15914

Effect of metabolic syndrome on efficacy and safety in patients with psoriasis treated with etanercept or tildrakizumab: Post hoc analysis of 2 phase 3 clinical studies (reSURFACE 1 and reSURFACE 2)

Alice B. Gottlieb, MD, PhD, Department of Dermatology, Icahn School of Medicine at Mount Sinai, New York, New York; Nehal N. Mehta, Mark Lebwohl, MD, Icahn School of Medicine at Mount Sinai; Alan M. Mendelsohn, MD, Jeff Parno, Sun Pharmaceuticals; Stephen J. Rozzo, PhD, Sun Pharmaceutical Industries; Alan Menter, MD, PA, Baylor Scott & White

Background: Patients with psoriasis and metabolic syndrome (MetS) have lower Psoriasis Area and Severity Index (PASI) responses relative to patients without MetS.

Methods: In the phase 3, double-blind, randomized controlled trials reSURFACE 1/2 [NCT01722331/NCT01729754], adults with moderate to severe plaque psoriasis received tildrakizumab (TIL) 100 or 200 mg at week (W)0, 4, and then every 12 weeks. In reSURFACE 2, patients received etanercept (ETN) 50 mg twice weekly wk 0-12, then weekly until wk 28. We examined efficacy (based on PASI 75/90/100 and median PASI) and treatment-emergent adverse events (TEAE) by MetS status at wk 28.

Results: Of patients receiving TIL 100 mg (n = 594), 200 mg (n = 597), or ETN (n = 289), 137 (23.1%), 123 (20.1%), and 61 (21.1%) had MetS, respectively. For TIL 100 mg, TIL 200 mg, and ETN, 22.4%/23.4%, 23.1%/30.8%, and 5.1%/12.8%, respectively, of patients with/without MetS achieved PASI 100 at wk 28; (median baseline PASI = 17.9/17.6, 17.6/17.7, and 18.0/18.2; and median wk 28 PASI = 2.5/1.3, 1.8/1.2, and 4.3/3.6, respectively). Differences in PASI 75/90 by MetS were limited; TIL response rates were higher than ETN. Numbers with/without MetS with ≥1 TEAE (per 100 patient-years) receiving TIL 100 mg, TIL 200 mg, and ETN, respectively, were 6 (9.8)/27 (13.1), 6 (11.0)/34 (15.9), and 9 (28.0)/58 (48.4).

Conclusions: For TIL 100 mg, the percentage of PASI 100 responders was similar regardless of MetS status; for TIL 200 mg and ETN, percentages were numerically lower in patients with vs without MetS. Median PASI and TEAE incidence following TIL were numerically lower vs ETN, regardless of MetS status.

Commercial disclosure: Merck Sharp & Dohme Corp, a subsidiary of Merck & Co, Kenilworth, New Jersey, funded the studies; Sun Pharmaceutical Industries, Princeton, New Jersey, funded the analyses.

15928

Reduced time to onset of psoriatic arthritis is associated with specific phenotypes and psoriatic characteristics

Sophie Belman, MSc, Jessica Walsh, University of Utah; Courtney Carroll, Michael Milliken, MD, MPH, Benjamin Haaland, Kristina Callis-Duffin, Gerald G. Krueger, MD, Department of Dermatology, University of Utah; Bingjian Feng, University of Utah

Psoriatic arthritis (PsA) is a chronic inflammatory condition characterized by joint damage in approximately 20% of psoriasis (Ps) patients. Delaying treatment as little as six months after PsA onset can result in irreversible, erosive joint damage. The study objective was to identify factors associated with early onset PsA in people with psoriasis. Using data from November 2002 through January 2019 in the Utah Psoriasis Initiative (UPI) registry, we searched for patient characteristics associated with shorter latency periods between Ps and PsA onset. Our dataset includes 342 patients with rheumatologist-diagnosed PsA either prior to or subsequent to enrollment and 692 with cutaneous Ps without PsA until the last recorded follow-up time. Using a Cox regression model, we identified features associated with a shorter latency period between Ps and PsA onset. FDR-adjusted P values are reported here. There is an association between higher scores of three key clinical indicators of psoriasis severity and reduced latency period to PsA onset: erythema (P = .012, HR 1.179 [95% confidence interval 0.07-0.26]), induration (P < .001, HR 1.206 [010-0.27]), and desquamation (P = .019, HR 1.145 [0.05-0.22]). Other associated phenotypic features included fingernail involvement (P <.001, HR 1.904 [0.43-0.86]), any nail involvement (P < .001, HR 1.710 [0.31-0.77]), pustular psoriasis (P = .006, HR 2.026 [0.31-1.10]), psoriasis in the groin (P = .043, HR = 1.389 [0.09-0.57]), palmar plantar pustular psoriasis (P = .022, HR 2.299 [0.29-1.38]), higher body mass index (BMI) at age 18 (P =.024, HR 1.035 [0.01-0.06]), and depression (P = .013, HR 1.486 [0.16-0.63]). These phenotypic and demographic features may be indicators for an elevated risk of early onset PsA, and could be considered for PsA screening and referral strategies to a rheumatologist.

Commercial disclosure: None identified.

15918

Effects of a topical growth factor regimen after preelected cosmetic facial injection procedures

Jennifer Peterson, MD, The Pearl Dermatology; Monica Boen, MD, Cosmetic Laser Dermatology; Elizabeth Makino, BS, CCRA, MBA, SkinMedica, an Allergan Company; Rahul Mehta, PhD, Mitchel P. Goldman, MD, Allergan

Americans spent $16.5 billion on surgical and minimally invasive cosmetic procedures in 2018, a 4% increase from the previous year1. This reflects how seeking treatments that address esthetics remains an important priority for patients. Skincare can also help address facial esthetics by targeting skin quality. However, there are limited studies assessing the effects of skincare following cosmetic facial injection procedures (CFIP). To assess the efficacy and tolerability of a novel regimen (NR; growth factors, antioxidant dual serums, and hyaluronic acid-based serum), following pre-elected facial neuromodulator and hyaluronic acid dermal filler treatments, a 16-week, multicenter study was conducted. 18 female subjects aged 34-65 with Fitzpatrick skin types II-V completed. All subjects pre-elected to receive CFIPs at baseline, and continued their regular skincare through week 4 (phase 1). During phase 2, week 4-week 16, subjects applied NR twice daily. Investigator grading, questionnaires and photography were conducted at all visits (baseline and weeks 4, 8, 12, 16). Preelected CFIPs and regular skincare provided significant improvements in overall photodamage, tactile roughness, skin tone evenness and fine/coarse lines during phase 1 (all $P \leq .05$; paired t test). During phase 2, use of NR provided additional continued significant improvements vs week 4 for overall photodamage, tactile roughness, radiance and skin tone evenness at weeks 8, 12 and 16 (all $P \leq .002$; paired t test). There was high subject satisfaction and patients tolerated the topical regimen well. Our study demonstrates that high-grade medical skincare after cosmetic facial injections improves skin quality and can be a useful adjunct to enhance cosmetic procedures.

Commercial disclosure: 100% paid by Allergan.

15936

In lieu of penectomy: Complete resolution of invasive penile melanoma and melanoma in situ with topical imiquimod

Keegan O'Hern, BA, Dartmouth Geisel School of Medicine; Meagan Chambers, MS, MSc, Dartmouth Medical School; M. Shane Chapman, MD, MBA, Dartmouth-Hitchcock Medical Center

A 69-year-old Caucasian man with no personal or family history of skin cancer presented with a 15-month history of an enlarging 2.5 × 2.3 cm ulcerated, irregularly brown pigmented lesion with a central whitish-blue nodule on the distal right penis shaft without groin adenopathy. Diagnostic biopsy demonstrated invasive melanoma. Excision demonstrated invasion to 1.76 mm, 3 mitoses per mm^2, melanoma in situ (MIS) at the margins. Bilateral inguinal lymph node biopsies were negative. Given the Breslow depth and residual MIS, urology and surgical oncology recommended definitive removal via penectomy. However, the patient preferred a less invasive option, and a combined decision was made to start topical tretinoin 0.1% cream daily for two weeks followed by imiquimod 5% 5 times per week for 12 weeks. On imiquimod, the patient experienced appropriate erythema and pruritus that resolved after treatment. Post-treatment exam revealed scarring at the excision site without residual pigmentation on Wood's lamp examination. The patient declined confirmatory biopsy. He is scheduled for annual skin exams with no evidence of recurrence at 1 year of follow-up. Penile melanoma and MIS are rare entities, and surgical excision remains the gold standard for treatment with only sparse literature available on tissue-sparing alternatives. The off-label use of topical imiquimod can be considered for anatomic regions where aggressive surgical strategies would dramatically diminish quality of life. This case represents an alternative to complete penectomy for a patient with an initial diagnosis of invasive penile melanoma.

Commercial disclosure: None identified.