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Current Therapeutic Strategies, Phototherapy, and Systemic Therapy

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Disclosures

- Investigator for Abbvie, Galderma, Kiniksa, Leo, Lilly, Pfizer, Trevi
- Consultant and/or advisory board member for Abbvie, AnaptysBio, Asana, Arena, BioMX, Boehringer-Ingelheim, Celgene, Dermavant, Dermira, Eli Lilly, Galderma, GlaxoSmithKline, Glenmark, Kiniksa, Leo, Menlo, Novartis, Pfizer, Regeneron, Sanofi-Genzyme
- Speaker for Pfizer, Regeneron-Sanofi
- Research grants from Galderma.

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ted good/excellent control in RR (95% ng the primary outcome investigator-rated control 0.26 to 15.6) 0.83 to 5.8) 21 0.90 to 14.97)
ontrol 0.26 to 15.6) 0.83 to 5.8)
0.83 to 5.8)
CI 0.90 to 14.97)
CI 0.22 to 1.16)
fective in 2/12 hands and topical PUVA was hands

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Oral interventions: Alitretinoin

Alitretinoin 10 mg improves:

investigator-rated symptom control compared with placebo (RR 1.58, 95% Cl 1.20 to 2.07; NNTB 11, 2 studies, n = 781) • participant-rated symptom control (RR 1.73, 95% Cl 1.25 to 2.40)

- Alitetinion 30 mg improves: investigator-rated symptom control compared with placebo (RR 2.75, 95% CI 2.20 to 3.43; NNTB 4; 2 studies, n = 1210). Participant-rated symptom control (RR 2.75, 95% CI 2.18 to 3.48).
- · Evidence was rated as high certainty.

Christoffers WA, Coen Apr 26;4(4):CD004055

The number of adverse events (including headache) probably did not differ between alitretinoin 10 mg and placebo (RR 1.01, 95% Cl 0.66 to 1.55; 1 study, n = 158; moderate-certainty evidence), but the risk of headache increased with alitretinoin 30 mg (RR 3.43, 95% Cl 2.45 to 4.81; 2 studies, n = 1210; high-certainty evidence).

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- Oral interventions: Cyclosporine A Oral cyclosporine A 3 mg/kg/day probably *slightly* improves:
 - investigator-rated control of symptoms (RR 1.88, 95% CI 0.88 to 3.99; 1 study, 34 participants)
 - participant-rated control of symptoms (RR 1.25, 95% Cl 0.69 to 2.27) compared to topical betamethasone dipropionate 0.05% after six weeks of treatment.

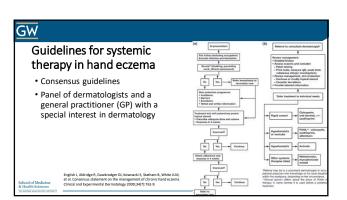
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• Risk of adverse events, e.g. dizziness, was similar between groups (up to 36 weeks; RR 1.22, 95% CI 0.80 to 1.86, n = 55; 15/27 betamethasone versus 19/28 cyclosporin).

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Evidence was rated as moderate certainty.

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US experience with systemic therapy for hand eczema

- Narrow-band UVB is the predominant modality of phototherapy
 - Better safety and tolerability than PUVA
 Relatively slow onset of efficacy
 Often inadequate efficacy

Alitretinoin is not approved in the US
 All the published guidelines are not relevant to the US

Cyclosporine works well short-term

- Generally cannot be used for long-term maintenance
 Requires 3.5+ mg/kg/day as a starting dose
- Poor safety and tolerability profile

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US experience with systemic therapy for hand eczema

Anecdotally, methotrexate works well long-term

- · Requires high doses
- Often inadequate efficacy, particularly on xerosis and hyperkeratotic subset.
- Dupilumab is increasingly being used on-label for hand eczema in the context of more generalized AD or off-label for hand eczema • Stay tuned!

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