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Skin manifestations and clinical characteristics of invasive *Trichosporon asahii* infection: A case series

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Introduction: Trichosporonosis is an emerging opportunistic infection in neutropenic patients. However, details of skin involvement are limited.

Methods: Records of the inpatient dermatology consult service in a tertiary care center in Taiwan from 2015-2019 were analyzed. Five cases of trichosporonosis with tissue or blood culture proof were identified.

Results: Four patients were male and one was female. The median age was 51 years old. All patients had positive blood cultures for Trichosporon asahii. Four patients received a skin biopsy, of which two were positive for T. asahii. Four patients (80%) had severe neutropenia (absolute neutrophil count < 500 cells/μL) at the time of blood culture sampling. These four patients all had an underlying hematological disease (two had aplastic anemia, one had acute myeloid leukemia, and one had acute lymphoblastic leukemia). All patients presented with erythematous, violaceous, or purpuric macules and/or papules, mostly on the limbs. One patient had infiltrative noduloplaques. All patients died within the admission period. Four expired within 10 days of the earliest culture evidence, while one patient survived for 45 days. Three patients (60%) received voriconazole treatment, while the other two were treated with anidulafungin or amphotericin B.

Discussion: Our case series demonstrate the emerging threat of trichosporonosis, especially in the setting of immunodeficiency. Notably, early skin lesions were often non-infiltrative or impalpable, sometimes indistinguishable from petechiae. Outcomes were uniformly fatal, perhaps reflecting the poor underlying condition of these patients. A high index of suspicion is prudent, especially in patients with a severe hematological disease.

Commercial disclosure: None identified.

13093

Retrospective review of skin cancer findings at student-run free clinic

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Introduction: Travis Park Dermatology Clinic in San Antonio is a student-faculty collaborative practice that was established in 2009 to treat skin conditions in the homeless, indigent, and uninsured population of our community.

Methods: To better understand our impact on our patient population regarding skin cancer, we conducted a retrospective review using our RedCap electronic medical record (EMR) system to identify patients with past history, family history, and new diagnosis of skin cancer.

Results: Of the 1126 dermatology patient records during the 15-month time frame since we transitioned to our EMR system, we had 8 patients in our melanoma category, 10 patients in our basal cell carcinoma (BCC) group, and 3 patients in our squamous cell carcinoma (SCC) group. Our clinic newly diagnosed skin cancer in several patients: 1 melanoma, 6 BCC, and 1 SCC.

Conclusions: Our clinic has been of significant benefit to our community in identifying malignant skin lesions as well as monitoring for new lesions in patients with high risk of skin cancer. Many patients also return for ongoing skin checks, which is why we have been able to diagnose new skin cancers even in those with a history of previous cancer. While we do have a protocol in place to follow with patients to ensure they receive proper treatment, this remains an area for improvement. Our data reflects the increasingly prominent public health issue of skin cancer as well as the need to continue to educate our community about skin lesion monitoring.

Commercial disclosure: None identified.

13097

Biosimilar BI 695501 demonstrates clinical equivalence to adalimumab reference product in patients with moderate to severe chronic plaque psoriasis through 24 weeks

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Introduction: BI 695501 is bioequivalent to US-licensed and EU-approved adalimumab reference product (RP) [1]. Here we present week 24 efficacy, safety, and immunogenicity data from a study comparing BI 695501 with adalimumab-RP (US-licensed) in patients with moderate to severe chronic plaque psoriasis.

Methods: In this 34-week, double-blind, parallel-arm, multiple-dose, phase III active comparator study (NCT02850965) adalimumab-naive patients, aged 18-78 years, with active moderate to severe chronic plaque psoriasis were randomised 1:1 to receive BI 695501 or citrate-containing adalimumab-RP 40 mg/0.8 mL s.c. (day 1 loading dose: 80 mg, day 7: 40 mg, and 40 mg every other week thereafter). After week 16, only patients who achieved Psoriasis Area and Severity Index (PASI) score 50 or higher continued treatment. Safety was assessed in all patients.

Results: Baseline demographics and disease characteristics were well balanced between treatment groups (BI 695501, n = 159; adalimumab-RP, n = 158). PASI 75 response rates were 75.3% and 72.4%, and PASI 100 response rates were 27.8% and 26.1% in the BI 695501 and adalimumab-RP groups, respectively. Mean PASI improvement was 84.6% in the BI 695501 group and 85.4% in the adalimumab-RP group. $\geq$1 adverse event occurred in 41.5% and 44.9% of patients in the BI 695501 and adalimumab-RP groups, respectively. Incidence of injection-site reactions was similar between treatment groups. $\geq$1 positive anti-drug antibody result occurred in 76.7% and 79.1% of patients in the BI 695501 and adalimumab-RP groups, respectively.

Conclusions: BI 695501 demonstrated equivalent efficacy and highly similar safety and immunogenicity responses as compared with adalimumab-RP in patients with moderate to severe chronic plaque psoriasis.

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13115

Serum infliximab level in an infant delivered from a mother with psoriatic arthritis receiving infliximab

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Infliximab (IFX) has been demonstrated to hinder progressive joint destruction induced by PsA. IFX is currently one of the non-contraindicated systemic treatment options during pregnancy. However, little is known about postnatal clearance of infliximab in neonates delivered from psoriasis patients. We measured serum IFX level in an infant delivered from a mother with PsA receiving IFX. A 36-year-old female patient with PsA received 6 mg/kg of IFX every eight weeks. After getting pregnant, she continued it until she was 26 weeks pregnant. She was treated with the same dose of IFX every four weeks from week 18 to 26. She delivered a healthy female baby by caesarean section at week 38 as scheduled. She breastfed her baby. She restarted IFX treatment five weeks after giving birth, and continued IFX treatment every four weeks for one year. Since the patient received IFX treatment during pregnancy and lactation, the serum IFX level in the baby was periodically measured. The concentration of IFX in the serum of the baby was 4.46 μg/mL at 24 days of age; 0.19 μg/mL at 155 days of age; and below the detection level limit at 278 days of age. To the best of our knowledge, there have been no papers reporting the serum IFX levels in a baby delivered from a mother with psoriasis receiving IFX. Further accumulation of case is needed to clarify the safety of IFX in pregnant women with psoriasis and their babies.

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