributing risk factors, and assess current monitoring and preventive strategies.

Methods: A systematic literature search was conducted for studies published between 2015 and January 2023. Of 359 articles screened by two blinded reviewers, 61 studies met the inclusion criteria.

Results: The review revealed significant variability in liver function monitoring practices for psoriasis patients receiving MTX. Hepatotoxicity was more prevalent in individuals with additional risk factors. While MTX-associated hepatotoxicity was typically mild and reversible upon dose adjustment or discontinuation, serious complications such as fibrosis or cirrhosis were uncommon. Despite existing guidelines, standardized protocols for liver monitoring and optimal folic acid use to reduce hepatotoxicity risk are lacking.

Conclusion: MTX remains a cornerstone treatment for psoriasis with a low risk of severe hepatotoxicity. Further research is needed to refine liver disease detection methods and address confounding factors to enhance patient safety and optimize treatment outcomes.

0010-PS Bimekizumab rates of oral candidiasis in patients with moderate to severe plaque psoriasis: Results from up to 4 years of five phase 3/3b studies

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Background: Bimekizumab (BKZ) selectively inhibits interleukin (IL)-17A and IL-17F. As IL-17A/F protect against oral candidiasis, understanding BKZ's impact on oral candidiasis rates is important.

Objective: To report long-term oral candidiasis rates in BKZ-treated patients with moderate to severe plaque psoriasis.

Methods: Final data were pooled from BE SURE (NCT03412747), BE VIVID (NCT03370133), BE READY (NCT03410992), their open-label extension (OLE), BE BRIGHT (NCT03598790; 4-year data), and BE RADIANT (NCT03536884; 3-year data). Patients received BKZ 320mg every 4 weeks (Q4W) or Q8W; all received Q8W from Week64 (BE RADIANT)/OLEWeek48 (BE BRIGHT).

Exposure-adjusted incidence rates/100 patient-years (EAIR/100PY), recurrence and treatment of oral candidiasis treatment-emergent adverse events (TEAEs) are reported for patients who received ≥1 BKZ dose.

Results: To Year4 (N=2,186), the Candida infection EAIR was 10.4/100PY. Most were oral candidiasis (8.9/100PY); 99.1% were mild/moderate (no serious cases). Eight patients discontinued the study due to oral candidiasis (one severe case; six recurrent cases).

To Year4, 78.8% had no oral candidiasis TEAEs. In patients with ≥1 oral candidiasis TEAE, most had one/two; 10.3% had one, 5.4% two, 2.1% three, 1.7% four and 1.8% had five or more.

71.1% of patients with oral candidiasis experienced their first occurrence within treatment Year1. Most cases were treated with nystatin and/or fluconazole; median (interquartile range) antifungal therapy duration: 13.0 (7.0-26.0) days.

Conclusions: To Year4, ~80% of BKZ-treated patients did not experience oral candidiasis; in those who did, most had one/two events. >99% of events were mild/moderate; very few led to study discontinuation.

Funding: UCB; Medical writing: Costello Medical.

0011-PS Bimekizumab efficacy in high-impact areas for patients with moderate to severe plaque psoriasis: Percentage change from baseline through 4 years from BE BRIGHT

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Background: Psoriasis affecting high-impact areas is challenging to treat, disproportionately impacting quality of life. Scalp and nail involvement can increase risk of progression to psoriatic arthritis (PsA).

Objective: To evaluate long-term percentage change from baseline (CfB) in scalp, nail and palmoplantar outcomes in bimekizumab (BKZ)-treated patients with moderate to severe plaque psoriasis.

Methods: Data were pooled from BE SURE (NCT03412747), BE VIVID (NCT03370133), BE READY (NCT03410992) and their open-label extension (OLE), BE BRIGHT (NCT03598790). Patients received BKZ 320mg every 4 weeks (Q4W) to Week16, then Q4W or Q8W into the OLE (Week 52/56; BKZ Total). Patients who received BKZ to Week16 then Q8W thereafter (BKZ Q4W/Q8W; approved dosing regimen) were also analysed.

Mean percentage CfB in scalp Investigator's Global Assessment (IGA), modified Nail Psoriasis Severity Index (mNAPSI) and palmoplantar IGA are reported through Year4 (OLEWeek144) for patients with baseline scalp IGA≥3, mNAPSI>10 and palmoplantar IGA≥3, respectively. Multiple imputation was used for missing data.

Results: For scalp IGA (BKZ Total; N=571), mean percentage CfB was −92.7%/−91.3% at Week16/Year4, respectively; −95.6%/−94.8% in BKZ Q4W/Q8W patients (n=152).

For mNAPSI (BKZ Total; N=270), mean percentage CfB was -63.7%/−84.2% at Week16/Year4; −71.0%/−85.5% in BKZ Q4W/Q8W patients (n=67).

For palmoplantar IGA (BKZ Total; N=151), mean percentage CfB was -92.3%/−96.4% at Week16/Year4; −98.1%/−95.8% in BKZ Q4W/Q8W patients (n=36).

Conclusion: BKZ demonstrated high percentage reductions in scalp, nail and palmoplantar psoriasis by Week16, which were sustained to Year4.

Funding: UCB; Medical writing: Costello Medical.

0012-PS Normalisation of molecular signatures associated with pruritis in plaque psoriasis correlate with itch resolution following bimekizumab treatment

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Background: Substantial pruritis in plaque psoriasis can greatly impact patients' quality of life, with 84% stating itch reduction as a treatment goal. Higher patient proportions achieved itch resolution (item 1: P-SIM=0) at Week16 with bimekizumab (BKZ) versus active comparators/placebo in phase 3 trials.

Objective: To demonstrate itch-related gene dysregulation in psoriatic plaques using transcriptomics data and elucidate molecular mechanisms behind itch resolution with BKZ using RNA sequencing (RNA-seq).

Methods: An itch signature was defined by a previous transcriptomic study identifying psoriatic pruritis-associated genes. Single-cell RNA-seq data from lesional/non-lesional biopsies allowed cell-specific itch mediator expression assessment. Dysregulation of the psoriatic pruritic signature and its normalisation by BKZ was determined by bulk RNA-seq data from a phase 2a trial. Patients received BKZ 320mg at Week0/4. Lesional/non-lesional skin biopsies were collected at baseline and Week8. Gene Set Variation Analysis and limma frameworks assessed pruritic signature dysregulation at baseline/post-BKZ treatment.

Results: Single-cell RNA-seq data indicated that the pruritic signature was predominantly expressed in keratinocytes and mast cells. Mediators including KLK8 and TRPV3 were highly specific to keratinocytes (confirmed by RNAscope imaging). Bulk RNA--seq post-two BKZ doses indicated the pruritic signature was normalised to non-lesional levels. Individual modulators including kallikreins (KLK6/8/14), TRP channels (TRPV3) and histamine receptors (HRH2/3) were normalised (percentage improvement>75%) post-treatment.

Conclusion: Normalisation of the pruritic signature post-BKZ supports findings of substantial itch resolution observed in phase 3 trials. This is the first analysis describing the mechanism behind itch resolution in psoriasis.

Funding: UCB; Editorial support: Costello Medical. Previously presented at AAD 2024.

0013-PS Bimekizumab achievement of 'super response' using a previously published definition in moderate to severe plaque psoriasis: Results from four phase 3/3b trials

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Background: Increasing psoriasis biologic efficacy has led to the proposal of 'super responders' (SRs), who may be more likely to achieve and maintain complete skin clearance (PASI100) post-treatment withdrawal. No established SR definition exists; PASI100 achievement at Weeks20&28 has been proposed. Identifying predictors for durable clearance is important.

Objective: Evaluate SR status in psoriasis patients and assess association with baseline demographics/disease characteristics.

Methods: Bimekizumab (BKZ)-randomised patients from BE VIVID (NCT03370133)/BE SURE (NCT03412747)/BE READY (NCT03410992)/BE RADIANT (NCT03536884) were included; patients re-randomised to placebo during BE READY excluded.

SR achievement (PASI100 at Weeks20&28) among subgroups based on baseline demographics (age/gender/weight) and disease characteristics (severity/duration/prior therapies) was analysed.

Associations between subgroups and SR achievement are presented using odds ratios (ORs) calculated using the stratified Cochran-Mantel-Haenszel test on non-responder imputation (NRI) data (study/region as stratification variables).

Results: Overall, 57.1% (N=717/1,255) of BKZ-treated patients were SRs. Baseline characteristics were generally similar between SRs/non-SRs.

SR rates were comparable across subgroups, except weight: patients >100kg (N=363) had lower SR rates (49.0%) vs ≤100kg (N=892; 60.4%); OR (95% confidence interval), 0.67 (0.52, 0.87). SR achievement had no observed association with psoriasis duration (≥quartile3 [25.45 years; N=314; 57.0%] vs <quartile1 [8.52 years; N=313; 54.3%]: OR, 1.00 [0.72, 1.40]) or prior biologic exposure (yes [N=465; 61.1%] vs no [N=790; 54.8%]: OR, 1.22 [0.96, 1.56]).

Conclusions: High proportions of BKZ-treated patients were SRs, according to a published definition; among baseline characteristics examined, only weight was associated with SR achievement.

Funding: UCB; Editorial support: Costello Medical. Previously submitted to AAD 2025.

0014-PS Sustained reduction in pain and fatigue with bimekizumab treatment in patients with active psoriatic arthritis over 3 years: Results from two phase 3 studies

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Background: Pain and fatigue negatively impact quality of life in patients with psoriatic arthritis (PsA); sustained relief from these symptoms is an important treatment goal.

Objective: To report long-term impact of bimekizumab treatment on patient-reported pain and fatigue to 3 years in patients with PsA who were biologic disease-modifying antirheumatic drug naïve (biologic-naïve) or had inadequate response/intolerance to tumour necrosis factor inhibitors (TNFi-IR).

Methods: BE OPTIMAL (NCT03895203; biologic-naïve) and BE COMPLETE (NCT03896581; TNFi-IR) assessed subcutaneous bimekizumab 160mg every 4 weeks in patients with PsA.

Patients completing BE OPTIMAL (Week52)/BE COMPLETE (Week16) could enter BE VITAL (open-label extension; NCT04009499); all patients received bimekizumab.

Assessments: Patient's Assessment of Arthritis Pain Visual Analogue Scale (Pain VAS) and Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-Fatigue) subscale. Major (≥50%) improvement in Pain VAS (Pain50) and change from baseline (CfB) reported at Week52 and Week160/156; FACIT-Fatigue minimal clinically important difference (MCID) and CfB reported at Week52/40 and Week148/156 (biologic-naïve/TNFi-IR). Data reported for bimekizumab total group: modified non-responder (binary)/multiple (continuous) imputation.

Results: 546/712 (76.7%) patients completed Week160 of BE OPTIMAL; 299/400 (74.8%) completed Week156 of BE COMPLETE.

In biologic-naïve/TNFi-IR patients, improvements at 1 year (Pain50: 59.0%/54.9%; Pain VAS CfB: −30.9/−31.0; FACIT-Fatigue MCID: 57.2%/58.4%; FACIT-Fatigue CfB: 5.4/5.4) were sustained to 3 years (Pain50: 55.2%/59.4%; Pain VAS CfB: −30.9/−32.7; FACIT-Fatigue MCID: 51.5%/54.2%; FACIT-Fatigue CfB: 4.5/5.3).

Conclusion: Bimekizumab treatment demonstrated clinically meaningful improvements in pain and fatigue sustained to 3 years in patients with PsA, irrespective of prior biologic use.

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0015-PS Serious and out-of-hospital infection risk among psoriasis biologic-new users: a nationwide cohort study

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Background: Significant infections (that require hospitalization or systemic anti-infectives) in psoriasis are critical concerns.

Objectives: To evaluate the risks of serious (hospitalization) and out-of-hospital infections among psoriasis biologic-new users.

Methods: This nationwide cohort included adult psoriasis patients who were new users of a biologic from 2013 to 2022. Biologics were compared in terms of (i) the time to infectious hospitalization, (ii) the time to a dispensation of anti-infectives and (iii) the proportion of days covered by anti-infectives within the period covered by biologics. Inverse probability of treatment weighting were used to evaluate outcomes (i) and (ii) in hazard ratios (HRs), and outcome (iii) in mean differences (MDs).

Results: Totally, 39,669 psoriasis patients were new users of biologics. (i) Compared to adalimumab, the serious infection risks was higher among infliximab-new users, and lower among ustekinumab, secukizumab, and risankizumab-new users. (ii) Certolizumab increased the risk of receiving the first out-of-hospital antibacterial prescription. Ustekinumab reduced the chances of being dispensed anti-infectives (antibacterial, antimycotic, antiviral). (iii) The proportion of days exposed to anti-infective over the biologics coverage period was 6%. A significant shorter covered period of antibacterial was observed in patients treated by guselkumab, and tildrakizumab, as well as a higher antimycotic coverage among patients treated with all IL-17i. (Below table)

Conclusions: We observed differences between biologics regarding risk of both serious and out-of-hospital infections. Our results are reassuring the risk of out-of-hospital, as the duration of systemic anti-infective treatments for both periods preceding and following the initiation of biological agent is very short.

Treatment (Adalimumab is reference treatment)	Serious infection		Out-of-hospital infection											
			1st dispensation						Anti-infectives coverage					
			Systemic antibacterial		Systemic antimycotics		Systemic antiviral		Systemic antibacterial		Systemic antimycotics		Systemic antiviral	
	wHR, (95%CI)	p-value	wHR, (95%CI)	p-value	wHR, (95%CI)	p-value	wHR, (95%CI)	p-value	aMD, (95%CI)	p-value	aMD, (95%CI)	p-value	aMD, (95%CI)	p-value
Infliximab	**1.61 (0.94 - 2.35)**	**0.03**	1.07 (0.95 - 1.21)	0.30	**1.64 (1.07 - 2.33)**	**0.01**	1.38 (0.92 - 1.82)	0.09	**0.42 (-0.56, 1.35)**	**0.04**	0.05 (-0.14, 0.26)	0.36	0.03 (-0.30, 0.45)	0.78
Etanercept	0.82 (0.67 - 0.99)	0.06	1.05 (1.00 - 1.10)	0.06	0.85 (0.70 - 1.01)	0.09	1.02 (0.88 - 1.18)	0.81	-0.13 (-0.40, 0.13)	0.32	-0.02 (-0.13, 0.08)	0.64	0.11 (-0.04, 0.25)	0.42
Certolizumab	1.15 (0.65 - 1.68)	0.54	**1.23 (1.10 - 1.38)**	**<10e-4**	1.31 (0.94 - 1.76)	0.11	1.22 (0.89 - 1.63)	0.21	**0.48 (-0.22, 1.29)**	**0.01**	0.09 (-0.11, 0.34)	0.15	0.14 (-0.23, 0.56)	0.22
Ustekinumab	**0.76 (0.65 - 0.91)**	**<10e-3**	**0.92 (0.89 - 0.96)**	**<10e-5**	**0.75 (0.64 - 0.86)**	**<10e-4**	**0.88 (0.78 - 0.99)**	**0.04**	**-0.45 (-0.66, -0.25)**	**<10e-4**	**-0.12 (-0.19, -0.06)**	**<10e-4**	0.14 (0.01, 0.25)	0.23
Secukizumab	**0.71 (0.57 - 0.88)**	**<10e-3**	**0.95 (0.91 - 1.00)**	**0.06**	**1.88 (1.67 - 2.13)**	**<10e-16**	1.09 (0.96 - 1.24)	0.24	**-0.30 (-0.60, 0.00)**	**0.03**	**0.43 (0.29, 0.57)**	**<10e-13**	0.08 (-0.07, 0.21)	0.43
Brodalumab	0.72 (0.40 - 1.14)	0.20	0.94 (0.84 - 1.04)	0.31	**1.84 (1.34 - 2.44)**	**<10e-5**	**0.54 (0.30 - 0.81)**	**0.01**	-0.31 (-1.01, 0.39)	0.07	**0.73 (0.36, 1.12)**	**<10e-24**	**-0.22 (-0.50, -0.02)**	**0.03**
Ixekizumab	0.95 (0.71 - 1.22)	0.72	**0.92 (0.87 - 0.99)**	**0.02**	**1.60 (1.34 - 1.90)**	**<10e-6**	0.87 (0.71 - 1.06)	0.22	**-0.44 (-0.80, -0.03)**	**<10e-3**	**0.25 (0.08, 0.44)**	**<10e-5**	0.01 (-0.20, 0.17)	0.91
Guselkumab	0.78 (0.60 - 1.00)	0.07	**0.85 (0.80 - 0.91)**	**<10e-6**	0.80 (0.59 - 1.07)	0.18	0.94 (0.77 - 1.15)	0.57	**-0.78 (-1.14, -0.46)**	**<10e-8**	**-0.09 (-0.22, 0.06)**	**0.05**	-0.09 (-0.24, 0.07)	0.38
Tildrakizumab	0.85 (0.19 - 1.63)	0.71	0.91 (0.76 - 1.05)	0.27	0.48 (0.12 - 0.95)	0.11	0.91 (0.50 - 1.36)	0.72	**-1.38 (-1.97, -0.74)**	**<10e-20**	**-0.20 (-0.32, -0.04)**	**<10e-4**	0.03 (-0.30, 0.41)	0.79
Risankizumab	**0.55 (0.39 - 0.75)**	**<10e-4**	**0.82 (0.75 - 0.88)**	**<10e-6**	**0.67 (0.43 - 0.92)**	**0.04**	0.88 (0.64 - 1.16)	0.44	**-0.69 (-1.22, -0.19)**	**<10e-5**	**-0.22 (-0.29, -0.15)**	**<10e-8**	0.01 (-0.25, 0.20)	0.95

0016-PS Characteristics influencing secukinumab treatment retention in patients with moderate to severe plaque psoriasis: 5-year real-world results from the SERENA study

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Background: Drug retention is an important determinant of treatment effectiveness.

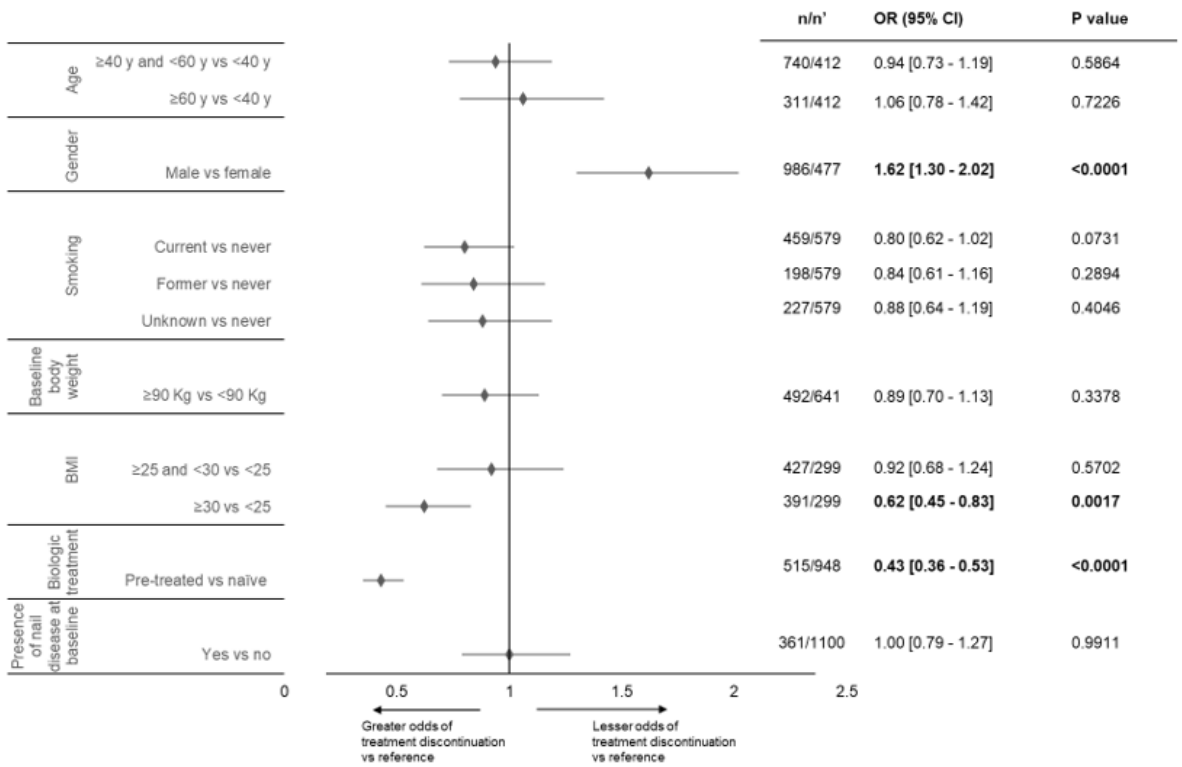
Objective: To evaluate the characteristics influencing long-term retention of secukinumab in patients with moderate-to-severe psoriasis in real-world settings.

Method: SERENA (CAIN457A3403) is an observational study conducted in adult patients with moderate-to-severe psoriasis, psoriatic arthritis (PsA) and radiographic-axial spondyloarthritis. Patients received secukinumab treatment for ≥16 weeks before enrolment into the study. Characteristics influencing secukinumab retention through 5 years after the start of the study (baseline visit) in patients with psoriasis were evaluated using univariate logistic regression. Effectiveness in the form of Psoriasis Area and Severity Index (PASI) 90 score were used for this analysis in patients with psoriasis. Data are presented as observed.

Results: Overall, 1740 patients were included in the analysis (mean [SD] age: 48.3 [13.5] years). Female gender, BMI≥30, and prior use of biologics increased the odds of treatment discontinuation (Figure 1). Characteristics not associated with treatment discontinuation were age, smoking status, body weight and presence of nail disease. Overall, retention rates of ~40-60% were observed across the subgroups (Table 1). Over >5 years of secukinumab treatment ~60-75% of patients achieved PASI90 (Table 2).

Conclusion: Gender, baseline BMI, and prior biologics treatment have impact on secukinumab retention. Irrespective of baseline characteristics, high retention rates were observed with secukinumab for up to 5 years in this real-world study.

Figure 1: Baseline characteristics associated with retention of secukinumab during 5 years in the study



n=number of patients in each category; n'= number of patients in the reference category. Data presented for subgroups with n>150.
Patients who discontinued the study within 5 years but who continue with treatment are not included in the calculation
BMI, body mass index; OR, odds ratio; y, years

Table 1: Retention rate of secukinumab over the study duration by baseline subgroups

	Gender		Previous biologic treatment		BMI		
	Male N'=1175	Female N'=565	No N'=1134	Yes N'=606	BMI<25 N'=361	25≤BMI<30 N'=502	BMI≥30 N'=475
At least 1 year	n=1139 89.4%	n=551 86.2%	n=1100 91.3%	n=590 82.9%	n=352 88.6%	n=487 88.9%	n=459 86.1%
At least 2 years	n=1093 77.7%	n=532 71.1%	n=1056 81.0%	n=569 65.4%	n=342 80.4%	n=474 77.0%	n=439 69.0%
At least 3 years	n=1056 69.0%	n=516 62.6%	n=1019 73.6%	n=553 54.6%	n=328 71.3%	n=457 68.1%	n=424 57.8%
At least 4 years	n=1028 63.5%	n=496 54.0%	n=990 67.4%	n=534 47.6%	n=315 64.8%	n=443 60.7%	n=406 50.7%
At least 5 years	n=986 58.9%	n=477 47.0%	n=948 62.3%	n=515 41.6%	n=299 57.9%	n=427 55.7%	n=391 45.8%

n=number of patients with non-missing data; N'= number of patients in the subgroup at baseline. The retention rate is calculated as number of patients that completed X years of participation in the study and has not discontinued secukinumab treatment. BMI, body mass index

Table 2: Proportion of patients achieving PASI 90 after start of secukinumab (observed values) by subgroups

	Gender		Previous biologic treatment		BMI		
	Male N'=1175	Female N'=565	No N'=1134	Yes N'=606	BMI<25 N'=361	25≤BMI<30 N'=502	BMI≥30 N'=475
Year 1 from start of secukinumab	n=869 63.2%	n=408 63.5%	n=858 68.2%	n=419 53.2%	n=287 70.0%	n=389 67.4%	n=369 53.4%
Year 2 from start of secukinumab	n=830 61.4%	n=368 62.5%	n=807 68.0%	n=391 48.8%	n=276 70.3%	n=372 62.6%	n=335 53.4%

Year 3 from start of secukinumab	n=704 63.2%	n=294 66.0%	n=686 68.5%	n=312 54.2%	n=237 68.4%	n=318 67.0%	n=269 56.5%
Year 4 from start of secukinumab	n=584 65.4%	n=226 74.3%	n=574 72.1%	n=236 57.6%	n=191 71.2%	n=257 71.2%	n=211 58.3%
Year ≥5 from start of secukinumab	n=528 65.2%	n=191 73.3%	n=517 70.4%	n=202 59.4%	n=166 74.7%	n=238 69.3%	n=187 56.7%
n=number of patients with non-missing data; N'= number of patients in the subgroup at baseline. % calculated with n as denominator. BMI, body mass index; PASI 90, Psoriasis Area and Severity Index 90 score							

0017-PS Management of Psoriasis in Patients with Concurrent Malignancy

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Background: Psoriasis is associated with various risk factors, including an increased potential for oncological diseases. The inflammatory mediators involved in psoriasis contribute to malignancy risk by promoting resistance to apoptosis, genetic mutations, and environmental changes that support angiogenesis.

Objectives: To identify the optimal systemic therapy for managing a severe psoriasis exacerbation in a patient with concurrent cancer.

Methods: We present the case of a 77-year-old female with a 52-year history of chronic plaque psoriasis, previously managed with topical treatments by her family physician, without requiring systemic therapy.

On admission, the patient exhibited severe, generalized psoriatic patches covering over 60% of her body surface area, with a tendency toward erythroderma. She also reported unintentional weight loss over the preceding months.

Laboratory tests were within normal limits except for elevated CA-125 (Cancer Antigen 125), a tumor marker commonly associated with ovarian cancer. The patient was referred to a gynecologist, who confirmed the diagnosis of ovarian cancer. After consultation with her oncologist, acitretin therapy was initiated for psoriasis management. Considering the progression of her disease, the introduction of an interleukin-17 inhibitor is being considered as a potential therapeutic option.

Results and Conclusion: With the rising incidence of malignancies in the general population, there is a growing number of patients with psoriasis who concurrently develop oncological conditions, posing complex therapeutic challenges. Interleukin-17 and interleukin-23 inhibitors have been shown to be safe for use in oncology patients with psoriasis; however, therapeutic strategies must be individualized based on each patient's specific clinical context.

0018-PS Impact of Adalimumab dose reduction on the risk of biologic switching in psoriasis patients: a nationwide cohort study of the French health insurance database

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Background: Psoriasis is a widespread autoimmune skin disease. The introduction of biologics, such as Adalimumab, has significantly improved treatment efficacy. However, long-term use of biologics is associated with an increased risk of adverse

events. Dose tapering has been proposed as a strategy to mitigate these risks, but its impact on therapeutic outcomes remains unclear.

Objective: To investigate the effects of Adalimumab dose tapering on the risk of switching to another biologic in patients with psoriasis, using real-world data from the French National Health Data System (SNDS).

Methods: A retrospective population-based cohort study was conducted using the SNDS. Adults with psoriasis initiating Adalimumab between 2012 and 2022 were followed for 18 months after a 12-month stabilization period. The average daily Adalimumab dose and relative percent change were calculated at each dispensation. Treatment failure was defined as switching to another biologic. Hazard ratios (HR) were estimated using an adjusted Cox proportional hazards model with time-dependent exposures.

Results: Out of 2,173 identified beneficiaries, 15.7% switched biologics. A higher average daily dose was associated with an increased risk of switching (HR: 1.51, 95%CI[1.39-1.65] per mg/day increment), while a reduced dose (]1.54–2.5] mg/day) lowered the risk. Women had a higher risk of switching, while longer treatment duration was protective. Inflammatory bowel disease was the only significantly associated comorbidity, with a protective effect. Relative percent changes and sensitivity analyses supported these findings.

Conclusion: Adalimumab dose tapering appears to enhance treatment persistence without increasing switching risk, supporting its potential as a long-term strategy in psoriasis management.

Variable	**HR [95% CI]**	**p-value**
Dose in categories (injection frequency and corresponding mg/day) Reference: every two weeks]2.5 ; 3.33]		
every month or longer: <=1.54	0.50 [0.23-1.07]	0.073
every three weeks:]1.54 ; 2.5]	0.60 [0.45-0.81]	<0.01
every 10 days:]3.33 ; 5]	1.24 [0.89-1.72]	0.21
every week or shorter: >5	4.18 [2.87-6.09]	<0.01
Female (vs. male)	1.41 [1.13-1.76]	<0.01
Follow-up time (months)	0.76 [0.71-0.81]	<0.01
Inflammatory Bowel Disease	0.34 [0.19-0.60]	<0.01

Multivariate model for the risk of switching biologics adjusted for age, sex, follow-up time, year, as well as comorbidities (Diabetes, Dyslipidemia, Obesity, Hypertension, Stroke, Chronic respiratory disease, Cardiac rhythm disorder, Valvular disease, Chronic coronary disease, Chronic heart failure, Chronic kidney failure, Liver failure, Psoriatic arthritis, Uveitis, Inflammatory Bowel Disease, Peripheral Arterial Disease, Psychotic disorder, Cancer, HIV, Tobacco)

0019-PS Keratinocyte-derived IL-25 as a regulator of epidermal and dermal function in inflammation

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IL-25 (IL-17E), a member of the IL-17 family, is involved in the pathogenesis of distinct skin inflammatory diseases. We explored the transcriptomic changes in human organotypic skin explants from two healthy donors, which were treated with IL-25 or IL-17A by performing single-cell RNA sequencing to understand the mechanisms of cytokines in cell-cell interactions. Our results showed the effect of IL-25 on transcriptomes of each skin cell type was less pronounced than that of IL-17A, which induced multiple proinflammatory pathways. We identified 5 keratinocyte subclusters, potentially exhibiting distinct characteristics and various responses to stimuli. Notably, two proinflammatory keratinocytes subclusters stood out, characterized by high expression of KRT6A and KRT16 in both differentiated (KRT10+) and undifferentiated (KRT5+, KRT14+) keratinocytes. Differentially Expressed Genes analysis revealed IL-25 significantly upregulated genes related to keratinocyte differentiation and cell communication, particularly with proinflammatory keratinocytes. In contrast, fibroblasts and other cell types exhibited minimal differential expression in response to IL-25. Meanwhile, the expression of inflammatory markers (KRT6/16, KRT17) was progressively upregulated in a time-dependent manner following IL-25 stimulation in 3D epidermal equivalents. This new information will serve as a basis for future functional experiments on the role of IL-25 in the skin cell crosstalk during homeostasis and pathology.

0020-PS Real-World Data Analysis from the BePso Registry: Characterizing Psoriasis Patients with associated Inflammatory Bowel Disease.

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Introduction. Psoriasis is a chronic inflammatory autoimmune disease associated with several comorbidities, including psoriatic arthritis (PsA), cardiovascular diseases, depression, and inflammatory bowel diseases (IBD). Crohn's disease and ulcerative colitis are relatively common in this patient population.

Objective. Describe the population from the Belgian Psoriasis Registry (BePso) and analyze the characteristics of patients with both psoriasis and IBD.

Material and Methods. Collected and Extracted data from the Belgian Psoriasis Registry included socio-demographic, lifestyle, psoriasis disease, treatment characteristics, associated diseases, and patient's quality of life.

Results. From the 475 patients included in the BePso registry, 13 had an associated IBD (2.7%).

46% were male, with a median age of 48 [31.5-60.0] years. The mean clinical severity measurement tool (PASI) was 2.99 [0.65-4.60], with 61.5% of patients being under biotherapies.

Stress was the most important trigger of psoriasis flares (76.90%).

Multiple comorbidities were seen, with 46% of these patients with an associated PsA. Spondylarthritis (38.40%), hypertension (23.0%), hyperlipidemia (23.0%), and asthma (23.0%), were the most common comorbidities.

Chronic small plaque (38.50%) was the most common phenotype, followed by chronic large plaque (30.80%), and flexural (23.0%).

Conclusion. This study describes psoriasis patients with associated IBD, providing insights into this specific population and its characteristics, thus helping improve patient management.

0021-PS Communication and treatment planning for patients of reproductive or childbearing age under immunomodulatory treatment for psoriasis – Survey of the German National Registry PsoBest

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Background: Moderate to severe psoriasis requires systemic therapy. Many patients are of reproductive age with additional considerations when choosing medication.

Objective: Descriptive analyses of communication about treatment for patients with psoriasis and family planning.

Methods: Patients in the PsoBest registry aged 18-55 were surveyed December 2023 till March 2024 focusing on family planning under antipsoriatic therapy.

Results: Of the 1,309 patients contacted, 404 could be analysed (response rate 31%). 10% indicated a desire to have children or at least thoughts about family planning. The treating physicians only addressed this topic in 42% of cases. Only 60% of men and 63% of women felt well informed about the possibilities of family planning under therapy. If the topic has been addressed, it was mainly by dermatologists (77.4% of men and 84.6% of women). 95% obtained further information, mainly from the internet (70 %). In 84% of cases where family planning was discussed, there was no change or adjustment of the antipsoriatic therapy. Patients who wish to have children are prescribed a biological therapy slightly more often (men: 90.0% vs. 82.9%, women: 68.4% vs. 64.8%) and received more often TNFα-inhibitors compared to patients without desire for children.

Conclusion: For patients with psoriasis of reproductive age, family planning is relevant and should be taken into account when making treatment decisions. Dermatologists are important contacts for relevant information and this discussion with patients should be supported, especially as patients who wish to have children do not always actively address this topic.

0022-PS Efficacy and safety of Antioxidants in the management of Psoriasis. A case control study.

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Introduction: Pathophysiology of psoriasis has played by oxidative stress and chronic inflammation in the initiation of keratinocyte proliferation and differentiation. Keeping in consideration the increased oxidative stress in the patients of psoriasis, the anti-oxidant drugs can form an important part of the therapeutic ladder of psoriasis.

Materials & Methods: The aim of this study was to measure the possible role of oxidative stress in psoriasis patient by measuring SOD level and comparing it with normal individuals and administer antioxidants supplements to the patients group to see the efficacy. The study was carried out in Psoriasis awareness Club ,Clinical severity of the disease was determined by PASI score. All 23 patients and control subjects were examined for plasma SOD level. 23 psoriatic patients were given antioxidant therapy in the form of once daily tablet for 30 days. PASI score, DLQI and SOD (Superoxide dismutase) level were measured before therapy (day 0) and after therapy (day 30) in patients group.

Statistical analysis and Results: No significant difference was observed between SOD level of psoriatic patients & controls. No significant correlations of SOD level with severity of psoriasis and duration of disease were found. We observed no statistically significant difference in PASI and DLQI scores before and after antioxidant therapy but there was significant increase in the level of SOD after treatment.

Conclusion: It is indisputable that antioxidant supplementation can reduce the overall morbidity, enhance the prognosis of psoriasis.

0023-PS Characterization of PASI and DLQI in psoriasis patients receiving treatment with biologics at an immunologically mediated disease outpatient center

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Background: A biological agent represents an improved treatment regimen with enhanced safety and efficacy(1). Real-life clinical practice evaluation in Latin-American patients would guide clinical decisions for psoriasis management.

Objective: To describe the clinical and sociodemographic characteristics of patients with psoriasis who attended an immunologically specialized center in Colombia, treated with biologics.

Methods: Retrospective cohort study of patients with psoriasis attending a multidisciplinary program from 2014-2024. Outcomes were defined as before- after PASI/DLQI. Clinical and sociodemographic variables such as age, sex, disease evolution time, treatment, and comorbidities, among others, were included. Spearman´s was estimated to evaluate the correlation between the last PASI and DLQI.

Results: Of 1149 patients, biologics were used in 76.3%(n=877), with adalimumab (28.5% n=250), guselkumab 24.7%, risankizumab 16.3%, ixekizumab 12.9%, secukinumab 11.3% and ustekinumab 6.3% as the current treatment, with a median of 13 months with therapy. Of those 52.3% were women, median age of 55 years, and disease evolution time of 15.7 years. For disease stage 6.4%(n=56 mild), 3.6%(n=32 moderate) and 89.0%(n=781 severe). Among the most frequent comorbidities were hypertension in 28.8% (n=253) and diabetes in 14.9% (n=131). The highest before-after relative difference was found using risankizumab for PASI, and for DLQI using ixekizumab. There was a linear relation between the PASI and DLQI with Spearman´s rho=0.450.

Conclusion: All patients in current biologic therapy treatment have an absolute PASI under 3. No main differences were reflected between all biological therapies. A lower final PASI would be correlated to lower final DLQI measures.

0024-PS Absolute risk of therapeutic failure or adverse drug reactions associated with Guselkumab or Risankizumab

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Background Over the last decade, there has been a therapeutic revolution in treatment options for plaque psoriasis. Anti-IL23 has demonstrated favorable safety and efficacy in individual clinical studies in adults with moderate to severe plaque psoriasis. To estimate the absolute risk of therapeutic failure (TF) or adverse drug reactions (ADR) associated with Guselkumab or Risankizumab in patients diagnosed with plaque psoriasis MethodsA retrospective, observational, multicenter pharmacovigilance study was conducted in patients diagnosed with plaque psoriasis who were treated with Guselkumab or Risankizumab. Data were collected from patients between 2020 and 2024. The events of interest were TF or ADR. For the time-to-event analysis, the starting point was the date of medication initiation, and the endpoint was the treatment termination date recorded in the pharmacovigilance program. The Hazard Ratio for TF or ADR was calculated using Kaplan-Meier survival analysis, and the incidence rate (IR) ResultsA total of 492 patients were included, of whom 61.55%(n=303) were treated with Guselkumab. The IRs of ADRs were 3.1 and 2.9 per 1,000 person-months for Guselkumab and Risankizumab, respectively, while the IRs of TFs were 2.2 and 1.1 per 1,000 person-months. In the Kaplan-Meier analysis, the probability of not experiencing an ADR at 19 months with Risankizumab was 0.952(95%CI: 0.901–1), and at 41 months with Guselkumab was 0.832(95%CI: 0.702–0.987). Conclusion No ADRs led to medication withdrawal. Guselkumab and Risankizumab have demonstrated acceptable safety and efficacy profiles for plaque psoriasis in a real-world setting, with low incidence rates of therapeutic failures and adverse drug reactions.

0025-PS Secukinumab treatment in a 17-year-old girl with plaque psoriasis in Georgia: A case report

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Background: Plaque psoriasis is a chronic inflammatory skin disorder with both genetic and environmental components. Secukinumab, a biologic therapy targeting interleukin-17A (IL-17A), has shown efficacy in adults and pediatric populations as well. This case report examines the use of secukinumab in a 17-year-old girl with moderate-to-severe plaque psoriasis, unresponsive to methotrexate.

Objective: To evaluate the efficacy, safety, and long-term management of secukinumab in a 17-year-old patient with moderate-to-severe plaque psoriasis after methotrexate failure.

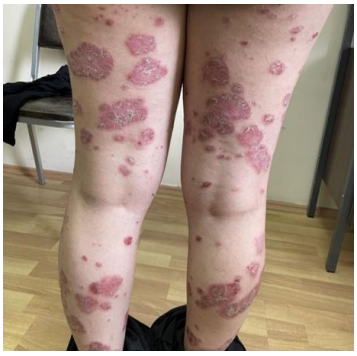
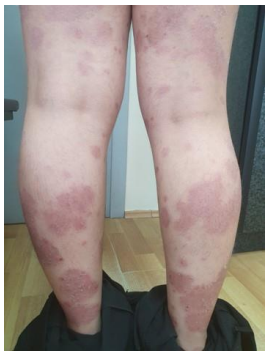
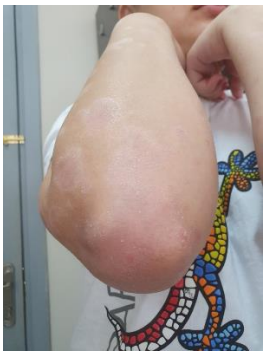
Methods: A 17-year-old female with plaque psoriasis was started on secukinumab after inadequate response to conventional therapies. The patient received an initial loading dose followed by regular injections. Clinical assessments were made using the Psoriasis Area and Severity Index (PASI) and Children's Dermatology Life Quality Index (CDLQI).

Results:

- Baseline: PASI 15.7, CDLQI >10 (severe disease, significant quality of life impact).
- After second injection: PASI 5.2, CDLQI<10.
- After third injection: PASI 3.2, CDLQI<3.
- After five injections (1 month): Near-complete resolution, with minimal residual erythema.
- Ongoing treatment: The patient achieved sustained clinical remission with no significant adverse events.

Conclusion: Secukinumab was effective in achieving clinical remission in a 17-year-old with severe plaque psoriasis unresponsive to methotrexate. This case supports the use of biologic therapies for pediatric psoriasis, with secukinumab as a viable option for long-term management.

Key notes: pediatric psoriasis, methotrexate, secukinumab.

0026-PS Evaluating Alternative Economic Models for Psoriasis Treatment: Towards More Cost-Effective Management Strategies

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Introduction. Psoriasis is a chronic autoimmune disease affecting about 2% of the global population. In Belgium, patients with a high severity score must undergo multiple treatment steps to gain access to biotherapies, primarily due to reimbursement criteria. Young patients typically respond more rapidly to biotherapies, while conventional systemic therapies take longer to achieve similar efficacy. This knowledge can be used to personalize treatment algorithms and potentially reduce the costs of treatment.

Objective. The aim of this study was to evaluate the overall cost of different patient management approaches to society and to propose potential changes to the treatment ladder for a more efficient and cost-effective strategy.

Material and Methods. Three treatment models were developed:

Model 1: Current step-up approach based on Belgium's reimbursement criteria.Model 2: Biotherapy combined with conventional systemic therapy for six months, followed by biotherapy alone.Model 3: Biotherapy initiation, with spaced-out injections after six months.Costs were calculated over one- and two-year periods for each model.

Results. It seems that treatment of a patient under Risankizumab amounted to lower costs when following the Models 2 and 3 compared to Model 1. Similar results were observed for patients treated with Tildrakizumab and Guselkumab.

Conclusion. The step-up approach is not the most cost-effective strategy. Belgium's reimbursement criteria should be reconsidered to improve patient management while reducing costs to society. Further studies must be done to establish the effectiveness of the two latest models in a real-life setting.

Table 1. Estimated cost comparison of the different models.

Skyrizi (Risankizumab)	Cost 54 weeks (€)	Cost 104 weeks (€)
Model 1	21678.60	33746.33

Model 2	18612.88	30816.58
Model 3	15366.27	24735.00
Ilumetri (Tildrakizumab)	Cost 54 weeks (€)	Cost 104 weeks (€)
Model 1	21599.04	33587.18
Model 2	18493.54	30617.68
Model 3	15266.82	23921.37
Tremfya (Guselkumab)	Cost 54 weeks (€)	Cost 104 weeks (€)
Model 1	18290.04	32932.67
Model 2	17505.70	30296.50
Model 3	13118.40	23921.37

0027-PS Antituberculous drugs in the treatment of psoriasis. Tbc-related type of psoriasis-does it exists?

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Background: Psoriasis is a multifaceted disease in terms of its pathophysiological mechanisms, inducing and aggravating factors, clinical types and clinical severity associated comorbidities and therapeutic modalities. The efficacy of traditional systemic therapies for psoriasis is limited by various side effects, toxicity drug-drug interactions, and the need for frequent laboratory monitoring.

Objective: Patients with psoriasis treated with tumor necrosis factor alpha (TNF alpha) inhibitors and some other biologic drugs are in increased risk for reactivation of latent tuberculosis infection. Epidemiological studies have shown considerable prevalence of latent tuberculosis both in psoriasis patients and in general population. In animal models Rifampicin causes immunosuppression and in conventional doses it suppresses the T-cell function. Rifampicin blocks the DNA-dependent RNA - polymerase of mycobacteria and other microorganisms.

Methods: 80 patients (38 men and 42 women), aged between 12 and 65 years with eruptive psoriasis were enrolled in the study. Rifampicin (Rp) was administered orally in a 600 mg daily dosage for at least 60 days. Only emollients were given for topical therapy.

Results: In a several randomized clinical studies during the last 15 years we demonstrated the good therapeutic response to Rifampicin in patients with different clinical forms of psoriasis. We suggest a specific type of psoriasis, associated with tuberculosis infection. Recently, several papers showing the good therapeutic effect of Isoniazid in psoriatic patients confirmed our results.

Conclusion: We hypothesize the existence of a unique tuberculosis-related type of psoriasis that could be treated successfully with antituberculous drugs.

0028-PS Real-world efficacy and safety of Guselkumab therapy among patients with moderate-to-severe plaque psoriasis: a Chilean retrospective cohort study

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Background: Clinical trials have shown that Guselkumab, an anti-interleukin-23 biologic therapy, represents an effective and safe treatment alternative for patients with moderate-to-severe plaque psoriasis (1–3). Nonetheless, real-world data are still lacking, especially in underrepresented populations.

Objective: To assess the real-world efficacy and safety of Guselkumab therapy in Chilean patients with moderate-to-severe plaque psoriasis.

Methods: We conducted a retrospective, monocentric, cohort study. All patients with moderate-to-severe plaque psoriasis that were prescribed Guselkumab between December 2018 and November 2024 were included. We then characterized their clinical profile, and analyzed their outcomes. Efficacy was measured with both the Psoriasis Area Severity Index (PASI) and Dermatology Life Quality Index (DLQI) scores, while safety was evaluated with the emergence of therapy-related adverse events.

Results: A total of 11 patients were included (64% males). Mean age was 57 ± 14.2 (range 27-74) years, and the most frequent comorbidities were hypertension (45%), insulin resistance (18%), type 2 diabetes mellitus (18%) and asma (18%). Previous failed treatments included topical therapies (100%), Methotrexate (91%), Anti-TNF (73%), narrow-band ultraviolet B phototherapy (55%) and Risankizumab (9%). All patients were prescribed Guselkumab at standard doses. Mean treatment duration was 21.9 ± 12.3 months (range 7-40). All patients achieved a PASI90 and a DLQI 0-1 response, while 36% showed a PASI100 response. Only 2 patients (18%) experienced any adverse event (trunk folliculitis and fatigue), both mild and without need for therapy modification.

Conclusion: Guselkumab represents an effective and safe treatment alternative for Chilean patients with moderate-to-severe plaque psoriasis.

0029-PS Who are more itchy and what works better for pruritus in patients with plaque psoriasis?

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Background: Psoriasis is a chronic, systemic inflammatory disease with a prevalence of about 1% in Koreans and between 0.09% and 11.43% in the total population. Pruritus in patients with psoriasis has been reported as a common symptom; however, its significance has often been overlooked. Furthermore, the presence and intensity of pruritus vary among patients.

Objective: To investigate the prevalence and factors associated with pruritus intensity in patients with plaque psoriasis and to understand the effectiveness of various treatments for pruritus in psoriasis.

Methods: We analyzed data from 593 patients with plaque psoriasis (365 male, 228 female) at our hospitals from January 2020 to July 2022. Psoriasis severity was evaluated using the PASI score, and pruritus intensity was quantified using the NRS score.

Results: Pruritus was observed in 88.2% of psoriasis patients. Mild itch (NRS<3) was present in 15.7% of patients, moderate (NRS of 3-7) in 40.3%, and severe (NRS>=7) in 32.2%. The odds ratio was higher in females compared to males (OR, 1.985). There was no positive correlation between the PASI score and the itch score. However, the erythema score, among the subcategories of the PASI score, was found to have a positive correlation with the itch NRS. Regarding itching relief according to the treatment, conventional systemic agents were the most effective.

Conclusion: Pruritus is a common clinical symptom of plaque psoriasis, considered to be important. Since the relationship between psoriasis severity and pruritus was unclear, special attention during treatment is required for pruritus in addition to improving skin lesions.

0030-PS International Consensus on Dose Reduction of Biologics in Psoriasis: the DR.Delphi study

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Background: Dose reduction (DR) of biologics for psoriasis is already applied in clinical practice but without clear guidelines while dermatologists addressed the need for them. International consensus on DR of biologics in psoriasis contributes to clearer and safer implementation of DR in clinical practice.

Objective: This consensus study aims to reach an international consensus on dose reduction of biologics in psoriasis among dermatologists worldwide.

Methods: An international eDelphi consensus study was performed among dermatologists. A total of 11 statements on biologic DR were constructed by the international steering committee. Invitations were distributed via international societies, social media and peer-to-peer. Participants rated their level of agreement per statement by a 9-point Likert scale. Statements that did not reach consensus (<70% agreed and >15% disagreed) were revised for a next round of rating.

Results: In total, 63 dermatologists from Europe, South America, Asia, North America and Australia participated. Consensus was reached on 9 out of 11 statements: when to consider DR and when and how to initiate/discontinue DR in general, and on a two-step DR algorithm for adalimumab, etanercept and ustekinumab. However, for 2 out of 11 statements a second round was needed. These two statements were revised and are currently being voted on.

Conclusion: Dermatologists worldwide reached consensus on when and how to initiate and discontinue DR of biologics for psoriasis, and on a DR algorithm. This is essential information for implementation and uptake of biologic DR on a global scale which can be incorporated in future guidelines.

0031-PS Drug Survival of Biologics in Moderate-to-Severe Psoriasis: An 11-Year Longitudinal Follow-Up Study

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Background: The introduction of biologics in moderate-to-severe psoriasis has shifted the paradigm of treatment, although concerns persist regarding their long-term efficacy. Drug survival refers to the duration until a drug is discontinued and serves as an indirect indicator of its efficacy and safety.

Objective: To identify the factors influencing the drug survival of biologics in patients with moderate-to-severe psoriasis.

Methods: Patients with psoriasis whose lesional body surface area > 10%, psoriasis area severity index (PASI) > 10, and who were treated with interleukin inhibitors (ustekinumab, secukinumab, and guselkumab) for more than 1 year were included. Patients who had prior treatment history of other biologics were excluded.

Results: 180 patients were included in the study. Higher initial PASI scores (adjusted hazard ratio [HR] 1.41, 95% confidence interval [CI] 1.02-1.95), scalp involvement (adjusted HR 1.51, 95% CI 1.09-2.09), and obesity (BMI > 30) (adjusted HR 1.47, 95% CI 1.16-1.86) were associated with reduced drug survival. Notably, obesity had a more pronounced negative impact on drug survival of guselkumab than other biologics (adjusted HR 11.38, CI 2.54-50.92). The introduction of new biologics showed a tendency to decrease the drug survival of ustekinumab, although not being statistically significant. Additionally, Genome-Wide Association Study (GWAS) analysis suggested a potential association between the rs10505764 variant in ETV6 (odds ratio [OR] 3.99, $p=2.50\times10^{-5}$) and shorter drug survival.

Conclusion: Large-scale, prospective studies are warranted to validate these findings and deepen our understanding of the determinants of drug survival of biologics.

0032-PS High retention rates and sustained effectiveness over 5 years in patients with moderate-to-severe plaque psoriasis regardless of disease duration: Real-world evidence from the SERENA study

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Background: Long-term real-world data on secukinumab treatment in psoriasis are limited.

Objective: To assess long-term retention and effectiveness of secukinumab for moderate-to-severe psoriasis in clinical practice.

Methods: SERENA (CAIN457A3403) was an observational study conducted in 19 countries for up to 5 years in adult patients with moderate-to-severe psoriasis. Patients received secukinumab for ≥16 weeks before enrolment. Secukinumab retention rate by disease duration at first study visit (<2, ≥2-<5, ≥5-<15, ≥15 years) through 5 years was measured. Effectiveness was measured using Psoriasis Area and Severity Index (PASI) score, PASI90/100 responders. Data are presented as observed.

Results: Overall, 1740 patients (mean age 48.3 years) were included (Table 1). Retention rates were high throughout 5 years, regardless of disease duration at enrolment (Figure 1). Patients with psoriasis for <2 years had a higher PASI90/100 response than those for ≥2 years. Mean PASI decreased from first secukinumab dose to year 1 and remained low through year 5 across all subgroups by disease duration (Table 2). After the first secukinumab treatment, the incidence rates for developing psoriatic arthritis (PsA) were 0.53, 0.57, 0.82, and 0.84 per 100 patient-years for disease durations of <2, ≥2-<5, ≥5-<15, and ≥15 years, respectively.

Conclusion: Secukinumab retention rate was high in patients with moderate-to-severe psoriasis. Patients with a shorter disease duration (<2 years) had higher retention and better PASI outcomes, suggesting that early secukinumab intervention is beneficial in moderate-to-severe psoriasis. Incidence rates for developing PsA remained low with secukinumab.

Table 1: Demographic and baseline characteristic

Characteristic	<2 years N=157	≥2 to <5 years N=189	≥5 to <15 years N=537	≥15 years N=841	Total N=1740*
Age in years, mean±SD	45.4±14.9	46.3±15.9	46.0±13.6	50.7±12.1	48.3±13.5
Gender, male, n (%)	105 (66.9)	118 (62.4)	372 (69.3)	571 (67.9)	1175 (67.5)
BMI (kg/m²), mean±SD (N=1338)	27.8±5.7	28.6±7.2	29.2±6.1	28.8±5.8	28.8±6.1
Biologic experienced, n (%)	19 (12.1)	28 (14.8)	177 (33.0)	372 (44.2)	606 (34.8)

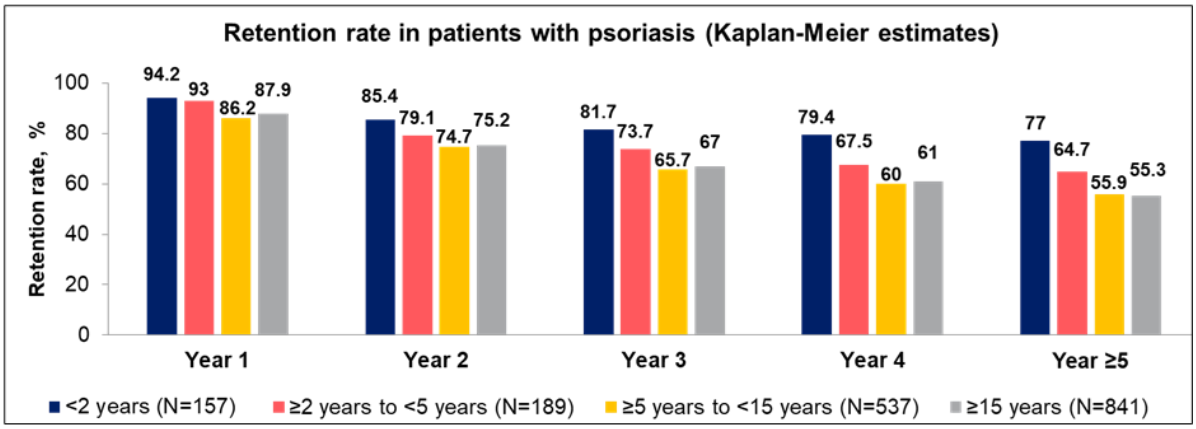
*Missing data for N=16.
BMI, body mass index; N, total number of patients; n, number of patients with non-missing data.

Table 2: Proportion of patients achieving PASI90 and PASI100 and mean PASI after the start of secukinumab treatment through to year 5 (by disease duration)

	<2 years N=157	≥2 to <5 years N=189	≥5 to <15 years N=537	>15 years N=841
PASI90, n (%)				
Year 1	79 (73.8)	79 (65.3)	253 (62.3)	390 (61.7)
Year 2	69 (75.8)	77 (67.5)	234 (62.6)	354 (58.3)
Year 3	55 (72.4)	66 (66.0)	202 (67.1)	310 (60.5)
Year 4	57 (83.8)	62 (77.5)	162 (68.6)	267 (63.7)
Year ≥5	54 (84.4)	50 (75.8)	158 (70.2)	219 (61.2)
PASI100, n (%)				
Year 1	61 (57.0)	42 (34.7)	152 (37.4)	233 (36.9)
Year 2	49 (53.8)	48 (42.1)	135 (36.1)	225 (37.1)

Year 3	41 (53.9)	36 (36.0)	119 (39.5)	184 (35.9)
Year 4	43 (63.2)	43 (53.8)	107 (45.3)	151 (36.0)
Year ≥5	43 (67.2)	34 (51.5)	96 (42.7)	132 (36.9)
Total PASI Score, mean±SD				
First secukinumab at enrolment	23.7±14.1	21.1±12.7	21.4±13.6	20.5±12.5
Year 1	1.7±3.5	2.5±4.4	2.4±4.1	2.3±3.8
Year 2	1.6±3.1	2.4±7.0	2.3±3.8	2.4±3.9
Year 3	1.6±3.1	2.0±2.9	2.0±3.4	2.2±4.0
Year 4	1.0±2.3	1.0±1.5	1.5±2.7	1.9±2.9
Year ≥5	0.7±1.4	1.2±2.3	1.8±3.6	2.0±3.4
N, total number of patients; n, number of patients with non-missing data; PASI, Psoriasis Area and Severity Index.				

Figure 1: Retention rate of secukinumab by disease duration in patients with moderate-to-severe psoriasis from year 1 through year 5



N, Total number of patients.

0033-PS Effectiveness of the HautKompass Online Programme in Reducing Self-Stigma in Chronic Skin Diseases - A randomized controlled trial

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Background: People with skin diseases are often at risk for self-stigmatisation. We developed the online programme HautKompass to reduce self-stigma based on cognitive behavioural therapy approaches.

Objective: The aim of this RCT was to examine its effectiveness.

Methods: Patients with alopecia areata, atopic dermatitis, hidradenitis suppurativa, psoriasis, and vitiligo were eligible. Participants (n = 298) were randomized into an intervention group (IG), who was instructed to work through the eight programme modules independently, or a waitlist control group (CG). Self-stigma, self-compassion, acceptance, among others were assessed by means of self-report before (T0) and after the programme (8 weeks after T0 for the CG; T1), as well as at 6-months follow-up (T2).

Results: In comparison to the CG (n = 124), the IG (n = 62) showed a significantly higher reduction in self-stigma from pre- to post-test (IG: T0 = 39.08, T1 = 34.42; CG: T0 = 39.47, T1 = 39.10; $F(1,185) = 11.58$, $p < .001$, $\eta p2 = .059$) and a significant increase in acceptance coping (IG: T0 = 11.92, T1 = 13.89; CG: T0 = 11.97, T1 = 11.82; $F(1,184) = 8.06$, $p = .005$, $\eta p2 = .042$). An increase in self-compassion was observed in the IG but it did not differ significantly from the CG.

Conclusion: HautKompass was effective in reducing self-stigma and improving self-compassion and acceptance in people with different skin conditions. This free, self-guided programme offers a promising approach to improve the psychosocial well-being of patients and represents a significant advance in psychosocial care in dermatology.

0034-PS Evaluation of antibiotic use effect on the persistence of biologic therapies in patients with psoriasis: A cohort study using health insurance databases

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Background: The long-term effectiveness of biologic therapies in psoriasis tends to decrease over time. Gut dysbiosis induced by antibiotic (ATB) exposure may contribute to reduced treatment persistence.

Objective: This study aimed to evaluate the impact of ATB exposure on the persistence of biologic therapies in patients with psoriasis.

Methods: We conducted a cohort study using data from the French National Health Data System. Adults with psoriasis who initiated a biologic therapy between December 31, 2011, and June 30, 2022, were included. The primary outcome was discontinuation or switching of the first biologic therapy. ATB exposure was assessed within six months before biologic initiation and during follow-up. Baseline variables associated with biologic persistence or gut dysbiosis were collected, including psoriasis severity, methotrexate use, age, cardiovascular comorbidities, diabetes, chronic respiratory disease, chronic kidney disease, psoriatic arthritis, obesity, alcohol and tobacco consumption. Follow-up variables included proton pump inhibitor and metformin use, and new IBD diagnosis. A weighted marginal structural Cox model was used to estimate the hazard ratio (pHR).

Results: Among 39,387 patients (56% male, mean age 48.2±15.1 years, mean follow-up 20.7±18.1 months), 25.6% were exposed to ATBs at baseline, and 57.9% during follow-up. ATB exposure within six months (pHR 1.11, 95% CI 1.06–1.16) or repeated exposure (>2 dispensations, pHR 1.30, 95% CI 1.21–1.38) was associated with an increased risk of biologic discontinuation.

Conclusion: ATB exposure was significantly associated with biologic's discontinuation , with a dose-dependent effect. Further studies are needed to confirm causality and account for potential confounders.

0035-PS Dysregulated Skin Surface Lipidomics Highlights the Role of Ceramides in Psoriasis

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Background: Psoriasis is a chronic inflammatory skin disease significantly impacting patients' quality of life. While lipids play a key role in its pathogenesis, the contribution of skin surface lipids (SSLs) remains unclear.

Methods: SSLs were collected from the backs of 32 psoriasis patients and 32 matched healthy controls using Sebutape patches and analyzed via liquid chromatography tandem-mass spectrometry (LC-MS/MS). Statistical analyses were conducted to identify lipidomic alterations and their correlations with clinical features. RNA-sequencing was used to investigate differentially expressed lipid-related genes. The therapeutic effects of ceramide (Cer)(d18:1/16:0) were assessed using an imiquimod (IMQ)-induced psoriasis mouse model.

Results: LC-MS/MS analysis identified 23 significantly altered lipids in psoriasis, with 19 upregulated and 3 downregulated. Lipidomic profiles correlated positively with PASI scores and clinical parameters, including disease duration, skin dryness, pruritus, and sun exposure. Among lipid subclasses, ceramides exhibited distinct alterations: shorter-chain Cer(≤C43) increased, whereas longer-chain Cer(≥C44) decreased in psoriasis. Transcriptomic data revealed aberrant expression of fatty acid elongation-related genes in psoriatic lesions, underscoring the importance of ceramide chain length. Topical application of Cer(d18:1/16:0) in the IMQ-induced mouse model markedly alleviated psoriasis-like symptoms, including epidermal thickening, inflammatory infiltration, and elevated IL-17A and IFN-γ expression.

Conclusions: This study highlights a dysregulated lipidomic profile in SSLs, with abnormal ceramide chain elongation contributing to psoriasis pathogenesis. Cer(d18:1/16:0) shows promise as a potential therapeutic agent for managing psoriasis, paving the way for lipid-based treatments in inflammatory skin diseases.

0036-PS Comparison of Drug Survival of IL-17 and IL-23 Inhibitors in Psoriasis: A Two-Centre Study

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Introduction: Recent years, biologics targeting IL-17 and IL-23 were prescribed as the latest and most effective treatment to manage moderate-to-severe chronic psoriasis. However, real world data comparing drug survival and efficacy of these agents in daily practice are lacking.

Objective: This study aims to assess the drug survival, efficacy and safety between anti-IL23 and anti-IL17 biologics and each biologics (Guselkumab, Secukinumab, Ixekizumab, Risankizumab).

Methods: This is a retrospective cohort study involving patients with moderate to severe psoriasis who have treated with one of 4 biologics (Guselkumab, Secukinumab, Ixekizumab, Risankizumab) in Kyung Hee University Hospital and Kyung Hee University hospital at Gang-dong from 2018 to 2022. Drug survival was assessed with Kaplan–Meier survival analysis and Cox regression analysis.

Results: A total of 211 treatment courses (total patients: 176) were included in this analysis. The cumulative survival rate of anti-IL23 and anti-IL17 biologics at 18 months were 73.5%, 72.8%. The cumulative survival rate of each biologics at 18 months were 66.3% for guselkumab, 64.5% for secukimab, 85.6% for ixekizumab, 92.6% for risankizumab. There was no significant difference in drug survival between anti-IL23 and anti-IL17 biologics. Using secukinumab as reference, survival of risankizumab and ixekizumab was statistically significantly higher.

Conclusion: In this double-center retrospective cohort study, every biologics' cumulative survival rate at 18 months were over 60%. Both anti-IL17 and anti-IL23 appeared to have same drug survival and efficacy. It is important to make a choice based on patient and provider preferences

0037-PS Physical activity in patients with psoriasis - characterisation by disease severity and comparison with healthy controls

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Background: Psoriasis is associated with systemic inflammation and increased risk of comorbidities, including cardiovascular and metabolic disorders. Physical activity (PA) is beneficial for the prevention and treatment of these comorbidities. However, the impact of PA on psoriasis is less well understood.

Objective: This study aimed to characterise PA in patients with psoriasis, compare it with healthy controls (HCs), and examine the association between disease severity and level of PA. Furthermore, we investigated whether PA-levels changed over time in patients with psoriasis.

Methods: We enrolled patients with psoriasis and HCs without current or former skin disease from BIOSKIN, a Danish prospective and observational cohort study. Participants completed the validated International Physical Activity Questionnaire Short Form, enabling continuous and categorical characterisation of PA. They also underwent clinical assessment, including the Psoriasis Area Severity Index (PASI).

Results: We included 528 patients with psoriasis and 100 HCs. Overall, patients with psoriasis demonstrated lower levels of PA compared to HCs. We found that low levels of PA were associated with poorer health and that high levels of PA were inversely associated with disease severity, even after multivariable adjustment (Odds ratio 0.33, 95% confidence interval 0.16–0.64). In

general, patients' PA-levels remained stable from baseline to 1-year follow-up, yet patients with an increased PA-level showed a greater reduction in their PASI.

Conclusion: Our findings suggest that PA has a beneficial effect on psoriasis. Given the current obesity pandemic, the recognition of PA as a non-pharmacological adjunct in the treatment of psoriasis may have significant clinical value.

0038-PS Disseminated sporotrichosis in patients with TNF-alpha blockers: report of 2 cases.

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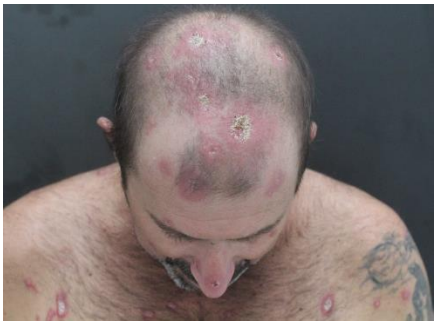
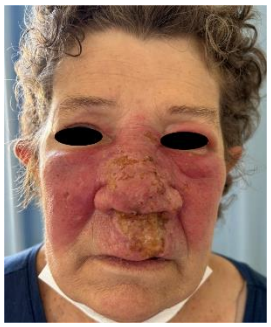
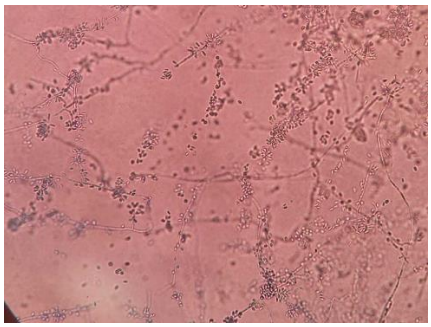
Background: Sporotrichosis is a subacute/chronic deep mycosis caused by thermodimorphic fungi of the Sporothrix genus. Brazil has seen a rising number of cases. While the lymphocutaneous form is most common and usually benign, disseminated forms may occur in immunosuppressed patients. Objective: To report two cases of disseminated sporotrichosis in patients using TNF-α inhibitors. Methods: Case 1: 39-year-old previously healthy man developed panuveitis in the left eye. Despite antibiotics and corticosteroids, he was started on infliximab. Two months later, he presented with fever, fatigue, oligoarthritis, and multiple ulcerated and purulent skin lesions (Figure 1). Biopsy cultures confirmed Sporothrix spp. Case 2: 59-year-old woman with psoriasis and psoriatic arthritis had good disease control with adalimumab. She developed an ulcerated lesion on her left nostril that rapidly extended to the face (Figure 2). Chest CT revealed pulmonary cavitation. Skin and bronchoalveolar cultures confirmed Sporothrix spp (Figure 3). Results: TNF-α is crucial for antifungal immunity. Its inhibition reduces macrophage activation and TLR-2 expression, impairing fungal recognition and clearance. Literature shows few reports of sporotrichosis in patients on TNF-α blockers, mostly in disseminated forms. Conclusion: Systemic fungal infections are rare but possible in patients on TNF-α inhibitors. High clinical suspicion and early antifungal treatment are essential. Both patients responded well to amphotericin B followed by itraconazole (400 mg/day for 4 months), with favorable outcomes.







0039-PS Continuous effectiveness and safety after a switch to adalimumab biosimilar: An observational single center study in psoriasis patients.

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Background: Psoriasis is a chronic inflammatory disease that significantly affects the quality of life of millions worldwide. Biologic therapies have revolutionized treatment, offering high efficacy. However, high costs limit access. Biosimilars improve cost-effectiveness and expand availability.

Objective: To evaluate the efficacy and safety of a mandatory switch from originator adalimumab (Humira) to the biosimilar (Hyrimoz) in a real-world setting.

Methods: A cross-sectional study was conducted through medical record review. Included were patients over 18 years with severe plaque psoriasis, previously treated with Humira for at least one year, who achieved PASI75 and were switched to Hyrimoz. Response persistence was assessed at 6 and 12 months post-switch. Safety was evaluated via active patient-questioning (by phone or in person).

Results: Forty-six patients were included. Of these, 37 (80.4%) maintained response at 6 months and 33 (71.7%) at 12 months. Therefore, 28.3% no longer achieved PASI 75 after one year and were switched to interleukin inhibitors. No major safety issues were identified. Upon questioning, 48.9% reported injection-site pain, 13.3% headache, and 8.9% nasopharyngitis. No patients discontinued treatment due to adverse effects.

Conclusion: The switch to Hyrimoz was well tolerated and safe. Although some patients lost response over time, this finding aligns with the known drug survival of adalimumab reported in the literature and reflects real-world clinical practice.

Table 1: Clinical epidemiological profile:

Variables:	**Humira - switch - Hyrimoz Group N=46**
Age(years):	50.1 (SD:12.84)
Gender(female):	24 (52.2%)
Years of disease evolution:	20.1 (SD:12.79)
Skin color(caucasian):	45 (97.8%)
DLQI*:	18
BSA*:	19.6%
PASI*:	15.8
BMI(kg/m2):	29.8 (SD:5.24)
Obesity(yes):	21 (45.7%)
Psoriatic Arthritis(yes)ª:	25 (54.3%)
Hypertension(yes):	19 (41.3%)
Diabetes(yes):	10 (21.7%)
Dislipidemia(yes):	10 (21.7%)
Depression/Ansiety(yes):	17 (36.9%)

*Mean DLQI, BSA and PASI, before treatmento with Adalimumab (Humira). ªPsoriatic arthritis was defined by the presence of inflammatory arthritis for at least 3 months, together with CASPAR criteria.

Table 2:

Variables:		**Humira - switch - Hyrimoz Group (N=46)**	
		Frequency:	**Percentage(%):**
Maintaned PASI75 response after 6 months of switch:	**Yes:**	37	80.4%
	No:	8	19.6%
Maintaned PASI75 response after 12 months of switch:	**Yes:**	33	71.7%
	No:	12	28.3%
Reason for discontinuation:	**Secondary Failure:**	12	100%
	Intolerance / Severe Adverse Effect	0	0

0040-PS Changes in drug survival of adalimumab over time in patients with psoriasis – a nationwide cohort study

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Background: Drug survival of older biologics, such as adalimumab, may be influenced by the availability of alternative biologics and the introduction of biosimilars, although limited evidence exists.

Objective: To determine whether drug survival of adalimumab has changed over time.

Methods: We enrolled bio-naïve patients initiating therapy with adalimumab from the Danish DERMBIO registry between 2007 and 2024. Two periods where adalimumab was recommended as first-line biologic for psoriasis in Denmark were assessed: an early period (2007-2016) and a late period (2019-2024). The primary outcome was comparison of drug survival and risk of drug discontinuation between the two periods.

Results: We included 2,336 patients; 861 in the early period and 1475 in the late period. The one-year drug survival of adalimumab was 0.73 (95% confidence interval (CI): 0.70-0.76) in the early period and 0.76 (95% CI: 0.74-0.78) in the late period. Risk of drug discontinuation was significantly lower in the late period compared to the early period (adjusted hazard ratio: 0.80, 95% CI: 0.69-0.92, p=0.001). In the early period, 2.9% experienced dose escalation and 9.7% in the late period. When including dose escalation as an event equal to drug discontinuation, we found no differences in drug survival between the two periods.

Conclusion: Overall risk of discontinuing adalimumab was significantly lower in the late period despite more effective biologics being available in the late period. However, following the introduction of adalimumab biosimilars, the frequency of dose escalations has significantly increased, which likely explains the improved drug survival observed in the late period.

0041-PS Multibacillary leprosy in a patient with severe psoriasis under anti-tnf-α therapy: a case report

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Background: Tumor necrosis factor-alpha (TNF-α) inhibitors, used for severe psoriasis, may increase the risk of granulomatous disease reactivation, including leprosy, though such cases are rare.

Objective: To report a case of multibacillary leprosy with type 1 reaction in a patient on anti-TNF-α therapy, evaluate the management strategy, and discuss the immunological mechanisms involved.

Methods: A 40-year-old male with severe psoriasis, treated with an anti-TNF-α agent (adalimumab) for nine years, presented with a two-month history of disseminated erythematous-edematous plaques, hand arthritis, and worsening psoriasis. The anti-TNF-α therapy was discontinued, and an IL-17 inhibitor (secukinumab, 300 mg/month) was initiated for psoriasis and arthritis control. Skin biopsy later confirmed borderline-borderline leprosy with type 1 reaction. Multidrug therapy (MDT; rifampicin, dapsone, clofazimine) was started for 12 months, alongside prednisone (0.5 mg/kg/day), which was gradually tapered and discontinued by the end of MDT.

Results: The patient achieved control of the leprosy reaction, arthritis, and psoriasis. The IL-17 inhibitor was well-tolerated, with no interference in leprosy treatment and no psoriasis flares during prednisone use. No neuritis developed.

Conclusion: This case suggests that IL-17 inhibitors (secukinumab) may be safe and effective in managing psoriasis in patients with coexisting multibacillary leprosy, potentially mitigating type 1 reactions without compromising leprosy treatment. Further studies are needed to confirm these findings.

0042-PS Clinical Characteristics and Treatment Patterns of Pediatric Psoriasis in Japan: A Retrospective Analysis from the Western Japan Psoriasis Registry

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Background: Pediatric psoriasis differs from adult psoriasis in many aspects and is rare in Japan. Currently, no standardized treatment guidelines exist for pediatric cases.

Objective: To investigate the current clinical characteristics and treatment patterns of pediatric psoriasis in Japan.

Methods: A retrospective analysis was conducted on patients aged 15 years or younger at first visit who were enrolled in the Western Japan Psoriasis Registry.

Results: A total of 21 pediatric cases were identified (0.8% of the registry), comprising 15 boys and 6 girls. The mean age at registration was 8.2 years, and the mean age of disease onset was 4.7 years (range: 0 to 14 years). Clinical subtypes included plaque psoriasis in 12 patients, pustular psoriasis in 7, and psoriatic arthritis in 3. Among the patients with pustular psoriasis, two underwent genetic testing and were found to have homozygous mutations in the IL36RN gene. A family history of psoriasis was reported in two cases—one with an affected father and one with an affected grandfather. Two patients with plaque psoriasis were obese. Regarding systemic treatment, 9 patients had received cyclosporine, 1 methotrexate, and 1 etretinate. Biologic agents were used in 15 cases (71%), including infliximab (n=3), adalimumab (n=1), secukinumab (n=13), guselkumab (n=1), and risankizumab (n=1).

Conclusion: Pediatric psoriasis is rare in Japan, with a relatively high proportion of pustular psoriasis. As of 2024, more than half of the pediatric patients were treated with biologics, 81% of whom received secukinumab.

0043-PS Ultrasonographic Assessment of Nail Dystrophy as a Predictive Factor for Psoriatic Arthritis: A Cross-Sectional Study

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Introduction: Nail psoriasis affects up to 80% of patients with cutaneous psoriasis and has been linked to an increased risk of psoriatic arthritis (PsA), possibly due to the anatomical proximity between the nail matrix and the distal interphalangeal joint. This study aimed to assess whether onychodystrophy independently predicts PsA.

Methods: A cross-sectional study included 60 patients divided into two groups: 30 with psoriasis and onychodystrophy (Group 1) and 30 with PsA and onychodystrophy (Group 2). Patients with fungal infections or recent nail trauma were excluded. Disease severity was measured using PASI, NAPSI, and B-mode and Doppler ultrasound of the most dystrophic nails. Statistical analysis included the Shapiro-Wilk, Mann-Whitney, and Spearman's correlation tests ($p < 0.05$).

Results: No significant differences were observed in PASI (5.33 vs. 5.87; $p = 0.712$), NAPSI (28 vs. 22; $p = 0.139$), or nail thickness (1.70 mm vs. 1.72 mm; $p = 0.90$) between the groups. Onycholysis (79%) and pitting (78%) were the most common findings. Doppler ultrasound showed significant correlations between nail inflammation and BMI ($p = 0.008$) and disease duration ($p = 0.014$), but only in the PsA group.

Discussion: Onychodystrophy alone was not a reliable predictor of PsA. However, Doppler findings suggest systemic inflammation, influenced by comorbidities such as obesity and longer disease duration.

Conclusion: Doppler ultrasound is valuable for identifying subclinical inflammation, but nail changes should be considered alongside other clinical features. Further prospective studies are needed to clarify the predictive role of onychodystrophy in PsA.

0044-PS Generalized pustular psoriasis and acute generalized exanthematous pustulosis: the importance of anatomopathological examination

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Generalized pustular psoriasis (GPP) is a rare form of psoriasis. Around 30–78% of patients have a history of psoriasis, and some cases are linked to recessive mutations in the IL36RN gene. Clinically, it presents as sudden widespread redness with pustules. A major differential diagnosis is acute generalized exanthematous pustulosis (AGEP), often triggered by recent use of beta-lactam or macrolide antibiotics. Both conditions look very similar under the microscope, with sterile subcorneal pustules. However, AGEP usually shows more spongiosis, eosinophils, and swelling in the upper dermis.

We report the case of a 36-year-old woman with no history of psoriasis or other health issues. Her symptoms started on the right palm and quickly spread to other areas, forming pustules on an erythematous base on her limbs and abdomen. She had been treated for scabies and had taken antibiotics, without improvement. A skin biopsy was done, and she started on systemic corticosteroids. Antibiotics were stopped, and vaseline dressings were used. Her condition improved, with diffuse peeling.

Corticosteroids were tapered, and cyclosporine was started. Histology showed subcorneal pustules, compact keratosis, parakeratosis with neutrophils, mild acanthosis, and neutrophil and lymphocyte exocytosis—without eosinophils or vasculitis—supporting a diagnosis of GPP. This case shows that GPP should be considered in patients with widespread pustular lesions, even without a psoriasis history. A biopsy is essential for accurate diagnosis and proper treatment. The patient is currently stable, with no new lesions and off systemic therapy.

0045-PS Specific features of psoriasis management in sub-Saharan Africa:Preliminary results

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Background: Data on psoriasis are rare in subsaharan Africa.Our aim was to describe the management of psoriasis by dermatologists in sub-Saharan Africa. Patients and methods: We carried out a cross-sectional descriptive study from March to May 2025 using an online survey of dermatologists practicing in sub-Saharan Africa. Data analysis was performed using R software version 2025. Results: 99 dermatologists from 25 countries were included. The mean age of participants was 46.6 years, women accounting for 59.6%. Mode of practice was as follows: university hospital (45.7%), public hospital (42.6%), private practice (11.7%) ; 63% had been in practice for more than 10 years ; 52.5% had a psoriasis dedicated consultation. The number of new psoriasis patients seen in the last three months ranged from 1-5 (66.7%), to more than 10 (13%). Patients were adults (58.3%), adults and children (37.5%), children (4%) and males (70.7%).Diagnosis was based on clinical aspects-biopsy (n=41), only clinical aspects (n=36), clinical-dermoscopy-biopsy (n=10). The clinical aspects of psoriasis were: vulgaris (n=86) scalp (n=60) erythrodermic (n=56) nail (n=53), palmoplantar (n=50) guttata (n=43), pustular (n=40), genital (n=28), arthropathic (n=24). Dermatologists reported the use of topical traditional plants (36%), oral route (12%) or in combination (52%). The main treatment were topical (n=98), methotrexate (n=93),calcipotriol (n=62) retinoids (41%) biotherapies (11%) alternative medicines (13%). The average cost of consultation was €10.97 (€0.60-€40.00).Conclusion :for better management of psoriasis in sub-Saharan Africa, we recommend the establishment of a psoriasis registry, the availability of biotherapies, and the development of a national psoriasis control program.

0046-PS Demographic and Clinical Profiles of Chinese Patients Treated with Guselkumab in an Observational Study on Maintenance of Response after Treatment Discontinuation

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Background: Biologic maintenance treatment is advised for moderate-to-severe psoriasis, yet treatment discontinuation is common in real-world use. In a post-approval commitment (PAC) study (NCT04914429), guselkumab showed effectiveness in Chinese moderate-to-severe plaque psoriasis patients. This post-PAC study aims to evaluate maintenance of response after withdrawal of guselkumab treatment.

Objective: To report the baseline demographics, disease characteristics, and patient-reported outcomes (PROs) of psoriasis patients participating in the guselkumab post-PAC study.

Methods: This post-PAC study enrolled Chinese patients who completed the last dose of guselkumab and achieved PASI 75 at Week 44 in the preceding PAC study. Patients who entered the post-PAC study were withdrawn from guselkumab treatment; the last dose was administered at Week 44. Patients utilized a decentralized electronic system to self-report demographics, family history, prior

psoriasis treatments, psoriasis status at baseline, and quality of life measures every 12 weeks during the 48-week post-PAC follow-up period.

Results: Of the 243 enrolled patients, the majority were male (79.8%), mean age was 41.2 years, mean PASI was 0.68, nearly all (99.2%) patients had an IGA ≤2, and mean DLQI was 2.5. All patients had received prior psoriasis treatments, including phototherapy (53.1%), systemic treatment (60.5%) and biologics (4.9%). Most patients had no family history of psoriasis (86.8%) and reported either overweight (36.6%) or normal weight (35.8%) status.

Conclusion: These findings highlight favorable characteristics of Chinese moderate-to-severe plaque psoriasis patients at the time of guselkumab withdrawal upon entering this ongoing post-PAC study. Results will determine how well Chinese patients withdrawn from guselkumab maintain clinical response and quality of life outcomes.

0047-PS Real-World Efficacy and Safety of Bimekizumab in Nail Psoriasis: A 48-Week Prospective Study

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Background: Nail psoriasis (PsoN) affects nearly 50% of patients with psoriasis, manifesting as pitting, onycholysis, subungual hyperkeratosis, and discolouration. PsoN significantly diminishes the quality of life and is linked to severe psoriasis and increased risk for psoriatic arthritis (PsA).

Bimekizumab (BMZ) targets interleukins IL-17A/-17F, reducing inflammation and keratinocyte proliferation in the nail bed. Although its efficacy has been demonstrated in phase III trials, real-world data remain scarce.

Objective: To evaluate the efficacy and safety of BMZ in adults with PsoN over a 48-week period in a real-world setting.

Methods: A prospective study to evaluate BMZ's impact on PsoN using the following endpoints: (1) patient demographics and adverse events, (2) Nail Area and Severity Index (NAPSI) at baseline (NAPSI-0), 12 weeks (NAPSI-12), and 48 weeks (NAPSI-48), (3) percentage of patients achieving NAPSI-90 or NAPSI-100 at weeks 12 and 48, and (4) Dermatology Life Quality Index (DLQI) at the same intervals.

Results: Thirty patients (50% male) were enrolled, with a mean age of 52.8 years and a mean psoriasis duration of 17.2 years. At baseline, 86.7% had psoriasis in high-impact areas, 50% were obese, 53.3% had PsA, and 50% had failed prior biologic therapies. NAPSI scores significantly improved at weeks 12 (-30.6) and 48 (-41.6) (Table 1). By week 48, 73% and 60% achieved NAPSI-90 and NAPSI-100, respectively (Figure 1). DLQI showed marked improvement, and no severe adverse events were observed.

Conclusion: The study confirms BMZ's rapid and sustained efficacy in PsoN, though it acknowledges limitations related to sample size.

0048-PS Psoriasis resistant to more than three biologics – is it psoriasiform dermatitis, eczematized psoriasis or overlap atopic dermatitis and psoriasis?

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Background: Atopic dermatitis (AD) and psoriasis (Ps) are two of the most common skin diseases, with distinct clinicopathologic presentations that are driven by different immunologic mechanisms.

Objective: Patients with itchy psoriasis might be a distinct category where AD coexist with Ps. The correct clinical diagnosis needs histological confirmation of the AD/Ps overlap and is crucial for the therapy success.

Methods: Patients with severe Ps (15<PASI<40) complaining of itch, unresponsive to more than three biological drugs, were carefully clinically examined. A biopsy was performed from lesions where dermoscopic findings of Ps coexisted with dermoscopic AD features. Upadacitinib was prescribed in all patients. The efficiency and safety were estimated after twelve weeks.

Results: Twenty-three patients were enrolled in the study. At the end of the twelve weeks of therapy with upadacitinib, seventeen patients achieved PASI 90, four patients achieved PASI100 and two PASI75. No serious adverse effects were reported. All patients experienced the relief of itch.

Conclusion: Clinicians should be aware of psoriasis and eczema overlap when selecting therapies and when reviewing poor response to treatment. JAK inhibitors like upadacitinib are a safe therapeutical choice.

0049-PS Understanding Patient Priorities in Teledermatology for Psoriasis: A Discrete Choice Experiment

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Background: Despite guidelines and positive findings, e.g., on efficiency, flexibility, and patient-centered care, teledermatology adoption remains low.

Objective: This study assesses patients' preferences on using telemedicine for psoriasis care.

Methods: A discrete choice experiment was conducted. Patients from two different patient organizations decided for video consultation, store-and-forward consultation, or standard care in acute flare-ups or follow-up care scenarios. Thereby, attributes for each consultation mode differed. Data was analyzed using a conditional logit model.

Results: Among 221 patients with psoriasis (⌀58.9 years, 39.8% female), a general preference for standard-of-care was observed (acute: β= -0.86, p= 0.001; follow-up: β= -1.24, p <0.001). Factors that positively influenced preferences for teledermatology were medical care provided by the known physician (acute: β= 0.49, p <0.001; follow-up: β= 0.51, p <0.001), the possibility to ask questions (acute: β= 0.35, p <0.001; follow-up: β= 0.52, p <0.001), and a very good acknowledgment of patients' concerns (acute: β= 0.48, p <0.001; follow-up: β= 0.50, p <0.001). Immediate feedback (<24h) was crucial in acute consultations (β= 0.51, p <0.001). No preference for a teledermatology mode was observed in either scenario. In both scenarios, patients with lower privacy concerns and higher technology acceptance positively influenced teledermatology preference. In acute care, current long waiting times, whereas in follow-up care, the need of current regular blood sampling positively influenced the preference for teledermatology.

Conclusion: Patients preferred standard-of-care, but several attributes positively influenced their preference for teledermatology. Adapting services to these preferences can increase teledermatology use.

0050-PS Orienting towards value-based outcome measurement: international consensus on outcomes that matter to people living with psoriasis

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Background: Measuring outcomes that matter to patients is central to Value-Based Healthcare (VBHC). For psoriasis, there is still no international consensus on which outcomes should be measured. Recently, we proposed a value-based outcome set to identify outcomes that are important to people living with psoriasis. However, the relevance and feasibility of implementing this set may vary across countries, highlighting the need for international validation. This study aims to define a standardized outcome set for clinical use in psoriasis care through expert consensus.

Methods: A Delphi study, following ICHOM guidelines, will be conducted to reach international consensus. An international working group consisting of patient representatives and healthcare professionals will provide expert recommendations during discussion meetings. Experts will be recruited via the International Psoriasis Council (IPC) and the International Federation of Psoriasis Associations (IFPA), ensuring balanced representation. Recommendations will be gathered on outcomes and definitions, outcome measures, and case-mix variables. The project will run until fall 2025.

Results: Findings from the discussion meetings with the working group will form the basis for conducting the Delphi survey. Consensus is expected to be reached after three rounds, defined as achieving over 80% agreement among the working group participants.

Conclusion: This international value-based outcome set will be the first in the field of dermatology and will support the use and measurement of standardized outcomes in daily clinical practice. Such a framework is essential for applying VBHC principles. Its implementation will enable international benchmarking and promote continuous improvement in psoriasis care.

0051-PS Microneedle-Based Transdermal Delivery System Targeting Pathological Endothelial Cells Regulates Glycocalyx Generation and Promotes Psoriasis Repair

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Background and Objective: Psoriasis is a chronic inflammatory skin disease affecting over 125 million people globally. Although IL-17/IL-23-targeting biologics offer temporary relief, persistent endothelial abnormalities—particularly glycocalyx degradation—remain unresolved. This study explores a novel therapeutic strategy focused on restoring endothelial glycocalyx and reducing immune infiltration.

Objective: To develop a novel therapeutic strategy for psoriasis by targeting pathological endothelial cells and restoring the endothelial glycocalyx, thereby reducing immune cell infiltration and improving lesion healing.

Methods: Single-cell RNA sequencing of psoriatic lesions identified a pathological endothelial cell subset (COX-2$^+$Endo) associated with glycocalyx degradation. To address the challenges of non-specific distribution and poor transdermal delivery of COX-2 inhibitors, we developed a microneedle-based nanomicelle system. Mebendazole, identified via machine learning as a potent COX-2 inhibitor, was conjugated with PSGL-1 to form self-assembling nanomicelles (P@Meb-NPs), targeting COX-2$^+$Endo cells. These were encapsulated in dissolvable microneedles (P@Meb-NPs-MNs) to enable precise intradermal delivery, bypassing the psoriatic hyperkeratosis.

Results: P@Meb-NPs-MNs significantly restored glycocalyx integrity (coverage: 87.5±8.7%) and reduced T cell infiltration in lesions by 83.78%. PASI scores improved by 85.3%. The treatment also markedly suppressed local inflammation and accelerated lesion repair.

Conclusion: This study presents a targeted strategy using microneedle-loaded nanomicelles to restore endothelial glycocalyx and reduce immune infiltration. The approach offers a promising direction for psoriasis therapy and may benefit other inflammatory skin diseases with microvascular damage.

0052-PS Evaluation of serum zinc and copper in Libyan psoriasis patients

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Background: Psoriasis is a common, chronic, T-lymphocyte-mediated inflammatory skin disorder characterized by scaly, sharply demarcated, indurated erythematous plaques. Lesions typically appear on extensor surfaces, nails, scalp, genitalia, and the lumbosacral region.

Aim of the Study: To study the demographic characteristics of psoriasis in Ajdabia, Libya.To evaluate serum zinc and copper levels in patients with psoriasis.Materials and Methods: A total of 64 patients clinically diagnosed with psoriasis vulgaris, attending the dermatology outpatient clinic at Ejdabia Hospital, were enrolled in this prospective cross-sectional study. Each patient underwent a detailed history and complete dermatological examination. Blood samples were collected to assess serum zinc and copper levels.

Results: The study included 64 patients aged between 7 and 71 years, with a mean age of 36.7 years. Plaque-type psoriasis was the most common presentation, observed in 44 patients (68%), followed by scalp psoriasis in 14%. Regarding serum trace elements: Zinc: 82.9% of patients had normal levels, while 17.1% had low levels. Copper: 93.7% of patients had normal levels; 3.1% had low levels, and another 3.1% had high levels. The mean serum zinc concentration was 80.4 mcg/dl , and the mean serum copper concentration was 95.2 mcg/dl .

Conclusion: A significant proportion (17.1%) of patients with psoriasis exhibited low serum zinc levels, while copper abnormalities were rare (6.2% combined high and low levels). These findings may indicate a potential role of trace elements in the pathogenesis or severity of psoriasis.

0053-PS Quality of life in psoriasis patients attending dermatology outpatient department of saint paul hospital millennium medical college and saint peter specialized hospital, Addis Ababa, Ethiopia, 2024.

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Background: Psoriasis is a chronic immune-mediated disease that results from a polygenic predisposition combined with environmental triggers like infections, medications and psychological stress that has significant impact on the patient quality of life.

Objective: To assess quality of life and its predictors among psoriasis patients attending dermatology outpatient department at Saint Paul's Hospital Millennium Medical College and Saint Peter Specialized Hospital from January 2023 to November 2023.

Method: A cross-sectional study was conducted with 160 psoriasis patients who met the inclusion criteria. The Dermatology Life Quality Index was utilized to assess quality of life, with a score over six indicating low quality of life. Data was analyzed with SPSS version 23. Bivariate and multivariate binary logistic regression analyses were performed to identify factors linked to poor quality of life, with p-values<0.25 for further analysis. Statistical significance was set at $p < 0.05$.

Result: Moderate effect of psoriasis on quality of life with mean DLQI of 8.3 was found in this study and early age at the onset of illness, longer duration of illness, exposed body site involvement and unavailability of psoriatic medication in community-based health insurance had significant association with poor quality of life.

Conclusion: The study revealed a significant impact of psoriasis on patients' quality of life Identifying risk factors related to poor QOL can help target patients for closer monitoring and inform physicians on proper disease management. Further research is needed to assess the psychological effects, financial implications, treatment adherence, and health insurance coverage for dermatological patients

0054-PS Assessment of the magnitude and associated factor of psoriasis at saint paul's hospital millennium medical college, Addis Ababa, Ethiopia

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Background: Psoriasis is a chronic, inflammatory skin disorder resulting from a genetic predisposition combined with environmental triggers characterized by sharply demarcated erythematosus whitish scaly plaques. It may be associated with psoriatic arthritis, metabolic syndrome, & other diseases. The prevalence is ~2% of the world's population. Two peaks in the age of onset have been reported: early-onset psoriasis at 20–30 years of age and late-onset psoriasis at 50–60 years of age, which are equal in both sexes.

Objectives: A hospital-based cross-sectional prospective study was conducted from October 2021 to June 2022. A total sample size of 422 patients aged 11 & above years was included in the study. A descriptive analysis was performed to characterize the study participants. Bivariate and multivariable logistic regression was performed to determine the crude and independent predictors of the dependent variable. AORs with 95% confidence intervals (CIs) were used to determine the independent predictors of psoriasis. Statistically, a significant association was considered at a P-value <0.05.

Result: In this study, the magnitude of psoriasis was found to be 6.01% (95% CI: 11.6, 18.7). Stress history was a significant predictor of psoriasis.

Conclusion: In this study, 6.01% of patients were found to have psoriasis. The finding need to give great attention to strengthening national skin disease prevention and control services and implementing public health policies on the awareness, prevention, and treatment of psoriasis patients to keep care of skin and not neglect disease contact health facility services.

0055-PS Quality of Life in Patients with Psoriasis in Western Greece: A Cross-Sectional Study

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Background: Psoriasis, significantly impacts physical, mental, and social well-being. Beyond skin symptoms, it is associated with comorbidities such as psoriatic arthritis, obesity, and mental health disorders, further impairing quality of life (QoL). In Western Greece (WG), no detailed evaluation of psoriasis's impact on quality of life has been conducted.

Objective: To assess QoL and explore the relationship between lifestyle factors and psoriasis severity in patients in Western Greece.

Methods: 83 patients with psoriasis participated in this cross-sectional study. QoL was assessed using the Dermatology Life Quality Index (DLQI), while disease severity was measured via the Psoriasis Area and Severity Index (PASI). Physical activity and dietary habits were evaluated using the International Physical Activity Questionnaire (IPAQ) and the Med Diet Score. A COVID-19-specific questionnaire evaluated the pandemic's impact. Statistical analyses examined the relationship between lifestyle factors and disease outcomes.

Results: The cohort was predominantly male (68.7%) with chronic plaque psoriasis, most presenting mild disease severity. Stress exacerbated symptoms, particularly during the pandemic. Daily physical activity (70.8% of participants) and adherence to a Mediterranean-diet correlated with improved disease control and reduced inflammation. Combination of diet and exercise stabilized or improved over 60% of patients. Telemedicine enabled continued care, though in-person consultations were preferred.

Conclusion: Psoriasis in WG significantly affects QoL. Physical activity and Mediterranean diet adherence improve disease outcomes and reduce cardiovascular risks. The pandemic highlighted the need for adaptable healthcare strategies, such as telemedicine. Holistic care approaches and targeted therapies are essential to address both visible and non-visible burdens of psoriasis.

0056-PS Erectile dysfunction in a psoriatic patient with secukinumab treatment

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Psoriasis is a common, chronic inflammatory disorder with multi-system comorbidities. Secukinumab is a monoclonal antibody which targets IL-17A, a critical cytokine involved in the inflammatory process of psoriasis. Herein, we present a case of erectile dysfunction(ED) occurring in a patient treated with secukinumab. A 43-year-old man with severe psoriasis developed ED after one year of secukinumab treatment. The patient's international index of erectile function (IIEF-5) score indicated severe ED, with no history of psychological distress or medication abuse. Secukinumab was continued for 2 months without improvement in ED, and thus treatment was switched to ixekizumab, another IL-17A inhibitor, which led to a significant improvement in ED symptoms. To our knowledge, this is the second reported case of ED occurring with secukinumab treatment and the first reported case in Korea, which highlights the potential occurrence of ED with secukinumab treatment.

0057-PS Characterization of plasmacytoid dendritic cells-targeted CAR-T cells from patients with immune-mediated inflammatory diseases

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Background: Since the the remission of a patient with systemic lupus erythematosus (SLE) thanks to treatment with anti-CD19 Chimeric Antigen Receptor (CAR)-T, a growing number of studies have focused on autoimmune diseases (AID). Plasmacytoid dendritic cells (pDCs) which express the CD123 molecule, also play a major role in the pathophysiology of many types of AID. Recently, our team has developed an anti-CD123 CAR-T targeting the pDCs, in the context of AID (Caël et al., Br J Dermatol, 2023).

Objective: Our project aims to deeply characterize the phenotype and functional capacities of CD123 CAR-T using T-cells from patients (psoriasis, hidradenitis suppurativa, systemic sclerosis and SLE).

Methods: T-cells from patients or healthy donors (HD) were isolated and modified to express a 3rd generation CD123 CAR. CAR-T proliferation, transduction efficiency and phenotype were assessed before and after CAR insertion. The functionality of CAR-T was assessed through their cytotoxic activity.

Results:Transduction efficiency of the CAR123 is high in all patients (72.4%, n=28) and healthy donors (HD) (70.4%, n=4) (p=ns). Patient-derived CAR123 T effectively lysed autologous pDCs in vitro in a similar manner than HD (82.8% for patients and 67.3% for HD, p=ns). Upon engagement with their target, CAR-T cells secreted Th1-type cytokines.

Conclusion: Our preliminary results show the feasibility of the production and in vitro efficacy of CAR123 from patient T-cells to a similar extend than CAR123-T from HD. Further characterization of CAR-T phenotype and function is underway. In addition, in-vivo experiments to demonstrate the value of CD123 CAR-T in these diseases are ongoing.

0058-PS DoCTIS: doctis: a single cell rna-seq atlas of drug response to targeted therapies

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Targeted therapies have revolutionized the management of immune-mediated inflammatory diseases (IMIDs). However, there is a substantial amount of patients who respond poorly to the targeted drug. There is a big need to understand the factors that are associated with this heterogeneity, since they could help to personalize treatment. In the framework of the H2020 European project DoCTS, we applied single cell RNA-Seq sequencing to 360 samples from 176 patients from six prevalent immune-mediated inflammatory diseases -psoriasis, psoriatic arthritis, Crohn's Disease, ulcerative colitis, rheumatoid arthritis, systemic lupus erythematosus- treated with five different drugs targeting TNF, IL12p40, IL6R, BLySS, IL17 and JAK pathways. Patients were selected to represent both highly favorable response to the drug as well as patients showing no clinical response. All patients were analyzed at two time points including baseline and at the week of clinical response creating an immune landscape of more than two million of peripheral immune cells. After annotation, a total of 27 cell types representing the circulating lymphoid and myeloid lineages were analyzed for changes in cell abundance and differential expression analysis. ScRNA-Seq analysis revealed large differences at the systemic level between Psoriasis and Psoriatic Arthritis, with an increased presence of key cell types associated with autoimmunity in the former (e.g. Treg and CD4+ T memory Follicular Helper). Unexpectedly, we found a high activation of gene expression in multiple innate and adaptive cell types in Psoriasis compared to other IMIDs. The scRNA-Seq atlas could provide a unique resource for the understanding of drug response.

0059-PS Deucravacitinib in plaque psoriasis: immune response to and safety of pneumococcus and tetanus toxoid vaccines in the POETYK LTE trial

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Background: The effect of deucravacitinib, an oral, selective, allosteric TYK2 inhibitor approved for moderate to severe plaque psoriasis, on immune response to vaccines has not been evaluated.

Objective: Evaluate immune response to and safety of non-live 23-valent pneumococcal (PPSV-23; T-cell independent) and tetanus toxoid (TTV; T-cell dependent) vaccines in a POETYK LTE substudy of patients receiving continuous deucravacitinib treatment.

Methods: Patients received open-label deucravacitinib 6 mg once daily for ≥1 year in POETYK LTE before the vaccine substudy. For this substudy, patients were randomized 1:1 to blinded deucravacitinib or placebo on Days 1-36. The primary endpoint was serologic response to PPSV-23 and TTV on Day 36. Secondary endpoints included seroprotection and seroconversion in tetanus toxoid-specific antibody titers, immune response measured by antibody titers and opsonophagocytic activity, and safety.

Results: Baseline characteristics were similar across groups (deucravacitinib, n=28; placebo, n=25). Patients achieved high serologic response with deucravacitinib but numerically lower responses versus placebo to PPSV-23 (85.7% vs 100%) and TTV (64.3% vs 80.0%).[AF5] Tetanus toxoid seroprotection (100% vs 100%) was achieved by all patients; seroconversion (64.3% vs 76.0%) was numerically lower with deucravacitinib versus placebo, respectively.After adjusting for baseline titers, Day 36 PPSV-23 and TTV mean titers were generally similar across groups. Opsonophagocytic activity for pneumococcus serotypes was comparable at Day 36. Adverse events were infrequent and comparable across groups.

Conclusion: Continuing deucravacitinib treatment did not impact humoral responses to the PPSV-23 and TTV vaccines. Our data suggest withholding deucravacitinib treatment at the time of these vaccinations is not required.

0060-PS A treat-to-target approach for psoriasis: feasibility and preliminary results of a prospective clinical trial

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Introduction: The treat-to-target (T2T) approach establishes goals between patients and healthcare providers. In Belgium, the T2T framework for psoriasis combines nine targets into a score from 0 to 9, with a target score of 8 or higher, and lower scores should trigger mandatory treatment optimization. This study investigates trends in T2T algorithms after 12 months of treatment among Belgian psoriasis patients.

Methods: Adult psoriasis patients attending the integrated practice unit, PsoPlus, and participating in the Value in Psoriasis Trial (NCT05480917) were included. Patients missing follow-up visits were excluded from the analysis. A descriptive analysis of the T2T approach was conducted.

Results: Data from 31 patients enrolled between January 16 and August 8, 2023, yielded 124 T2T scores. After 12 months, 28% of the patients achieved the target score. High achievement was observed for comorbidity awareness (100%), treatment safety (86%), and tolerability (85%), while lower achievement was noted for complete clearance (23%), quality-of-life (24%), and itch-free status (33%). When the target score was not met, the dermatologist was compliant in 66% of cases and consequently prescribed either stronger treatments or alternative therapies. Further analysis is needed to assess whether the T2T algorithm is overly stringent.

Conclusions: The T2T approach shows potential for improving psoriasis care and advancing value-based healthcare. However, the ambitious goal of a score of 8 may not fully consider the multifaceted needs and challenges associated with this patient population at PsoPlus. Further research and international consensus are needed to establish an optimal T2T strategy for psoriasis management.

VITILIGO

0001-VI Low-Dose Interleukin-2 Restores Immune Tolerance and Drives Rapid Repigmentation in Vitiligo by Enhancing Regulatory T Cell Function

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Background: Regulatory T (Treg) cell dysfunction is implicated in vitiligo pathogenesis, yet no therapies specifically targeting Treg stability and function have been established.

Objective: induction of immune tolerance in therapy-refractory vitiligo patients

Methods: Seven patients received four cycles of low-dose interleukin-2 (1.5 million international units of aldesleukin daily for 5 days) at weeks 0, 3, 6, and 9. A multi-omics approach was applied to analyze blood (PBMCs and serum) and skin biopsies taken at baseline and after cycle 4 (week 9). PBMCs were assessed using CITE-seq (single-cell RNA sequencing and proteomics) and TCR sequencing, while skin samples underwent single-cell RNA sequencing and spatial transcriptomics. Functional Treg suppression assays were conducted.

Results: All patients exhibited significant repigmentation at 12 weeks, confirmed by Wood-light photography. In blood, Treg cells expanded in all patients, with a concurrent reduction in $CD8^+$ T cells in 6 of 7 patients, leading to an increased Treg/$CD8^+$ cell ratio. Treg cells showed upregulation of stability and suppressive markers, including FoxP3, CD25, CTLA-4, and IKZF2. In skin, Treg cells also increased in number and functionality.

Conclusion: These findings underscore the pivotal role of Treg cells in vitiligo pathogenesis and demonstrate that low-dose IL-2 can restore immune tolerance by enhancing Treg cell function and stability in both blood and skin. This study highlights the promising therapeutic potential of IL-2 in vitiligo treatment.

0002-VI Defining Disease Activity and Signs in Vitiligo: An International Consensus-Based Project (project name 'ACTIVE': A Collaborative Task force Initiative of international Vitiligo Experts and patients to define vitiligo activity)

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Background: Vitiligo presents challenges in accurately defining disease activity, impacting clinical strategies, research methodologies, and patient care.

Objective: This project aims to establish standardized definitions of disease activity and its signs in vitiligo and stratify activity levels through a consensus-driven process involving experts and patient representatives.

Methods: The initiative is structured into three working groups (WGs):

WG1: Defines key signs of disease activity.WG2: Stratify disease activity levels (e.g., mild, moderate, severe, very severe) using expert input and patient insights.WG3: Addresses unresolved issues and questions related to disease activity definitions.Methodology includes surveys, eDelphi rounds, and patient focus group meetings, culminating in conclusive consensus meetings. Experts, clinicians, researchers, and patient representatives collaborate to ensure definitions are clinically relevant and patient-centered.

Results: To be conducted.

Conclusion: The project will produce consensus-based definitions and stratifications of disease activity and its signs, forming a standardized framework for clinical practice and research in vitiligo.

By defining disease activity and stratifying its levels, this initiative will improve consistency in diagnosis, research, and treatment strategies.

0003-VI Efficacy of platelet rich plasma after skin needling in the treatment of vitiligo

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Background and objective: Vitiligo is an acquired pigmentation disorder, characterized by depigmented patches, as a result of disappearance of functioning melanocytes from epidermis. The etiology of vitiligo is still unknown, but genetic factors, autoimmunity, environmental factors, or lack of melanocytes growth factors might contribute for precipitating the disease in susceptible people.

Methods: Twenty six patients (9males and 17females) aged 8 - 65 years with stable vitiligo were randomly chosen and enrolled in this clinical trial.

Results: Regarding response to treatment, 61.5% of the studied cases showed no response to treatment and 38.5% showed mild response. There were no statistical significant difference between cases had no response and cases had mild response in disease duration or distribution.

Conclusion: Vitiligo has a profound effect on quality of life of a patient; hence newer efficacious treatments are always sought by patients and dermatologists. PRP offers a simple, minimally invasive, inexpensive treatment for vitiligo. It may be combined with topical therapies, surgical modalities and phototherapy. PRP may be considered as an additional therapy in patients not responding adequately to traditional therapies. It was also felt that patients might require more than 8 sittings for complete repigmentation.

0004-VI A comparative study of Non-Cultured Epidermal Suspension Grafting Using Suction Blisters Versus Trypsinized Epidermal Grafting for Stable Vitiligo

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Background and objectice: Vitiligo is a chronic depigmenting disease resulting from disordered immunity and the loss of functional melanocytes. This study aimed to compare the effectiveness of non-cultured epidermal suspension (NCES) transplantation versus Suction blister epidermal graft (SBEG) in treatment of stable vitiligo.

Methods: The study was Cross-over design, Clinical trial study. It included 48 patients with stable vitiligo were divided into two group in each group 24 patients.

Results: The percentage of improvement in NCES group, on 8 days, 2 (8.33%) patients had been improved with an improvement percentage of 2%, after 4 weeks 16 (66.67%) patients had been improved with an improvement percentage of 10%, after 8 weeks 14 (58.33%) patients had been improved with an improvement percentage of 30%, after 12 weeks and after 16 weeks, the studied patients showed stable improvement where 12 (50%) patients in both times had been improved with an improvement percentage of 62%. In SBEG group, on 8 days, 1 (4.17%) patient had been improved with an improvement percentage of 50%, after 4 weeks 12 (50%) patients had been improved with an improvement percentage of 54%, after 8, 12 and 16 weeks, the studied patients showed stable improvement where 7 (29.17%) patients had been improved with an improvement percentage of 53%.

Conclusions: NCES is significantly better than SBEG and should be the preferred treatment for patients with stable vitiligo. the rate of re pigmentation