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治療皮膚病新紀元

A New Era of Medications for Treating Skin Diseases

時間：114 年 6 月 29 日(星期日) 08:00~12:10

地點：臺北榮民總醫院 致德樓第三會議室

需事先報名，報名連結：

<https://www.derma-edu.com.tw/page/news/show.aspx?num=87&kind=16&lang=TW>

08:00-08:30	Opening Remarks 座長：陳志強 副教授 (Chih-Chiang Chen)	張雲亭教授 Yun-Ting Chang
08:30-09:00	歐泰樂於乾癬治療的需求與優勢 The Needs and Benefits of Apremilast for Patients with Psoriasis	馬聖翔醫師 Sheng-Hsiang Ma
09:00-09:10	Panel Discussion - Q & A 座長：林明秀 醫師 (Ming-Hsiu Lin)	
09:10-09:40	圓禿治療再進化：早期治療如何改善長期結果？ Advancing Treatment Approaches in Alopecia Areata: How Early Therapy Improved Long-Term Outcomes?	李婉若教授 Woan-Ruoh Lee
09:40-09:50	Panel Discussion - Q & A	
09:50-10:10	Coffee Break 座長：吳南霖 教授 (Nan-Lin Wu)	
10:10-10:40	掌蹠膿疱病：最新進展與 Brodalumab 的治療新希望 Palmoplantar Pustulosis: Latest Developments and How Brodalumab Can Help	盧俊瑋醫師 Chun-Wei Lu
10:40-10:50	Panel Discussion - Q & A 座長：蔡呈芳 教授 (Tsen-Fang Tsai)	
10:50-11:20	如何優化異位性皮膚炎病人的治療策略 Optimizing the Patient Journey for Quality of Care in Atopic Dermatitis	李政源醫師 Cheng-Yuan Li
11:20-11:30	Panel Discussion - Q & A 座長：張雲亭 教授 (Yun-Ting Chang)	
11:30-12:00	新時代下的挑戰：追求更高的異位性皮膚炎治療目標 New Era and New Focus, We Should Aim for Higher Treatment Goal in Atopic Dermatitis	羅陽醫師 Yang Lo
12:00-12:10	Panel Discussion - Q & A	

The needs and benefits of Apremilast for patients with psoriasis

歐泰樂於乾癬治療的需求與優勢

Sheng-Hsiang Ma

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Psoriasis is a common inflammatory dermatosis driven by Th1 and Th17 inflammatory pathways, characterized by well-defined, erythematous scaly plaques. Treatment options include topical medications, phototherapy, immunomodulators, and biologics. For patients with moderate to severe psoriasis, immunomodulators such as methotrexate, cyclosporine, and acitretin are commonly prescribed. However, their use may be limited by the comorbidities, especially due to the potential hepatic and renal toxicity.

Apremilast (Otezla), a phosphodiesterase-4 inhibitor, was recently reimbursed by the National Health Insurance in 2024. In ESTEEM 1&2, apremilast demonstrated a significantly higher PASI-75 and sPGA response compared to placebo. Besides, it has a favorable safety profile and can be used in patients with hepatic or renal insufficiency.

This presentation will review the clinical trials of apremilast, with a focus on efficacy and safety profile. Besides, the application process and requirements for apremilast reimbursement will be discussed.

Advancing treatment approaches in Alopecia Areata: How early therapy improved long-term outcomes?

圓禿治療再進化：早期治療如何改善長期結果？

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Alopecia Areata (AA) is a complex autoimmune disease characterized by hair loss, often leading to significant psychological distress. Recent advancements in treatment approaches have highlighted the importance of early intervention in improving long-term outcomes. This presentation will delve into the updated consensus on treatment algorithms, review subgroup analysis based on severity, and discuss evolving treatment patterns.

The latest consensus on treatment algorithms will be explored, emphasizing the integration of targeted therapies such as Janus kinase (JAK) inhibitors and other immunomodulatory agents. These treatments have shown promising results in clinical trials, offering new hope for patients with AA.

Subgroup analysis based on severity reveals that patients with less severe hair loss at baseline tend to achieve better outcomes compared to those with more extensive hair loss. This data underscores the importance of early treatment, as early intervention can prevent further progression of the disease and enhance treatment efficacy. Personalized treatment plans that consider the extent of alopecia and other prognostic factors are essential.

Furthermore, evolving treatment patterns and the importance of patient communication will be discussed, focusing on establishing a common ground for treatment goals and success. Effective communication strategies can help align patient expectations with clinical outcomes, fostering a collaborative approach to managing AA.

By advancing treatment approaches and emphasizing early therapy, the aim is to improve the quality of care for patients with Alopecia Areata, ensuring better long-term outcomes and enhanced patient satisfaction.

Palmoplantar pustulosis: Latest developments and how brodalumab can help

掌蹠膿疱病：最新進展與 Brodalumab 的治療新希望

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Palmoplantar pustulosis (PPP) is a chronic, relapsing inflammatory skin disorder characterized by recurrent pustules on the palms and soles. While historically grouped with pustular forms of psoriasis, PPP is increasingly recognized as a distinct clinical entity, with differences in genetic background, pathophysiology, and response to treatment.

PPP predominantly affects middle-aged individuals, with a clear female predominance. It is most commonly reported in populations from Japan and Northern Europe, where prevalence rates can be as high as 0.12%. Smoking is the most well-established environmental risk factor, with a majority of patients being current or former smokers. Additional factors, including infections and mechanical trauma, have been implicated as potential triggers. Although the exact pathogenesis remains unclear, growing evidence supports a role for immune dysregulation, particularly involving the interleukin (IL)-23/IL-17 axis. Alterations in the IL-36 pathway and certain genetic mutations, such as those involving the CARD14 gene, have also been identified in some cases.

Clinically, PPP presents with clusters of sterile pustules on an erythematous, scaly base, typically limited to the palms and soles. The lesions are often painful, may fissure, and can significantly impair hand and foot function, affecting quality of life. Diagnosis is usually based on clinical examination but may be supported by histopathology, which typically shows spongiform pustules within the epidermis, along with psoriasiform hyperplasia and a mixed inflammatory infiltrate. The differential diagnosis includes conditions such as dyshidrotic eczema, tinea infections, and palmoplantar psoriasis.

Treatment of PPP remains challenging. Topical therapies, including potent corticosteroids and vitamin D analogs, are often first-line but may be insufficient for moderate-to-severe disease. Phototherapy (narrowband UVB or PUVA) and systemic treatments such as acitretin, methotrexate, or cyclosporine are commonly employed in more refractory cases. However, many patients experience limited or short-lived responses, necessitating alternative therapeutic strategies.

Brodalumab, a fully human monoclonal antibody targeting the IL-17 receptor A, represents an important addition to the treatment armamentarium for PPP. By inhibiting the receptor rather than individual IL-17 cytokines, brodalumab provides broader blockade of the IL-17 signaling pathway. Clinical trials conducted in Japan, including a phase 3 study, have demonstrated its efficacy in reducing disease severity as measured by the Palmoplantar Pustulosis Area and Severity Index (PPPASI). Improvements were seen as early as week 16 and sustained through longer-term follow-up. These results suggest that brodalumab may offer

a valuable option for patients with recalcitrant PPP, particularly those who have not responded to other biologics or systemic agents. Its safety profile is consistent with other biologics targeting the IL-17 pathway, with the most common adverse events including upper respiratory tract infections, arthralgia, and injection site reactions.

In conclusion, palmoplantar pustulosis is a burdensome condition with significant impacts on quality of life. Although treatment has historically been difficult, the introduction of biologic therapies, particularly brodalumab, offers new hope for achieving better disease control. Ongoing research into the disease's underlying mechanisms and additional therapeutic targets will be essential to improving outcomes for patients with this challenging disorder.

Optimizing the patient journey for quality of care in atopic dermatitis

如何優化異位性皮膚炎病人的治療策略

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Atopic Dermatitis (AD) is a chronic skin condition that significantly impacts patients' quality of life. While biologics have revolutionized the treatment landscape, optimizing the patient journey requires a holistic approach that goes beyond biologics. This presentation will explore strategies to enhance treatment outcomes, focusing on flexibility and long-term maintenance.

The role of Janus kinase inhibitors (JAKi) in the treatment of AD will be highlighted, emphasizing their potential to provide targeted and effective therapy. JAK inhibitors have shown promising results in clinical trials, offering a new avenue for patients who may not respond adequately to traditional biologic treatments. These therapies provide flexibility in managing AD, allowing for tailored approaches based on individual patient needs and preferences.

Addressing common issues like long-term maintenance is crucial for sustained improvement in AD management. Strategies for maintaining treatment efficacy over time, including patient education, adherence support, and regular monitoring, will be delved into. Emphasizing the role of lifestyle modifications, such as skincare routines, environmental adjustments, and stress management, will also be highlighted.

By optimizing treatment strategies and addressing key challenges, the aim is to improve the overall quality of care for patients with Atopic Dermatitis, ensuring they can lead healthier and more fulfilling lives.

New era and new focus, we should aim for higher treatment goal in Atopic Dermatitis

新時代下的挑戰：追求更高的異位性皮膚炎治療目標

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Atopic Dermatitis (AD) is a prevalent, chronic inflammatory skin condition with a substantial impact on patients' quality of life and healthcare systems globally. Characterized by intense itching and recurrent eczematous lesions, AD profoundly affects physical and psychological well-being, leading to impaired sleep, increased infection risk, and psychosocial stress.

Traditional treatment approaches for AD have largely focused on alleviating symptoms and preventing flares primarily through emollients, topical corticosteroids, and calcineurin inhibitors. While these provide temporary relief, they often do not achieve long-term disease control or address underlying immune dysregulation. Recent therapeutic advancements, such as biologics and Janus kinase (JAK) inhibitors, target specific pathogenic pathways, presenting opportunities to set more ambitious treatment goals.

Minimal disease activity (MDA) has emerged as an optimal treat-to-target strategy for AD. MDA is defined as a state of controlled disease activity that minimizes the condition's impact on daily living. This strategy reflects similar successful practices in managing other chronic inflammatory diseases like rheumatoid arthritis and psoriasis, where achieving low disease activity or remission improves long-term outcomes.

Implementation of MDA in AD involves setting personalized treatment goals and utilizing standardized assessment tools like the Eczema Area and Severity Index (EASI) and Patient-Oriented Eczema Measure (POEM). Internationally, MDA is gaining recognition as a viable strategy to enhance patient care. However, challenges include standardizing MDA criteria and ensuring access to advanced therapies across diverse healthcare settings. Future research should focus on longitudinal validation of MDA's impact on long-term outcomes and explore predictive biomarkers for treatment response.

In summary, aiming for higher treatment goals in AD, through the implementation of minimal disease activity as a treat-to-target strategy, represents a significant paradigm shift. By adopting this approach, healthcare providers can better address the complex needs of AD patients, ultimately improving quality of life and reducing the condition's overall burden.