POSTER

Identification of clones by TCR Vβ repertoire analysis supports diagnosis of leukemic cutaneous T-cell lymphoma

P01

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Einleitung / Background: The group of erythrodermic leukemic cutaneous T-cell lymphoma (L-CTCL) comprises Sézary syndrome (SS) and progressive erythrodermic mycosis fungoides (MF) with infiltration of blood. Differentiation of L-CTCL from erythrodermic conditions of other origin sometimes bears difficulties. Identification of clones by TCR Vβ repertoire analysis might support diagnosis of L-CTCL.

Methodik / Methods: Between March 2017 and April 2024, whole peripheral blood mononuclear cells (PBMCs) were isolated from the blood of 63 patients (22% female; mean age: 64±14 years). In 17 cases, patients were diagnosed with L-CTCL; 46 patients had erythroderma of a different origin. Patients' PBMCs were analysed for T-cell clones using a multiparametric analysis tool designed for quantitative determination of the TCR Vβ repertoire of T-lymphocytes via flow cytometry (Beckman Coulter #PN IM3497, USA).

Ergebnisse / Results: Frequencies of the dominant TCR Vβ types within the detectable or undetectable Vβ repertoire were significantly higher in L-CTCL patients than in patients with other erythrodermic conditions. Within the detectable Vβ repertoire, 48.1% represented the optimal cut-off value to differentiate between the groups (sensitivity: 92.9%, specificity: 100.0%), as identified via Youden index. Within the undetected fraction of the Vβ repertoire, the cut-off value of 58.0% resulted in a sensitivity of 100.0% and a specificity of 100.0%.

Schlussfolgerung / Conclusion: TCR Vβ repertoire analysis represents a highly sensitive and specific method to detect malignant clones in the blood of patients with L-CTCL. The methodology also allows screening for targetable molecules such as CCR4, CD30, CTLA-4 and CD52.

Protective pathways against keratinocyte cancer in matched organ transplant recipients

P02

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Einleitung / Background: Organ transplant recipients (OTR) are prone to keratinocyte cancer (KC) in the post-transplant period (PTP). Systemic immunosuppressive therapy (SIT) is an independent risk factor. However, not all OTR suffer from KC, pointing at the presence of unknown protective factors.

Methodik / Methods: We recruited OTR that were matched according to age, gender, transplanted organ, PTP and type of SIT: OTR^{KC} (n=10) had a history of at least five KC in the PTP, OTR^{PRO} (protected; n=10) never had any KC in their medical history, 10 individuals who underwent plastic surgery served as healthy controls (HC). Each OTR and HC underwent a skin biopsy and phlebotomy. We extracted DNA/RNA from skin and blood and performed bulk mRNA-sequencing.

Ergebnisse / Results: The principal-component analysis of highly variable genes in skin and blood samples showed a clear separation between HC and all OTR as an effect of the SIT. Differentially Expressed Genes (DEG) revealed significantly higher numbers of upregulated oncogenes in the skin of OTR compared to HC. B-cell markers (CD40,CD79a,CD37) were upregulated in the blood of OTR, likely as a compensatory effect to the reduced T-cell function related to SIT. When looking at the differences between OTR^{KC} and OTR^{PRO}, 12 tumor suppressor genes *(TSG: DAB2IP,BIK,UNC5B,DDX28,ALD-*

H1L1,ALOX15B,DTX1,STARD8,HINT1,CD82,TP53I13,PEBP1) were significantly upregulated in normal skin of OTR^{PRO}. Interestingly, OTR^{KC} appear to have a tolerogenic *(IL-4,IL-7)* phenotype of T-cells in the skin, while OTR^{PRO} display a more immunogenic phenotype (IL-6,IL-17).

Schlussfolgerung / Conclusion: This study suggests that upregulated TSG and protective T-cell memory in the skin might be responsible for preventing KC in the PTP.

Targeting the hyperactive STAT3/5 pathway in cutaneous T-cell lymphoma with the multi-kinase inhibitor IQDMA

P03

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Einleitung / Background: Cutaneous T-cell lymphoma (CTCL), particularly its tumor-stage mycosis fungoides (MF) subtype, presents considerable therapeutic challenges because current treatment modalities show limited efficacy. This study addresses the unmet need for novel targeted therapies that inhibit the STAT3/5 pathway, which is hyperactive in CTCL.

Methodik / Methods: We utilize a murine model with intradermally grafted malignant T-cell lymphoma cells and compare the efficacy of the multi-kinase inhibitor IQDMA with the conventional, topical psoralen (PUVA) phototherapeutic regimen.

Ergebnisse / Results: Our data show that IQDMA reduced tumor volume by 90.7% (p = 0.0001) and was significantly more effective than PUVA, which reduced the tumor volume by only 46.2% (p = 0.0074). Results of an immunohistochemical analysis reveal that IQDMA treatment decreased tumor cell infiltration by 29.8% (p = 0.03) and the percentage of $KI67^+$ cells by 25.3% (p = 0.03), indicating a reduced tumor cell proliferation rate. Moreover, remarkable 40.0% and 45.6% reductions were observed in the total STAT5 (p = 0.05) and STAT3 (p = 0.01) levels of the infiltrating tumor cells upon IQDMA treatment. Intriguingly, phospho-STAT5 and total STAT5 levels show a positive correlation in the vehicle-treated group, which turned into a negative correlation in the IQDMA-treated group. IQDMA targets PAK kinase, a nuclear transporter for phospho-STAT5; as a result, we observed a compartmental shift of phospho-STAT5 from the nucleus to the cytoplasm.

Schlussfolgerung / Conclusion: This study highlights IQDMA's superior efficacy in reducing tumor volume, inducing apoptosis, and attenuating the hyperactive STAT3/5 pathway. These findings establish IQDMA as a potent targeted therapy for CTCL, warranting its clinical evaluation.

Literatur / Literature: Sorger & Dey et al. EMBO Mol Med (2022)14: e15200 https://doi.org/10.15252/emmm.202115200

Patients with PSOriasis and Suppurative Hidradenitis (PSOSH) share genetic risk factors and are at risk of increased morbidity.

P04

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Einleitung / Background: Psoriasis (PSO) and Hidradenitis Suppurativa (HS) co-occur in select patients, leading to a unique disease pattern. Genetic risk factors remain unidentified.

Methodik / Methods: The study harnessed the *All of Us* database and an international collection of patients with both psoriasis and HS (PSO-HS). Clinical and genetic data was collected and analyzed.

Ergebnisse / Results: 87 PSO-HS patients (70% female) were identified. They had a high number of comorbidities (89%), and worse general physical health compared to PSO-only (OR 3.09 95%CI 1.56-6.12) or HS-only (OR 2.5, 95%CI 1.23-5.00) patients. PSO-HS patients were at significantly higher risk of having Crohn's disease (OR 4.6-11.9; 95% CI). Data revealed the highest overall genetic risk score for PSO-HS patients (PSO-PRS; 108.22), followed by PSO (101.18), HS (99.84), and healthy controls (98.58). High non-HLA scores were associated with an increased risk for developing both psoriasis and HS, indicating a distinct biological profile compared to HS-only and PSO-only individuals.

Schlussfolgerung / Conclusion: This study highlights a shared genetic susceptibility of HS and psoriasis at non-HLA loci. Recognizing PSO-HS patients as a distinct group of syndromic HS (PSOSH syndrome) with high morbidity and increased risk for developing Crohn's disease will help to improve patient management.

188Rhenium Brachytherapy in Non-Melanoma Skin Cancer: Preliminary Results from the Dermatology Departments of South Tyrol

P05

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Einleitung / Background: Non-melanoma skin cancer (NMSC) is the most common malignant tumour in the Caucasian population. The first-line treatment for NMSC is complete surgery. High-dose brachytherapy using an unsealed 188Re-resin is a treatment option for NMSC up to 2-3 mm thick. The aim of this study is to report the experience with 188Rhenium brachytherapy for NMSC acquired in the dermatology departments of South Tyrol, Italy.

Methodik / Methods: Four patients (4F, age range 57-85, mean 74) with 5 histologically proven NMSCs were enrolled and treated with 188Rhenium between January 2020 and September 2024. We statistically analysed lesion characteristics such as histological type (4 basal cell carcinomas (BCCs), 3 nodular BCCs and 1 sclerosing BCC and 1 squamous cell carcinoma (SCC)), location, surface area (5.6-10.6 cm2, mean 8.4 cm2) and invasion thickness (1.2-1.6 mm, mean 1.2 mm). Patients were followed up at 14, 30, 60, 90 and 180 days after treatment. Biopsy was performed at 6 months. Mean follow-up was 25 months (6-56 months).

Ergebnisse / Results: At 6 months follow-up, 5/5 lesions (100%) showed complete histological response. Twenty-four months after treatment, 2/2 evaluable lesions (100%) were free of recurrence. In 5/5 lesions, early skin toxicity resolved within 40 days. After at least twelve months cosmetic outcomes were excellent with very high patient satisfaction.

Schlussfolgerung / Conclusion: In our small population, 100% of treated lesions resolved completely after a single application. 188Rhenium brachytherapy represents a non-invasive, effective and safe alternative approach for the treatment of NMSCs in patients who are not candidates for or refuse surgery.

Analysis of the TCR Vb repertoire and immunophenotyping for the detection of target molecules in patients with mycosis fungoides and Sézary syndrome- A case series

P06

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Einleitung / Background: Mycosis fungoides (MF) and Sézary syndrome (SS) are the most common cutaneous T-cell lymphomas (CTCLs). There is no definitive cure and the prognosis in advanced stages is poor. Although several treatment options are available, achieving durable remissions remains a challenge. Quantitative TCR-Vβ repertoire analysis by flow cytometry and subsequent immunophenotyping (TCR-IPT) of clonal cells may help to identify specific therapeutic targets.

Methodik / Methods: A multiparametric tool for the quantitative analysis of the TCR Vβ repertoire in human T lymphocytes by flow cytometry has been developed, which enables the identification of malignant clones in patients with T-cell lymphoma. In addition, the expression of CD52, CCR4, CTLA-4 and CD30 was analyzed by flow cytometric immunophenotyping.

Ergebnisse / Results: This case series presents seven cases of MF or SS in which TCR Vb repertoire analysis and immunophenotyping allowed for targeted therapies:

- In three patients (a 57-year-old male and a 77-year-old female with erythrodermic MF and a 95-year-old female with SS) a malignant CD52-expressing clone was detected with TCR-IPT and the patients received 10 mg of alemtuzumab weekly subcutaneously.
- A 75-year-old patient with granulomatous MF (stage IIB) was treated with brentuximab vedotin after TCR-IPT revealed CD30 expression.
- Two erythrodermic MF patients (60-year-old and 62-year-old males) were treated with mogamulizumab after detecting a malignant clone with CCR4 expression.
- A 57-year-old man with stage IIIB MF received alemtuzumab followed by brentuximab vedotin for CD52 and CD30 expressing clones.

Schlussfolgerung / Conclusion: This case series demonstrates that precise target identification using TCR-IPT enabled successful targeted therapy, resulting in predominantly favorable outcomes.

Diagnostic Accuracy of Non-invasive Markers for Biopsy-Proven High-Grade Anal Dysplasia

P07

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Einleitung / Background: Men-who-have-sex-with-men (MSM) with HIV experience an up to 100-fold increased risk for anal cancer caused by high-risk (HR) human papillomavirus (HPV)-types. Therefore, screening and treatment of high-grade squamous intraepithelial lesions (HSIL) is recommended. HSIL is diagnosed by biopsy/histology (hHSIL) during high-resolution anoscopy (HRA), yet, non-invasive diagnostics via anal swab sampling are warrented. We therefore initiated a diagnostic accuracy study to assess the diagnostic performance of anal cytology, HR-HPV, oncogenic E6/E7-mRNA expression and host-cell methylation markers for hHSIL.

Methodik / Methods: MSM with HIV undergoing HRA were included. Before HRA, anal swabs were obtained for cytology and non-invasive markers. Abnormal findings during HRA were biopsied for histologic evaluation. This project is supported by the EADV project proposal program (PPRC-2023-0054), the 2022 research fellowship by the Austrian Society of Dermatology and Venereology and by the German National Reference Center for Papilloma- and Polyomaviruses (Grant-No.1369-401).

Ergebnisse / Results: Among 238 biopsies obtained from 155 individuals, 31% (74/238) hHSIL were diagnosed in 38% (59/155) of patients. The cytology cut-off for abnormal findings at 'ASC-US' (atypical cells of undetermined significance) achieved a sensitivity of 67.8% and specificity of 62.5% for

hHSIL. HR-HPV-typing and oncogenic E6/E7-mRNA expression demonstrated a sensitivity and specificity of 86.4% and 46.9%, and 87.3% and 49.4%, respectively. The composite analysis of ASC-US + HR-HPV + E6/E7-mRNA improved specificity (93.3%) but decreased sensitivity (30.9%).

Schlussfolgerung / Conclusion: In this preliminary analysis, currently established non-invasive tests yielded unsatisfactory diagnostic accuracy for anal pre-cancers. Further research on biomarkers is in progress (host-cell methylation markers) to improve non-invasive screening for anal cancer prevention.

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Mogamulizumab in patients with mycosis fungoides or Sézary syndrome: Update on the German non-interventional MINT study

P08

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Einleitung / Background: Mogamulizumab is indicated in Europe for the treatment of adult patients with mycosis fungoides/Sézary syndrome (MF/SS) who have received ≥1 prior systemic therapy. MINT is a real-world, retrospective/prospective, non-interventional study, assessing the effectiveness and tolerability of mogamulizumab in German clinical practice.

Methodik / Methods: We present interim analyses, conducted for patients with ≥3 months data (n=76; 50% MF and 50% SS patients). The primary endpoint was time to next treatment (TTNT) and secondary endpoints included overall response rate (ORR), concomitant CTCL treatments and tolerability.

Ergebnisse / Results: Median follow-up was 20.5 months. Antineoplastic concomitant treatments were received by 32.9% (n=25) patients. Most commonly (>5%) extracorporeal photopheresis (17.1%), total skin electron beam (TSEB) (including low dose TSEB; 7.9%) and radiotherapy (not TSEB; 6.6%). Median overall TTNT (95% confidence interval [CI]) was 20.2 months (11.0–34.8). ORR was 60.5% (46/76). Moga-associated rash (MAR) occurred in 27 patients: 19 (50.0%) SS and 8 (21.1%) MF; ORR was higher for patients with MAR (74.1%, 95% CI 53.7–88.9) vs without MAR (53.1%, 95% CI 38.3–67.5). Grade ≥3 treatment-related TEAEs were reported in 34.2% (26/76) patients; most commonly lymphopenia (15.8% [12/76]) and drug eruption/rash (13.2% [10/76]). The most common TEAE leading to discontinuation was drug eruption/rash (15.8% [12/76]).

Schlussfolgerung / Conclusion: Clinical responses were seen in patients with MF and SS. No new safety signals were seen; drug eruption was the most common cause of discontinuation and lymphopenia is an expected pharmacological effect of mogamulizumab. Real world evidence shows that combination therapies are frequently used. However, further investigation is warranted.

Interessenskonflikt: Kyowa Kirin

Intensivpflichtige diabetische Ketoazidose nach dem kombinierten Einsatz von Nivolumab und Ipilimumab beim metastasiertem Melanom – ein Fallbericht

P09

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Einleitung / Background: Es handelt sich um einen 55-jährigen Patienten, bei welchem vor 3 Jahren ein Melanom an der linken Schulter (Breslow 3,24mm, Clark Level 3, ulzeriert, pT3b N1 Mo, BRAF negativ) mit zervikaler Lymphknotenmetastase exzidiert wurde.Eine Immuntherapie für 1 Jahr mit Nivolumab wurde eingeleitet. Nach dem Absetzen der Therapie wurden weitere Lymphknotenmetastasen diagnostiziert. Der Start einer kombinierten Immuntherapie mit Nivolumab und Ipilimumab bei negativem PD-L1 Status wurde beschlossen. 2 Wochen nach der 2. Gabe entwickelte der Patient diffuse Bauchschmerzen, Übelkeit und Erbrechen. Der anfängliche Verdacht eines Subileus bestätigte sich nicht, bei Verdacht auf Appendizitis wurde eine Appendektomie durchgeführt. Postoperativ kam es plötzlich, bei zuvor immer normalen Glukosewerten, zu einer Hyperglykämie von 597 mg/dl mit einer schweren diabetischen Ketoazidose, der Patient wurde intensivpflichtig.

Methodik / Methods: Es erfolgten endokrinologische Abklärungen, inklusive Bestimmung von diabetesspezifischen Antikörpern, C-Peptid und HbA1c.

Ergebnisse / Results: Nach intensivmedizinischer Überwachung und kontinuierlicher intravenöser Insulintherapie konnte der Patient in gebessertem Allgemeinzustand auf die Normalstation verlegt werden. Die Diagnose eines Diabetes mellitus Typ 1 wurde gestellt und eine Insulintherapie eingeleitet. Sollten die Blutzuckerwerte gut eingestellt werden können, kann die Immuntherapie wieder aufgenommen werden.

Schlussfolgerung / Conclusion: Ein durch die Immuntherapie ausgelöster Typ 1 Diabetes ist eine sehr seltene, aber potenziell lebensbedrohliche Nebenwirkung. Es ist wichtig, das Bewusstsein für solche Komplikationen zu schärfen und diese rechtzeitig zu diagnostizieren und zu behandeln.

Dupilumab in patients with atopic dermatitis – Efficacy and treatment satisfaction: A retrospective and prospective analysis from a single center in Graz

P10

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Einleitung / Background: Dupilumab has shown to improve itch and eczema and to provide long-lasting improvements in sleep and quality of life (QoL) in clinical studies. This study aimed to demonstrate the long-term clinical efficacy of dupilumab in AD and to investigate its impact on QoL and patients' treatment satisfaction under real-life conditions in Styria.

Methodik / Methods: A retrospective analysis of the data collected between 01/2017 and 02/2024 from 142 cases at the Department of Dermatology, LKH-Universitätsklinikum in Graz was conducted. Three time points were analysed: baseline, 3 months, and after one year of dupilumab therapy. With a prospective online questionnaire, gathering feedback from 85 patients, we analysed the patients' information regarding relief of clinical symptoms, side effects, forms of administration, and failed injections of dupilumab.

Ergebnisse / Results: After one year of dupilumab, the mean reduction in Worst itch-NRS (0-10) was 4.9 (p<0.01, 95% CI) and the mean reduction in IGA (0-4) was −1.8 (p<0.01, 95% CI). IGA 0/1 (i.e. clear or almost clear) and IGA 2 (mild) were reached by 33.3% and 43.3% of patients, respectively. EASI-75 was achieved by 60% of patients. In the prospective part of the study, 79% and 72% of the patients reported a substantial improvement in clinical symptoms and in QoL during dupilumab treatment, respectively. Conjunctivitis was the most reported adverse event (AE) (25.4% of patients); 26.3% of patients reported absolutely no AE.

Schlussfolgerung / Conclusion: Under real-life conditions, dupilumab showed excellent long-term clinical efficacy, high patient satisfaction, and a significant improvement in QoL in patients with AD.

Subkutane, allergenspezifische Immuntherapien gegen Inhalationsallergene induzieren höhere Spiegel an therapiespezifischen IgG4-Antikörpern als sublinguale.

P11

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Einleitung / Background: Die allergenspezifische Immuntherapie (AIT) ist die einzig ursächliche Behandlung von Inhalations-und Insektengift-Allergien. Die Hauptwirkmechanismen bestehen einerseits in der schwer messbaren Induktion von allergenspezifischen, regulatorischen T-Zellen und andererseits in der Induktion von blockierenden IgG4-Antikörpern. Derzeit existieren zwei gängige Verabreichungsformen: subkutan (SCIT) und sublingual (SLIT). In dieser Studie wurde untersucht, ob es Unterschiede in der Induktion von IgG4-Antikörpern gegen die Majorallergene von Birken-(Bet v1) und Gräserpollen-(Phl p1/5) zwischen SCIT-und SLIT-Tabletten-Präparaten desselben Herstellers gibt [1].

Methodik / Methods: Im FAZ wurden über 48.000 Patienten mit allergischer Rhinoconjunctivitis und/oder Asthma und einer Verordnung von SCIT oder SLIT-Tabletten gegen Birken -oder Gräserpollen zwischen 2009 und 2024 gescreent. Basierend auf Arztbriefen und Laborbefunden wurde eine retrospektive Datenbank erstellt. Einschlusskriterium war das Vorliegen von mindestens 3 IgG4 Bestimmungen gegen Bet v1 bzw. Phl p1/5 vor Beginn der Immuntherapie und 1 und 2 Jahre danach. (Ethikkommissionsvotum der KLPU 1025/2024).

Ergebnisse / Results: 164 Personen (davon 76 weiblich (46,0%)) erfüllten die Einschlusskriterien. 69 (42,0%) wurden mit Birkenpollenpräparaten behandelt, davon 58 (84,1%) mit SCIT und 11 (15,9%) mit SLIT. 95 (58,0%) wurden gegen Gräserpollen behandelt, davon 68 (71,5%) mit SCIT und 27 (28,5%) mit SLIT. Der IgG4-Spiegel Anstieg gegen Bet v1 lag in der SCIT-Gruppe 1 Jahr nach Therapiestart im Mittel bei 4,01±3,52 mg/dl, in der SLIT-Gruppe bei 1,12±0,85 mg/dl (p=007). Der IgG4-Spiegel Anstieg gegen Phl p1/5 lag in der SCIT-Gruppe bei 15,54±10,01 mg/dl, in der SLIT-Gruppe bei 0,54±0,97 mg/dl (p<001).

Schlussfolgerung / Conclusion: Ein Jahr nach Therapie-Beginn induzierte die SCIT sowohl bei Birken- als auch Gräserpollenallergikern signifikant höhere IgG4 Spiegel als SLIT-Tabletten desselben Herstellers.

Literatur / Literature: Burks AW, Calderon MA, Casale T, Cox L, Demoly P, Jutel M, et al. Update on allergy immunotherapy: American Academy of Allergy, Asthma & Immunology/European Academy of Allergy and Clinical Immunology/PRACTALL consensus report. J Allergy Clin Immunol. 2013;131(5):1288-96.e3.

Presence of dermal papilla cells does not correlate with treatment response in alopecia areata

P12

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Einleitung / Background: Alopecia areata (AA) is a chronic immune-mediated condition that leads to acute, non-scarring hair loss, ranging from small patches to complete scalp (alopecia totalis) or body hair loss (alopecia universalis). AA arises partly from the collapse of the hair follicle's (HF) immune privilege, and $CD8^+NKG2D^+$ T cell-mediated cytotoxicity predominantly targeting the lower HF. For extensive cases, high-dose systemic corticosteroids are the first-line treatment, but 25%-55% of patients show no response, leading to unnecessary side effects. Moreover, while current treatments aim to suppress inflammation, they fail to restore the HF immune privilege and are linked to high relapse rates.

Methodik / Methods: To gain deeper insights into AA pathogenesis for improved patient stratification and therapeutic approaches, we employed single-cell RNA sequencing (scRNAseq) to analyze AA lesions at various disease stages with or without treatment.

Ergebnisse / Results: In our analysis, we, in fact, identified several cell populations including T cells and mast cells that expand or regress during active disease and detailed the cellular landscape of the HF, including cells of the dermal papilla, which reside at the lower pole of the HF and orchestrate the hair cycle. Interestingly, the presence of HF dermal papilla cells does not correlate with treatment response, suggesting that they are spared from T cell-mediated cytotoxicity. Additional patient samples as well as multiplex-immunofluorescence stainings of an independent cohort will be necessary to validate our data.

Schlussfolgerung / Conclusion: Detailed analysis of immune cell dynamics will provide new insights into AA pathogenesis and might pave the way towards new therapeutic targets and improved patient stratification.

mTOR inhibition in cutaneous sarcoidosis targets immune and non-immune cells

P13

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Einleitung / Background: Cutaneous sarcoidosis is a disease characterized by the formation of granulomas consisting of T cells and macrophages that are surrounded by fibroblasts. Granuloma-associated cells show an upregulation of the mTOR pathway, which is instrumental for granuloma formation. Patients (n=10) with cutaneous sarcoidosis were treated with the mTOR inhibitor sirolimus systemically during a clinical trial, which resulted in clinical improvement in 70% of patients.

Methodik / Methods: Punch biopsies were gathered from lesional and non-lesional skin before and after treatment. We assessed the spatial distribution of cells by immunofluorescence staining. Furthermore, we performed FACS analysis to quantify cell subsets and evaluate their activation using selected markers.

Ergebnisse / Results: In clinical responders, treatment leads to the resolution of the characteristic granulomatous formations, followed by the dispersion of immune cells in the dermal tissue, or the disappearance of the fibroblast capsule surrounding the granulomas.Quantifications show that before treatment immune cell counts are significantly increased in lesional compared to non-lesional tissue and decrease significantly upon treatment. At baseline, granuloma-associated fibroblasts are characterised by high FAP- and HLA-DR-expression, which decreases significantly after treatment. T cells and macrophages exhibit high amounts of CCR7 in lesional compared to non-lesional tissue. Sirolimus administration results in a significant downregulation of the receptor.

Schlussfolgerung / Conclusion: We identify a higher proportion of activated cells in untreated sarcoidosis lesions. mTOR inhibition directly targets granulomatous cells leading to a more attenuated phenotype in immune and non-immune cells. Finally, we observe the disruption of granuloma organization accompanied by modifications of the extracellular matrix and loss of intercellular connections.

Immunogenic Cell Death (ICD) and ICD-dependent Dendritic Cell Activation triggered by Extracorporeal Photopheresis in leukemic forms of cutaneous T cell lymphoma

P14

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Einleitung / Background: Immunogenic cell death (ICD) plays a critical role in cancer immunotherapy by releasing damage-associated molecular patterns (DAMPs) that stimulate dendritic cell (DC) maturation and cytotoxic T lymphocyte (CTL) responses. Extracorporeal photopheresis (ECP) is a photochemotherapy for leukemic forms of cutaneous T-cell lymphoma (CTCL). This study explores whether ECP induces ICD in patients with leukemic CTCL and healthy donors, and its ability to activate DCs.

Methodik / Methods: We developed an *in vitro* ECP model using healthy PBMCs. In addition we compared ECP-treated and untreated samples from patients with leukemic form of CTCL. Samples were analyzed using FACS, qPCR, ELISA, and ATP assays to identify ICD hallmarks. Additionally, we performed an *in vitro* engulfment assay, co-culturing untreated patient DCs with ECP-treated and untreated T cells to assess signal functionality.

Ergebnisse / Results: ECP-treated PBMCs and patient white blood cells (WBCs) displayed significant ICD markers, including ATP release, HMGB1 secretion, and surface calreticulin (CALR) exposure. In our patient cohort we found CALR to be notably higher expressed in malignant T cells ($CD26^-$). We further demonstrated that ECP-treated $CD4^+$ T cells were phagocytosed by DCs and this process was dependent on ICD signals, as blocking CALR and ATP halted phagocytosis.

Schlussfolgerung / Conclusion: Our findings reveal that ECP induces ICD in malignant, circulating T cells, and also - to a lower extent - in healthy T cells, facilitating DC activation. These results underscore ECP's potential in enhancing targeted immune response to malignant T cells in leukemic forms of CTCL, offering new insights into ECP's therapeutic mechanisms and applications in cancer immunotherapy.

CONNECTIVE TISSUE DISEASES and LUNG MANIFESTATIONS PROSPECTIVE trial with focus on SYSTEMIC SCLEROSIS (COLIPRIS-Registry-Innsbruck)

P15

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Einleitung / Background: Systemic sclerosis (SSc) is a rare autoimmune disease characterized by progressive fibrosis of the skin and internal organs (1). Iron deficiency accounts for a significant comorbidity in various systemic rheumatic diseases. However, its impact and role in SSc have only been studied in the context of pulmonary hypertension (2).

Methodik / Methods: The COLIPRIS-registry Innsbruck is an ongoing prospective observational cohort study aiming to characterize SSc patients to identify risk factors for interstitial lung disease (ClinicaTrials.gov number NCT04095351). Preliminary analysis focuses on the impact of iron deficiency (ID).

Ergebnisse / Results: From a total of 67 (60 females and seven males) patients included in this analysis, absolute ID defined as ferritin ≤100 µg/l and transferrin saturation (TSAT) ‹20% was observed in 28 (45.2) patients and functional ID defined as ferritin ≤100 µg/L in combination with a TSAT ‹20% in 4 (6.6%) patients. Forced vital capacity correlated with ferritin values (r=0.267, p‹0.05), while there were negative associations with the soluble transferrin receptor (r=-0.352, p‹0.01) and ferritin-index (r=-0.350, p‹0.01), both being increased in states of absolute ID. The diffusion capacity for carbon monoxide was inversely associated with the soluble transferrin receptor (r=-0.335, p‹0.01) and ferritin-index (r=-0.285, p‹0.05). Further, the modified Rodnan skin score increased with decreasing ferritin (r=-0.302, p‹0.05).

Schlussfolgerung / Conclusion: Absolute ID is frequent in SSc and associated with reduced lung function capacity and skin fibrosis. Iron-deficient patients might be at risk for a severe phenotype; thus, further analysis and correlations to ILD extent are warranted to elucidate the role of iron metabolism in SSc.

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1. Denton CP, Khanna D. Systemic sclerosis. Lancet. 2017;390(10103):1685-99.
2. Ruiter G, Lanser IJ, de Man FS, van der Laarse WJ, Wharton J, Wilkins MR, et al. Iron deficiency in systemic sclerosis patients with and without pulmonary hypertension. Rheumatology (Oxford). 2014;53(2):285-92.

Häufigkeit von Bienen- und Wespengiftallergien im Floridsdorfer Allergiezentrum in Wien

P16

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Einleitung / Background: Insektengiftallergien, ausgelöst durch Stiche von Bienen und Wespen, gehören zu den häufigsten Ursachen systemischer Reaktionen, insbesondere Anaphylaxien (1). Es gibt 2 Reaktionsmuster: die harmlose große Lokalreaktion (LLR) und die gravierende Systemreaktion. Diese retrospektive Studie erforscht die Häufigkeit von Bienengift- und Wespengiftallergien sowie Doppelsensibilisierungen in einem Patientengut des Floridsdorfer Allergiezentrums in Wien. Ein weiterer wichtiger Aspekt der Studie ist, herauszufinden, welche der beiden Insekten häufiger LLR oder Systemreaktionen hervorrufen.

Methodik / Methods: Im Jahr 2018, waren 5857 Patient/innen von drei Medizinstudierenden im Rahmen ihrer Diplomarbeit pseudonymisiert in einer Datenbank erfasst worden. Im Rahmen dieser Diplomarbeit wurde die Subpopulation der 258 Personen mit Insektengiftstichen analysiert (EK-Nummer 2048/2023)

Ergebnisse / Results: Von den 258 Patient/innen waren 38,4% (n=99) männlich und 61,6% (n=159) weiblich. 79 der Patient/innen wiesen eine Doppelsensibilisierung auf. Eine LLR nach einem Bienenstich trat bei 18 (7,0%), nach einem Wespenstich bei 42 (16,3%) auf. Systemreaktionen traten bei Bienenallergie bei 26 (10,0%) bei Wespenallergie bei 93 (36,0%) auf.Die Verteilung der Stichreaktion in Bezug auf die Geschlechter sahen wie folgt aus:

Weiblich, Bienenstich:
LLR: 10
SYR: 11

Weiblich, Wespenstich:
LLR: 31
SYR: 60

Männlich, Bienenstich:
LLR: 8
SYR:15

Männlich, Wespenstich:
LLR: 11
SYR: 33

Schlussfolgerung / Conclusion: Zwar waren Systemdoppelt so häufig wie LLR aber das unterschied sich nicht zwischen Bienen oder Wespenstichen (p=0,27 Fisher's-Exakt-Test).Es konnte auch kein signifikanter Zusammenhang zwischen Geschlecht und Stichreaktion nachgewiesen werden (p=0,061 Chi-Quadrat-Test).

Literatur / Literature:

Acknowledgement: Livia Klug, Tobias Gureczny und Benjamin Heindl wird für die Erstellung der Datenbank gedankt.
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Phase I Studie eines chimären RG1-VLP HPV Impfstoffs mit breitem Wirkspektrum gegen HPV-assoziierte Schleimhaut-Karzinome und kutane Viruswarzen

P17

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Einleitung / Background: Auf Initiative der beteiligten Forscher (‚investigator-driven') konnten wir mit Unterstützung des US National Cancer Instituts / National Institutes of Health (PREVENT Cancer Preclinical Drug Development Program) in den letzten Jahren eine experimentelle Humane Papillomvirus (HPV) Vakzine, ‚RG1-VLP' (Schellenbacher et al) unter cGMP-Bedingungen herstellen[1].

Methodik / Methods: Diese basiert auf HPV16L1 Virus-like Particles (VLP), welche ein HPV 16L2-RG1 Epitop repetitiv auf der Kapsid-Oberfläche exprimieren.

Ergebnisse / Results: Der Impfschutz der zugelassenen 4- bzw. 9-fach HPV Impfstoffe Gardasil/9 ist beschränkt auf die inkludierten Impftypen[2]. Im Gegensatz dazu neutralisiert der monovalente RG1-VLP Vakzinekandidat ein breites Spektrum an hoch- und niedrig-Risiko Schleimhaut- und Haut-HPV Typen und schützt in Tiermodellen gegen experimentelle Infektion. Nach toxikologischen Studien im Kaninchen und IND-Einreichung (investigational new drug) hat die US Behörde FDA (Food and Drug Administration) die Freigabe für eine Studie im Menschen erteilt.Wir haben das klinische Protokoll für eine doppelblinde, randomisierte, Placebo-kontrollierte, first-in-human Phase I Studie an freiwilligen Frauen (18-45 Jahre) entwickelt, welche in Kürze in zwei klinischen Zentren beginnen wird. 33 Frauen werden in drei Gruppen eingeteilt, welche steigende Dosen der RG1-VLP Vakzine (+ Aluminium-Hydroxid Adjuvans) oder Salzlösung als Placebo-Kontrolle erhalten.

Schlussfolgerung / Conclusion: Das primäre Ziel der Studie ist die Feststellung der Sicherheit der Vakzine. Weiters sollen präliminäre Immunogenitätsstudien durchgeführt werden. Die Immunogenität der Vakzine wird durch Bestimmung der Serum-Antikörper gegen HPV16-L1 und -RG1 evaluiert werden. Weiters werden protektive und kreuz-neutralisierende Antikörper gegen HPV16 und ein breites Spektrum an HPV-Typen bestimmt, davon zumindest ein Typ, der von den zugelassenen Vakzinen nicht abgedeckt wird.

Literatur / Literature:

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Interessenskonflikt: C Schellenbacher, R Roden und R Kirnbauer sind Erfinder eines Patents für die RG1-VLP Vakzine und berechtigt, von der Medizinischen Universität Wien oder Johns Hopkins Universität gemäß deren Richtlinien Tantiemen zu empfangen.

The Burden of Indolent Systemic Mastocytosis in Europe: Results From the PRISM Patient Survey

P18

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Einleitung / Background: Systemic mastocytosis (SM) is a clonal mast cell disease primarily driven by the *KIT* D816V mutation and characterized by unpredictable and debilitating symptoms. The Perceptions Realities and Insights on Systemic Mastocytosis (PRISM) survey queried patient and provider perceptions of SM in Europe. Data from PRISM on the impact of indolent SM (ISM) on patients are reported.

Methodik / Methods: Patients reporting an SM diagnosis were eligible to participate in the PRISM survey. The 119-item survey queried SM type, symptoms, healthcare patterns, and quality of life (QoL). The survey included the 12-item Short-Form Health Survey, ISM Symptom Assessment Form, which generates a Total Symptom Score (TSS; higher=worse, ≥42 indicates severe disease), Euro-QoL Five-Dimension, and the Work Productivity and Activity Impairment Questionnaire.

Ergebnisse / Results: Data were evaluated from 237 patient respondents with ISM from Italy (n=62), the UK (n=50), Spain (n=49), Germany (n=43), France (n=15), Switzerland (n=13), and Austria (n=5). Most patients with ISM were female (70.9%), with a mean age of 49.1 years. Patients reported a high symptom burden (mean TSS, 40.5) and reduced physical functioning and mental health due to ISM, despite taking on average 5.5 medications. ISM impacted patients' ability to work, with many reducing their hours (24.1%), voluntarily quitting their job (10.1%), taking medical disability (16.9%), or taking early retirement (6.3%).

Schlussfolgerung / Conclusion: Patients with ISM have high disease burden and poor QoL resulting in a reduced ability to work despite taking multiple medications. New treatment options are needed to reduce symptom burden in patients with ISM.

Interessenskonflikt:
DD, **DP**, and **TG**: Employees of and own stock in Blueprint Medicines Corporation;
MT: Received fees for advisory boards from Blueprint Medicines Corporation, Deciphera, and Novartis;
DHR: Advisory board/study steering group member (EXPLORER/PATHFINDER) for Blueprint Medicines Corporation, study steering committee member for Cogent Biosciences, advisory board and educational events for Novartis, received author fees for Medscape cases and royalties for Fast-Facts: Systemic Mastocytosis, and honoraria for PRISM survey development and steering group;
CBL: Investigator in this study and other Blueprint Medicines Corporation studies, investigator in Cogent and ABScience studies, received fees for board activities for Blueprint Medicines Corporation;
AB, **NH**, **WS**, and **ER**: Nothing to disclose;
FR: Received outside the submitted work personal fees for lectures and/or advisory boards from ALK-Abelló Arzneimittel GmbH, Firma Allergopharma GmbH & Co. KG, Blueprint Medicines, Boehringer Ingelheim, Mylan Germany Team, Novartis, ThermoFisher Diagnostics Austria GmbH, and UCB Pharma GmbH.;
IA-T: Served on advisory boards for and received honoraria from Blueprint Medicines Corporation, and has participated in educational events for Novartis.;
CCF: The Mast Cell Disease Society received honoraria from Blueprint Medicines Corporation for participation in developing the PRISM study;
RM: Consultant for Novartis, Sierra Onc, LaJolla, Pharma and has received research support from Celgene, Incyte, Abbvie, Samus, Genetech, Promedior, and CTI;**JH**: UK Mastocytosis Support Group received honoraria from Blueprint Medicines Corporation for participation in developing the PRISM study.

Different skin reaction patterns in cholinergic urticaria – What do they tell us?

P19

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Einleitung / Background: Skin reaction patterns vary across patients with cholinergic urticaria (CholU), but their definition, prevalence, and clinical significance remain ill characterized.

Methodik / Methods: Patients with CholU underwent pulse-controlled ergometry provocation testing to analyze skin reaction patterns and their correlation with location, on-

set, severity, sweating behaviour, clinical features, disease control, and quality of life (QoL) impairment.

Ergebnisse / Results: Based on the size, color, spacing, and shape of wheals as well as their surrounding skin responses, we identified six distinct types of CholU skin reactions, which differed in prevalence, from 83%(Type I) to 11% (Type VI) of patients affected. Almost all patients (94%) had 1 type of skin reaction pattern. Sweating was reduced in the majority of CholU patients and most prominently reduced in patientswith Type VI skin signs (very small, round, red, widely spaced wheals with surrounding anemic halo), which emerged exclusively on the extremities. Type V skin signs (large, irregular, anemic, widely spaced wheals with moderate size erythema) were associated with the most severe clinical presentation and poorest QoL.

Schlussfolgerung / Conclusion: Our analysis showed that most patients have more than one type of skin reaction patterns and that different skin signs are linked to distinct features. Future studies should determine any links between treatment response and types of skin signs in CholU.

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Baricitinib provides significant improvements in quality-of-life and functioning in adults with moderate-to-severe atopic dermatitis and baseline body surface area ≤40% and severe itch ('itch dominant')

P20

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Einleitung / Background: This post-hoc analysis aims to evaluate quality-of-life (QoL)and functioning outcomes in adult patients with moderate-to-severe atopic dermatitis (AD), with body surface area (BSA) ≤40 and Itch numerical rating scale (NRS) ≥7 at baseline receiving baricitinib (BARI) 4-mg in BREEZE-AD7.

Methodik / Methods: Patients received once-daily placebo or 2-mg or 4-mg BARI in combination with topical corticosteroid (TCS) for 16 weeks. QoL impairment was measured using Dermatology Life Quality Index (DLQI) of ≤5 and functioning outcomes were assessed using the Work Productivity and Activity Impairment (WPAI) questionnaire. Non-responder imputation was used to account for missing data.

Ergebnisse / Results: At baseline, mean DLQI score for patients who received BARI 4-mg (n=26) was 15.0 and 15.9 for patients who received placebo (n=32); Itch NRS scores were 8.1 and 8.2, respectively. At week 16, 61.5% of patients treated with BARI 4-mg had DLQI ≤5 versus 24.1% for patients receiving placebo (*p<0.01*); WPAI work impairment scores had also decreased by -41.6 versus -7.0 (*p<0.01*), respectively. Patients receiving BARI also observed a noticeable improvement in WPAI daily activity impairment, of -30.4 versus -12.2 (*p<0.01*) for patients on placebo.

Schlussfolgerung / Conclusion: This post-hoc analysis highlights the broader impact BARI 4-mg can have on lives of patients with BSA≤40 and Itch NRS ≥7 (itch-dominant) AD and the importance of AD phenotype being considered when assessing patients. Patients showed marked benefits in QoL, daily life activity, and work function compared to placebo after 16 weeks of BARI 4-mg treatment. Limitations include small sample size analyzed.

TREatment of ATopic eczema (TREAT) registry in Austria: a real-world data report of efficacy and side effects of modern systemic treatment modalities

P21

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Einleitung / Background: Atopic dermatitis (AD) is the most frequent chronic inflammatory skin disease with significant impairment on patient's quality of life. The TREAT Austria Registry is a prospective cohort study conducted at the Department of Dermatology, Medical University of Vienna following the European TREAT protocol[1] to investigate disease severity, therapeutic responses and side effects, as well as quality of life in patients with AD.

Methodik / Methods: Patients with moderate-to-severe AD with or without pre-existing systemic therapy were included. Disease severity was assessed using EASI and IGA scores, and patient-reported outcomes were measured through POEM, DLQI, and ADCT questionnaires. Laboratory parameters, with a focus on lipid profiles, were also analyzed. Follow-up visits were conducted on a regular basis.

Ergebnisse / Results: A total of 128 patients (mean age 37.4 years, range 12-81) were enrolled. At baseline mean EASI and IGA scores were 9.9 ± 9.3 and 2.2 ± 1.1, respectively. POEM score at baseline was 14.4 ± 8.6, DLQI 8.82 ± 8.2 and ADCT 11.4 ± 7.3. Follow-up visits revealed a stable or improved disease in most cases. Interestingly, patient-reported scores were significantly higher in women as compared to men (POEM p<0.001, DLQI p=0,017, ADCT p<0.01) although clinician-based scores were similar. Conjunctivitis was the most commonly reported side effect for dupilumab (36%), while acne occurred most frequently in patients using upadacitinib (17%). Analysis of patients' lipid profile showed no significant differences between the evaluated systemic therapies.

Schlussfolgerung / Conclusion: Modern treatments for patients with moderate-to-severe AD showed significant efficacy, with improvements in both clinical and patient-reported outcomes and a tolerable safety profile.

Literatur / Literature: Bosma AL, Spuls PI, Garcia-Doval I, Naldi L, Prieto-Merino D, Tesch F, et al. TREatment of ATopic eczema (TREAT) Registry Taskforce: protocol for a European safety study of dupilumab and other systemic therapies in patients with atopic eczema. Br J Dermatol 2020;182(6):1423-1429.

High effectiveness of tildrakizumab over 52 weeks in patients with or without nail psoriasis: results from the phase IV POSITIVE Austrian subset

P22

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Einleitung / Background: Nail psoriasis affects 40-60% of patients with plaque psoriasis. Tildrakizumab is an anti-interleukin-23p19 indicated for moderate-to-severe plaque psoriasis. The objective of this analysis was to assess the effectiveness of tildrakizumab in Austrian patients with or without nail psoriasis in routine care.

Methodik / Methods: POSITIVE is an ongoing 24-month, phase IV observational study in adults with moderate-to-severe plaque psoriasis treated with tildrakizumab in a real-world setting. Effectiveness assessments included Psoriasis Area and Severity Index (PASI) and Nail Psoriasis Severity Index (NAPSI) score. Well-being was assessed through the 5-item WHO Well-being Index (WHO-5; range 0-100, 100=maximal well-being). Here, we report 52-week (W) interim data of Austrian patients with and without nail psoriasis using an observed cases approach.

Ergebnisse / Results: 68 patients were included, 42 with nail psoriasis. Mean PASI decreased from 11.0 at baseline to 0.8 at W52. At W52, 96.5%/71.9% of patients achieved PASI ≤3/≤1. Mean WHO-5 score increased from 50.2 at baseline to 65.7 at W52. In the 42 nail patients the mean NAPSI decreased from 44.4 at baseline to 15.7 at W52. Patients with

comparable NAPSI at baseline showed differences in WHO-5 based on their baseline PASI. Patients with a PASI >10 had a lower WHO-5 score (48.0), while those with a PASI ≤10 scored higher (62.5). By W52, both groups improved their WHO-5 scores to 69.5 and 72.0 (above the Austrian general population average of 66.3).

Schlussfolgerung / Conclusion: In a real-world setting, tildrakizumab significantly improved patients' symptoms and well-being, regardless of their baseline PASI and concomitant nail psoriasis through W52.

Interessenskonflikt:
WW has been an advisor and/or received speakers' honoraria and/or participated in clinical trials of the following companies: AbbVie, Almirall, Amgen, Celgene, Eli Lilly, Janssen, Leo Pharma, Merck Sharp & Dohme, Novartis, Pfizer, Sandoz, and UCB.
BG has been an advisor and/or received speakers' honoraria and/or participated in clinical trials of the following companies: AbbVie, Almirall, BMS, Celgene, Eli-Lilly, Janssen, Leo Pharma, Novartis, Pfizer, Sanofi-Aventis, and UCB.
GR has been an advisor and/or received speakers' honoraria and/or participated in clinical trials of the following companies: AbbVie, Almirall, Eli Lilly, Janssen, Leo Pharma, Novartis, Pelpharma, and UCB.
LR has been an advisor and/or received speakers' honoraria and/or participated in clinical trials of the following companies: AbbVie, Actelion, Almirall, BMS, Celgene, Eli Lily, Janssen, Leo Pharma, Merck Sharp & Dohme, Novartis, Pfizer, Roche, and UCB.
P-GS has been an advisor and/or received speakers' honoraria and/or participated in clinical trials of the following companies: Abbott, AbbVie, Actelion, ALK, Almirall, Amgen, Galderma, Gilead Science, Janssen, Leo Pharma, Lilly, Maruho, MSD, Novartis, Pfizer, Sanofi-Aventis, and UCB.

Characteristics of patients suffering from palmoplantar pustulosis – a retrospective registry study

P23

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Einleitung / Background: Little is known about the disease onset, smoking habits and comorbidities in patients with palmoplantar pustulosis (PPP).

Methodik / Methods: Data from the Psoriasis Registry Austria (PsoRA) and the phototherapy registry of the Medical University of Graz were analysed with regard to the timepoint of disease onset and diagnosis, smoking habit, as well as documented comorbid diseases.

Ergebnisse / Results: Data from 203 patients (72.4% female) were included in the analysis. A large proportion of patients (47.4%) was initially misdiagnosed as eczema. In eight patients (3,9%), consisting of five patients with different types of arthritis, two patients with inflammatory bowel disease and one patient with an autoinflammatory syndrome, palmoplantar pustulosis was reported as a paradoxic effect due to the treatment with tumor necrosis factor (TNF) inhibitors. Most of the patients reported actual or former smoking habits (76.4%). The most frequently reported comorbid diseases were obesity (34.1%), arthritis (20.7%), hypertension (17.7%), liver disease (15.8%) and depression (14.3%). Plaque-type was psoriasis was reported in 58.2% of patients. The mean age at disease onset was 41.6 (standard deviation 14.7). There was no significant difference in age at disease onset for the factors smoking (p=0.671) or gender (p=0.874).

Schlussfolgerung / Conclusion: Palmoplantar pustulosis is associated with female gender and smoking, however, there were no significant differences in age at disease onset regarding gender or smoking. Moreover, the diagnosis of palmoplantar pustulosis is difficult, due to the resemblance of eczematous dermatitis. Similar to other inflammatory skin diseases, PPP is associated with comorbid diseases such as hypertension, liver disease and depression.

Interessenskonflikt:
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WS reports grants and/or personal fees from Janssen, Amgen, Lilly, AbbVie, Celgene, Leo, Novartis. CZ reports participation in boards from Almirall.**CJ** reports consulting fees, honoraria, and/or travel grants, and/or board participation from AbbVie,Almirall,Amgen, Boehringer Ingelheim, BMS, Janssen-Cilag, Leo Pharma, Eli-Lilly, Kyowa Kirin, Novartis, Pfizer, Recordati Rare Diseases, Sandoz, Takeda and UCB. AM has received consulting fees and/or honoraria, and/or board fees from AbbVie, Eli-Lilly, Janssen-Cilag, Novartis.
CP has received consultancy fees, and/or honoraria, and/or travel grants from Novartis,Eli-Lilly, Almirall, Amgen, Leo Pharma, SOBI, Janssen, AbbVie, Pfizer. PS has received consultancy fees, and/or honoraria, and/or travel grants from AbbVie, Amgen, Almirall, Celgene, Eli-Lilly, Janssen-Cilag, Leo Pharma, Novartis, UCB and Pfizer.

Long-term efficacy of baricitinib in alopecia areata: 3-year results from BRAVE-AA1 and BRAVE-AA2

P24

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Einleitung / Background: This analysis evaluates long-term efficacy over three years of continuous therapy in baricitinib 4mg and 2mg Week 52 (W52) responders (SALT score ≤20 (≤20% scalp hair loss)) with severe alopecia areata (AA).

Methodik / Methods: Integrated data from the BRAVE-AA1/BRAVE-AA2 phase 3 trials included patients with Severity of Alopecia Tool (SALT) scores ≥50 (≥50% scalp hair loss) randomized to baricitinib, who had achieved SALT score ≤20 at W52 and remained on the same dosage through Week 152 (W152). W152 outcomes included the proportions of patients maintaining SALT score ≤20 and those achieving or maintaining eyebrow and eyelash regrowth measured by Clinician-Reported Outcomes (ClinRO) for Eyebrow and Eyelash Hair Loss™ scores 0/1 (full coverage/minimal gaps) and ≥2-point improvements from baseline (among those with baseline scores ≥2). Data after permanent treatment discontinuation or rescue were censored; missing data is handled with modified last observation carried forward imputation.

Ergebnisse / Results: Among baricitinib 4mg-treated and 2mg-treated W52 responders, respectively, 115/129 (89.1%) and 56/67 (83.6%) maintained SALT score ≤20 at W152; among W52 responders with baseline ClinRO scores ≥2, 64/80 (80%) and 26/39 (66.7%) had ClinRO Eyebrow (0,1) with ≥2-point improvements from baseline regrowth, and 55/68 (80.9%) and 25/32 (78.1%) had ClinRO Eyelash (0,1) with ≥2-point improvements from baseline regrowth at W152, comparable with results reported at W104.

Schlussfolgerung / Conclusion: Considering the known safety profile of baricitinib, the high proportion of W52 responders maintaining efficacy over 3 years as demonstrated by scalp hair, eyebrow, and eyelash regrowth, supports the long-term continuous use of baricitinib in severe AA.

Safety Analysis of Baricitinib in Adult Alopecia Areata Patients from 2 Randomized Trials over a Median of 2.3 years, up to 4 Years of Exposure

P25

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Einleitung / Background: We report pooled safety data for baricitinib in patients with severe alopecia areata (AA) from BRAVE-AA1 (NCT03570749; phase 2/3) and BRAVE-AA2 (NCT03899259; phase 3), including the long-term extension periods.

Methodik / Methods: Data are reported from the all-BARI dataset, combining all patients receiving ≥1 dose of baricitinib (1 mg, 2 mg or 4 mg) at any time during the trials. Safety outcomes include treatment-emergent adverse events (TEAEs), adverse events (AEs) of special interest, and abnormal laboratory changes. Incidence rates (IRs) per 100 patient-years were calculated based on time at risk. Data cut-offs were June/22/2023 for BRAVE-AA1 and May/08/2023 for BRAVE-AA2.

Ergebnisse / Results: In all-BARI, 1303 patients received ≥1 dose of baricitinib, reflecting 2789.7 patient-years of exposure (median 825 days, maximum 1460 days). Most TEAEs (93.2%) were mild to moderate in severity. IRs of serious AEs (IR=2.6) and treatment discontinuations due to AEs (IR=1.7) were generally low and remained similar to previous analysis (May 2022). Since the previous analysis, there were no new cases of serious infections, opportunistic infections, major adverse cardiovascular events, deep vein thromboses, or pulmonary embolisms. The IRs for non-melanoma skin cancer (IR=0.1) and other malignancies (IR=0.2) remained stable over time. The IR of herpes zoster was comparable to prior reports (IR=1.9). Laboratory changes were generally consistent over time. No deaths have been reported in either study.

Schlussfolgerung / Conclusion: This safety analysis in patients with severe AA is consistent with previously reported data from the baricitinib AA clinical trial program.

Lebrikizumab monotherapy maintained improvement of itch and sleep-loss due to itch after two years in patients with moderate-to-severe atopic dermatitis

P26

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Einleitung / Background: Atopic dermatitis (AD) is a chronic disease with itch and sleep-loss due to itch as key symptoms, which requires long-term treatment and sustained response. We describe the impact of lebrikizumab on itch and sleep-loss due to itch at Week (W) 104 in a long-term extension study, ADjoin (NCT04392154).

Methodik / Methods: Responders from monotherapy ADvocate1&2 (achieved Eczema Area and Severity Index 75 or Investigator Global Assessment score (0,1), without rescue medication), who completed ADvocate1&2 and enrolled into ADjoin, received LEB 250mg every 2-weeks (Q2W) or 4-weeks (Q4W) for an additional 52-weeks. Itch was assessed using

Pruritus Numeric Rating Scale (NRS), an 11-point scale [0 (no itch) to 10 (worst imaginable itch)]. Sleep-loss was assessed using Sleep-Loss Scale (SLS), a 5-point Likert scale [0 (not at all) to 4 (unable to sleep at all)]. Outcomes are reported as observed at W104: change from baseline (CFB), Pruritus NRS (0,1), ≥3-point improvement in Pruritus NRS, ≥1-point and ≥2-point improvement in SLS. ADvocate1&2 data were pooled.

Ergebnisse / Results: At W104, CFB in Pruritus NRS was -5.24 Q2W and -5.06 Q4W, Pruritus NRS (0,1) was 57.4% Q2W and 55.4% Q4W, and ≥3-point improvement in Pruritus NRS was 85.2% Q2W and 85.5% Q4W. At W104, CFB in SLS was -1.78 Q2W and -1.52 Q4W, ≥1-point improvement in SLS was 93.0% Q2W and 94.0% Q4W and ≥2-point improvement in SLS was 64.3% Q2W and 71.4% Q4W.

Schlussfolgerung / Conclusion: Patients with moderate-to-severe AD achieved and maintained improvement of itch and sleep-loss due to itch after two-years of treatment with lebrikizumab monotherapy.

Interessenskonflikt: MC, FEY, CH, and EP are employees and shareholders of: Eli Lilly and Company; LBB is an employee of: Almirall; the rest of the authors have served as advisors and/or consultants for, and/or participated in clinical trials, and/or received research funds and/or speakers' honoraria from Eli Lilly and Company and/or Almirall.

Patient beliefs on atopic dermatitis from a Baricitinib Treatment Satisfaction Survey in France, Germany and the United Kingdom

P27

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Einleitung / Background: This analysis aims to understand how the emotional and social aspects of patients' beliefs around their atopic dermatitis (AD) may change with baricitinib treatment.

Methodik / Methods: A protocol-driven analysis of data from a multi-country, cross-sectional, market research survey was conducted, which included adult patients with moderate-to-severe AD who had been treated with baricitinib in routine clinical practice for ≥4 weeks. The survey collected data on patient demographics, disease characteristics, and patient beliefs about their AD on a 10-point Likert scale. Descriptive analyses on observed data were employed.

Ergebnisse / Results: The survey was completed by 170 patients with moderate-to-severe AD treated with baricitinib (France=48, Germany=53, UK=69) with median treatment duration of 4 months. 96% (n=164) of patients reported <10% of body surface area affected by AD, and patients reported a mean itch of 2.7/10. 56% (n=95) of patients described their AD as almost clear/mild. Amongst the surveyed patient beliefs, the statement "I feel more able to participate in my daily activities" obtained the highest rate of agreement 82% (n=139) with 20% of patients rating their agreement with score ≥9. Regarding being less embarrassed by their AD, 68% (n=115) of patients agreed with this belief. 63% (n=106) of patients agreed with avoiding social situations less and agreed they were more in control of their emotions.

Schlussfolgerung / Conclusion: Across the beliefs examined, baricitinib-treated patients were optimistic about aspects of their everyday life, particularly their ability to go about their daily activities and felt less embarrassed in everyday life.

Evaluation of a nicotinamide-containing emollient for moderate atopic eczema in paediatric patients: A prospective, multi-centre GP study reflecting real-life settings

P28

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Einleitung / Background: Moderate atopic eczema is characterised by recurrent inflammation and itching, affecting the patient's quality of life; this condition is frequently difficult to control and treat. There is an increasing need for additional treatments, such as emollients containing additional anti-inflammatory therapeutic properties, due to the limitations of topical corticosteroids.

Methodik / Methods: This was a prospective, open-label study conducted in 11 GP centres across the UK, involving 60 screened children (aged 1 year to 15 years) with moderate atopic eczema. The test product was Adex Gel (Dermal Laboratories, UK), an emollient containing an ancillary anti-inflammatory medicinal substance nicotinamide. The clinical endpoints were the change from baseline in SCORAD measurements after 2 and 4 weeks of treatment and the change from baseline in CDLQI (Quality of Life, QoL) questionnaire after 4 weeks of treatment.

Ergebnisse / Results: There was a statistically significant improvement in SCORAD at both week 2 and week 4 ($p<0.0001$) in the per protocol analysis (n=41). An improvement in SCORAD of 14.45 after 2 weeks and 18.67 after 4 weeks treatment was observed. The total CDLQI score improved from 9.3 at baseline to 3.7 at week 4 showing a statistically significant improvement of 5.6 ($p<0.0001$). Related adverse events were reported, with stinging, itching, redness and worsening of the eczema symptoms being the most common, but these are expected reactions with any emollient.

Schlussfolgerung / Conclusion: Adex gel has been proven to be an effective treatment for children with moderate eczema, as confirmed through this assessment in NHS GP settings, avoiding the need for escalation to topical corticosteroids.

Interessenskonflikt: All authors are employees of Dermal Laboratories Ltd, a legal manufacturer of Adex gel.

Ixekizumab Provides Rapid and Sustained Genital Skin and Itch Resolution and Improved Quality of Life in Patients with Moderate-to-Severe Genital Psoriasis

P29

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Einleitung / Background: This study describes the clinical and health-related quality of life (HRQoL) outcomes through Week52 for patients with genital psoriasis (GenPs) who achieved rapid response with ixekizumab (IXE), an interleukin-17A antagonist, treatment.

Methodik / Methods: This post-hoc analysis from IXORA-Q (NCT02718898), a Phase 3 trial investigating the efficacy of IXE in patients with moderate-to-severe GenPs, included 74 patients randomly assigned to IXE 80mg every 2 weeks (IXE80Q2W) through Week12 followed by open-label IXE80Q4W to Week52.

Ergebnisse / Results: The 74 IXE-treated patients had mean baseline Physician Global Assessment of Genitalia (sPGA-G), modified Genital Psoriasis Area and Severity Index (mGPASI), Genital Psoriasis Symptoms Scale (GPSS)-Itch, and Dermatology Life Quality Index (DLQI) scores of 3.4, 25.8, 5.9, and 12.3, respectively. Overall, 23 patients achieved sPGA-G(0) at Week4, of which, 18(78%) sustained sPGA-G(0) to Week52. Overall, 21 patients achieved mGPASI(0) at Week4, of which, 16(76%) sustained mGPASI(0) to Week52. For the 70 patients with a baseline GPSS-Itch score ≥1, the mean baseline GPSS-

Itch and DLQI scores were 6.0 and 12.7, respectively. Overall, 31 of these patients achieved GPSS-Itch(0) at Week4, of which, 26(84%) sustained GPSS-Itch(0) to Week52. Among the rapid sPGA-G(0), mGPASI(0), and GPSS-Itch(0) responders at Week4, the proportion of patients achieving DLQI(0,1) increased from 44% (n=10), 48% (n=10), and 32% (n=10) at Week4, to 65% (n=15), 67% (n=14), and 55% (n=17) at Week52, respectively.

Schlussfolgerung / Conclusion: Patients with GenPs who achieved rapid response at Week4 with IXE showed sustained genital skin and itch resolution and improved HRQoL through Week52.

Interessenskonflikt:
J.C.Cather is on the speaker's bureau for:AbbVie, Amgen, Arcutis, BristolMyersSquibb, Dermavant, Eli Lilly, LEOPharma, Pfizer; was adboard-member or consultant for:AbbVie, Amgen, Arcutis, BristolMyersSquibb,Dermavant, Eli Lilly, SanofiGenzyme; is investigator for:AbbVie, BristolMyersSquibb, ChemoCentryx, Eli Lilly, Galderma,Janssen, Pfizer, SunPharma, UCBPharma;
J.Soung has received honoraria and/or grants as speaker, adboard-member, and/or investigator for:AbbVie, Amgen, BoehringerIngelheim, CassiopeiaPharmaceuticals, Celgene,Dermira, Eli Lilly, Galderma,GlaxoSmithKline, Janssen, Kyowa Kirin, LEOPharma, MedImmune,Menlo Therapeutics, Merck,Novan, Novartis, Pfizer,Roche, Regeneron, SanofiGenzyme, SunPharma, UCBPharma, ValeantPharmaceuticals;
A.W.Armstrong was consultant,speaker, and/or investigator for:AbbVie, Almirall, Arcutis,ASLAN Pharmaceuticals, BoehringerIngelheim, BristolMyersSquibb, Dermavant,Dermira, Eli Lilly,EPI-Health, Incyte Corporation, Janssen,LEOPharma, ModernizingMedicine,Nimbus Therapeutics,Novartis, OrthoDermatologics,PAREXEL, Pfizer,Regeneron, SanofiGenzyme,SunPharma, UCBPharma;
A.B.Gottlieb has received honoraria as an adboard-member, non-promotional speaker, or consultant for:Amgen, AnaptysBio, Avotres, BoehringerIngelheim,BristolMyersSquibb, DICE-Therapeutics,Eli Lilly, HighlightTherapeutics,Janssen, Novartis,Sanofi, UCBPharma,XBiotech; has received research and/or educational grants from:AnaptysBio, BristolMyersSquibb, HighlightTherapeutics, Janssen, MoonLake Immunotherapeutics, Novartis, UCBPharma (all funds go to Icahn School of Medicine at Mount Sinai);
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Raising the bar of efficacy in atopic dermatitis: lebrikizumab maintains depth of response over 2 years

P30

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Einleitung / Background: ADvocate1&2 trials evaluated lebrikizumab (LEB) monotherapy for moderate-to-severe atopic dermatitis. Many patients who met the protocol-defined response at Week (W) 16 (Eczema Area and Severity Index [EASI] 75 or Investigator's Global Assessment [IGA] 0/1 without rescue therapy), maintained a deep response (i.e., IGA 0, EASI 100, or Pruritus Numeric Rating Scale [NRS] 0/1) at W52. Patients completing W52 entered into a long-term extension study, ADjoin (NCT04392154). We present the long-term maintenance of LEB's depth of response at W104.

Methodik / Methods: The proportion of patients achieving IGA and EASI responses were calculated from the LEB-treated patients who were IGA 0/1 or EASI 75 responders, respectively, at W16 in ADvocate1&2. The proportion of patients achiev-

ing a Pruritus NRS 0/1 response was calculated from the LEB patients who were per protocol responders at W16 in ADvocate1&2. Outcomes are reported as observed.

Ergebnisse / Results: From W52 to W104, the proportion of IGA 0 responders was maintained and slightly increased in patients receiving LEB every 2 weeks (Q2W; 50.8% to 52.3%) and LEB every 4 weeks (Q4W; 43.5% to 45.5%). Greater improvements over the second year of treatment were seen in the proportion of EASI 100 responders receiving LEB Q2W (36.4% to 39.7%) and LEB Q4W (30.7% to 41.3%) and the proportion of Pruritus NRS 0/1 responders receiving LEB Q2W (46.3% to 57.4%) and Q4W (47.9% to 55.4%).

Schlussfolgerung / Conclusion: These 2-year results demonstrate an extended maintenance of deep response in patients treated with LEB Q2W and LEB Q4W after responding to 16 weeks of LEB Q2W.

Interessenskonflikt: MC, GG, YD, CH, and EP are employees and shareholders of Eli Lilly and Company. HA is an employee of Almirall S.A; the rest of the authors have served as advisors and/or consultants for, and/or participated in clinical trials, and/or received research funds and/or speakers' honoraria from Eli Lilly and Company and/or Almirall.

Dupilumab verbessert Hautläsionen mit unterschiedlicher klinischer Morphologie bei erwachsenen Patienten mit Prurigo nodularis

P31

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Einleitung / Background: Prurigo nodularis (PN) ist im Allgemeinen durch mehrere lokalisierte oder generalisierte, erhabene, feste und knotige Läsionen gekennzeichnet.

Methodik / Methods: LIBERTY-PN PRIME/PRIME2 (NCT04183335/NCT04202679; gepoolte Daten) waren randomisierte, doppelblinde, multizentrische, parallele Phase 3 Gruppenstudien mit einer Dauer von 24 Wochen bei Erwachsenen mit PN, die mit verschreibungspflichtigen topischen Therapien nicht ausreichend kontrolliert werden können oder für die diese Therapien nicht empfehlenswert sind. Die Patienten erhielten alle 2 Wochen 300 mg Dupilumab subkutan (600 mg Anfangsdosis; n=153) oder ein entsprechendes Placebo (n=158).

Ergebnisse / Results: Der Anteil der Patienten mit mehr als 100 Läsionen sank in der Dupilumab-Gruppe im Vergleich zu Placebo von 34,0 % versus 33,5 % zu Baseline auf, 5,2 % versus 19,0 % in Woche 24. Bei den Läsionen handelte es sich um knotige (mehrheitlich), papulöse, plaques und ulzerierte Läsionen. Alle Arten von Läsionen nahmen von Baseline bis zur Woche 24 ab, mit Ausnahme der papulösen Läsionen in beiden Gruppen und der Plaques in der Placebo-Gruppe. In Woche 24 waren die Läsionen in der Dupilumab-Gruppe gegenüber der Placebo-Gruppe bei 26,1 % bzw. 7,6 % der Patienten vollständig abgeheilt, wobei 73,8 % gegenüber 36,1 % der Patienten 50 % oder mehr abgeheilte Läsionen aufwiesen. Das allgemeine Sicherheitsprofil entsprach dem bekannten Sicherheitsprofil von Dupilumab.

Schlussfolgerung / Conclusion: Unterschiedliche Morphologien traten nebeneinander auf. Insgesamt war die Anzahl der Läsionen bei den Patienten, die mit Dupilumab behandelt wurden, im Vergleich zu denen, die Placebo erhielten, zahlenmäßig geringer.

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Identification of autophagy-regulated proteins by proteomic analysis of hair shafts and tape-stripped stratum corneum

P32

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Einleitung / Background: Autophagy is a major mechanism for the degradation of cell components during homeostasis, stress and differentiation. Dysfunctions of autophagy are implicated in the etiology of skin diseases such as psoriasis and alopecia areata. Methods and markers for the detection of impairments of autophagy are required to validate the clinical significance of autophagy. Here, we investigated whether the suppression of autophagy in keratinocytes in vivo can be detected by the proteomic analysis of the end products of their differentiation, i.e. stratum corneum and cornified hair shafts.

Methodik / Methods: As a model, we utilized normal mice in comparison to mice in which the essential autophagy gene *Atg7* is deleted specifically in keratinocytes. Stratum corneum was sampled by tape-stripping from the soles and hair was cut from the back. Proteins were extracted and identified by mass spectrometry-based label-free proteomics.

Ergebnisse / Results: Ten proteins were significantly elevated in the stratum corneum, whereas more than 400 proteins were increased in abundance in hair shafts when autophagy was suppressed. Pyruvate kinase, lamin A/C and filaggrin were upregulated in autophagy-deficient in the stratum corneum. The subunits of the CCT chaperonin and proteasomes were the top markers of defective autophagy in hair shafts.

Schlussfolgerung / Conclusion: The results of this study demonstrate that the impairment of keratinocyte autophagy manifests in alterations in the molecular composition of the stratum corneum and hair that can be detected by proteomic analysis. The analysis of hair is the most promising approach for detecting aberrations of autophagy in the epithelial compartment of the skin.

Lamotrigin-induziertes DRESS-Syndrom bei einem 13-jährigen Mädchen

P33

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Einleitung / Background: Das DRESS-Syndrom (Drug Rash with Eosinophilia and Systemic Symptoms) ist eine seltene, aber häufig schwerwiegende Arzneimittelreaktion, welche sowohl Erwachsene als auch Kinder betreffen und potentiell tödlich verlaufen kann. Hauptauslöser sind Antikonvulsiva und Allopurinol, bei Kindern sind Antibiotika in bis zu 30 Prozent der Fälle verantwortlich [1, 2].

Methodik / Methods: Wir berichten über ein 13-jähriges Mädchen, welches in der Ambulanz für pädiatrische Dermatologie der Univ.-Hautklinik Graz aufgrund eines generalisierten Exanthems und Allgemeinsymptomen vorgestellt wurde.

Ergebnisse / Results: Anamnestisch ließ sich die etwa einen Monat vor Auftreten des Exanthems stattgehabte Neueinleitung von Lamotrigin aufgrund einer fokalen Epilepsie bei Hemimegalenzephalie erheben. Die Patientin klagte bei Vorstellung über Fieber, Cephalea und Bauchschmerzen.Im dermatologischen Status fand sich ein generalisiertes makulopapulöses Exanthem ohne Schleimhautbeteiligung sowie eine Schwellung periorbital. Laborchemisch zeigte sich eine Leukozytose, Eosinophilie und erhöhte Leberfermente.Das klinische Erscheinungsbild, die entsprechende Medikamentenanamnese und Laborkonstellation führte zur Diagnose eines Lamotrigin-induzierten DRESS-Syndroms. Unter systemischer und topischer Corticosteroid-Therapie kam es zum vollständigen Abklingen der Beschwerdesymptomatik.

Schlussfolgerung / Conclusion: Eine frühzeitige Diagnose und Behandlung eines DRESS-Syndroms, einschließlich der umgehenden De-Exposition des auslösenden Medikaments, sind entscheidend für eine erfolgreiche Genesung. Dieser Fall unterstreicht die Wichtigkeit der Überwachung von Patient*innen unter neu eingeleiteter antikonvulsiver Therapie, die im Fall eines DRESS bereits Wochen zuvor erfolgt sein kann; eine rasche Reaktion auf mögliche dermatologische Nebenwirkungen ist unabdingbar.

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Simultaneous Genital Skin Clearance and Patient-Reported Outcome Responses at Weeks 24 and 52 in Patients with Moderate-to-Severe Genital Psoriasis Treated with Ixekizumab

P34

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Einleitung / Background: To evaluate ixekizumab (IXE) efficacy through evaluation of simultaneous genital skin clearance with patient reported outcomes (PRO) responses.

Methodik / Methods: In IXORA-Q (NCT02718898), patients with moderate-to-severe genital psoriasis received 80 mg IXE or placebo every 2 weeks (W) through W12 after which they received open-label 80 mg IXE every 4W through W52. This *post-hoc* analysis evaluated simultaneous genital skin clearance (static Physician's Global Assessment of Genitalia zero score [sPGA-G(0)]) with the following meaningful PRO responses at W24 and W52: (i) zero itch score on the Genital Psoriasis Symptoms Scale [GPSS-Itch(0)], (ii) Patient's Global Assessment of Genital Psoriasis [PatGA-G (2-point improvement)], zero score on [PatGA-G(0)], (iii) Dermatology Life Quality Index 0 or 1 [DLQI(0,1)], and (iv) score of 0–10 on the Quick Inventory of Depressive Symptomatology-Self Report–16-items (QIDS-SR16). Response rates were summarized as observed data.

Ergebnisse / Results: Baseline demographics were similar between treatment subgroups. Generally, sPGA-G(0) and meaningful PRO responses were maintained from W24 to W52. At W24 and W52, simultaneous response rates for sPGA-G(0) with each of the PROs were: 57.9 % (n=33/57) and 62.3% (n=33/53) for GPSS-Itch(0), 44.9% (n=31/69) and 47.7% (n=31/65) for PatGA-G(0), 61.2% (n=41/67) and 61.3% (n=38/62) for PatGA-G ≥2-point improvement, 43.5% (n=30/69) and 44.6% (n=29/65) for DLQI(0,1) and 65.2% (n=45/69) and 68.2% (n=45/66) for QIDs-SR16 score of 0-10.

Schlussfolgerung / Conclusion: IXE demonstrated both simultaneous genital skin clearance outcomes and meaningful PRO responses at W24 and W52.

Interessenskonflikt:
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Clinical symptoms and comorbidities in Hereditary Alpha Tryptasemia: A Single Center Retrospective Cohort Study

P35

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Einleitung / Background: The clinical significance of elevated baseline serum tryptase (BST) in the absence of mast cell disorders or allergic reactions has long remained unclear. Recently, a genetic variation of the *TPSAB1* gene, which among other encodes for alpha tryptase, has been reported and named Hereditary Alpha Tryptasemia (HaT). (1) HaT has been linked to various manifestations, including severe allergic reactions.(2,3) However, clinical studies are limited. Here, we aim to determine HaT prevalence and characterize its clinical manifestations in patients at a specialized allergy center.

Methodik / Methods: From January 2022 to December 2023, patients with at least once elevated BST were screened for HaT at the outpatient clinic. A control group included patients with a history of anaphylaxis undergoing specific hymenoptera immunotherapy. *TPSAB1* copy numbers, BST levels, and clinical parameters were assessed and analyzed.

Ergebnisse / Results: Of 47 patients with elevated BST (≥11.4µg/l), 93% showed increased *TPSAB1* copy numbers. Individuals diagnosed with HaT displayed a BST range between 9.6µg/l to 28.4 µg/l, with 84.4% associated with *TPSAB1* duplication and 15.6% with triplication. HaT predominated in females (86.7%) and was associated with thyroid disease (26.7%). Over half had a history of anaphylaxis (55.6%), mainly low-grade.

Schlussfolgerung / Conclusion: In patients with elevated BST but no mastocytosis, the most likely cause of elevated BST is an increase in the copy number of the *TPSAB1* gene. A heightened risk of anaphylaxis, especially hymenoptera venom allergy, should be considered. Further research is needed to explore the female predominance and the emerging link with thyroid disease.

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WISIT vaccines based on IL31-derived peptides in the treatment of itch

P36

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Einleitung / Background: Vaccines are a promising therapy for the treatment of chronic conditions such as chronic pruritus (CP). By targeting IL-31 signalling with immunotherapy, CP can be effectively alleviated. However, self-antigens such as IL-31 are highly tolerated, which has rendered conventional conjugate vaccines (CCVs) ineffective at generating sufficient antibody (Ab) responses to alleviate CP. Novel WISIT vaccines however have been shown to induce substantially stronger Ab responses than CCVs in Parkinson's Disease, and so may be capable of overcoming IL-31 tolerance to effectively treat CP.

Methodik / Methods: In this report, WISIT vaccines presenting ten different IL-31-specific peptides were compared to CCVs presenting the same peptides. Multiple response parameters were assessed, including Ab titres induced, avidity of these Abs, and IL-31 signalling inhibition.

Ergebnisse / Results: Results demonstrated that WISIT vaccines outperform CCVs across all investigated metrics, culminating in the identification of 3 promising candidate WISIT vaccines to be taken forward for further clinical development.

Schlussfolgerung / Conclusion: This report thus provides evidence that the improved immunogenicity of WISIT vaccinesmay also be translated to dermatological disorders. Further preclinical development will be necessary to prepare the identified IL-31 targeting WISIT vaccine candidates for clinical testing.

DELTA FORCE: A 24-week Phase 3 trial comparing the efficacy/safety of topical delgocitinib cream with oral alitretinoin capsules in adults with severe Chronic Hand Eczema

P37

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Einleitung / Background: Delgocitinib cream significantly improved all efficacy endpoints and was well tolerated vs cream vehicle in the DELTA 1 and 2 phase 3 trials for patients with moderate-to-severe Chronic Hand Eczema (CHE). In the DELTA FORCE trial (NCT05259722) the efficacy and safety of twice-daily topical delgocitinib (20 mg/g) vs once-daily oral alitretinoin was investigated.

Methodik / Methods: Adults with severe CHE were randomised to delgocitinib cream (n=254) or alitretinoin (n=259). The primary endpoint was change in Hand Eczema Severity Index score (HECSI) from baseline to Week (W)12; key secondary endpoints included ≥90% improvement in HECSI (HECSI-90), Investigator's Global Assessment for CHE treatment success (IGA-CHE TS), and DLQI. Safety endpoints were number of adverse events (AEs), serious AEs (SAEs), and AEs leading to trial drug discontinuation.

Ergebnisse / Results: A significantly greater LS mean decrease in HECSI from baseline to W12 was observed with delgocitinib cream (67.6) vs alitretinoin (51.5; $P<0.001$). Also, a

greater proportion of patients treated with delgocitinib cream vs alitretinoin achieved HECSI-90 (38.6% vs 26.0%; *P*=0.003) and IGA-CHE TS (27.2% vs 16.6%; *P*=0.004). A greater LS mean decrease from baseline was observed with delgocitinib cream vs alitretinoin in HESD itch/pain at W12 (3.0/2.9 vs 2.4/2.3; *P*≤0.018) and HECSI at W24 (69.6 vs 45.1; *P*<0.001); Fewer patients in the delgocitinib cream group reported AEs (49.4% vs 76.1%), SAEs (2.0% vs 4.9%) and AEs leading to trial drug discontinuation (1.2% patients vs 10.1% patients).

Schlussfolgerung / Conclusion: Topical delgocitinib 20 mg/g demonstrated superior efficacy, QoL improvements and a more favourable safety profile vs oral alitretinoin over 24 weeks.

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No clear benefit of Rivaroxaban in livedoid vasculopathy relapse control: A retrospective cohort study.

P38

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Einleitung / Background: Livedoid vasculopathy/**LV** is a rare, thrombotic/occluding vasculopathy characterized by livedo racemosa, painful ulceration and atrophy blanche. Rivaroxanban/**Riva** and intravenous immunoglobulins/ **IVIG** are recommended as first-line therapies, but evidence is scarce. Strategies for long-term maintenance are lacking.

Methodik / Methods: This retrospective cohort study includes data of 10 LV patients (4 male, 6 female). All of them were treated with IVIG+/-Riva at Clinic Landstraße between 2012 and 2022. IVIG therapy until complete remission and time to relapse with (+) Riva and without (-) Riva (=treatment cycle, **TC**) were analysed using standardized assessment tools (LVAS, VAS, DLQI).

Ergebnisse / Results: 23 TC were included (16 +Riva, 7 -Riva). Remission was achieved after an average of 5.65±1.46 IVIG-cycles (2mg/kg KG every 4 weeks) in all patients. VAS (-4.07±2.7), LVAS (-2.72±0.97) and DLQI (-14.97±5.15) improved under IVIG-therapy. Relapses were observed after an average of 262.53±345.56 days in 68.75% of patients +Riva and 85.71% -Riva (p=.394). There was no significant difference in time to relapse between TC+Riva (152.73±109.94) and TC-Riva (463.84±531.78 days, p=.107). We were not able to identify factors associated with persistent remission.

Schlussfolgerung / Conclusion: IVIG is highly efficient in attaining remission of LV, but relapses are frequently observed. In this cohort continuous treatment with Riva revealed no advantage over a wait-and-see strategy. Randomized studies with a larger sample size are needed to confirm these results.

High Number of Reinfections with Sexually Transmitted Infections in a Subpopulation of Austrian Users of HIV Pre-Exposure Prophylaxis (PrEP)

P39

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Einleitung / Background: Sexually transmitted infections (STIs) have been increasingly detected among men who have sex with men (MSM) using Pre-Exposure Prophylaxis (PrEP) for HIV prevention. In Austria, however, data on this population is limited.

Methodik / Methods: We initiated a prospective observational cohort study at the General Hospital of Vienna in June 2020, involving PrEP users in Vienna. Quarterly, participants underwent STI testing and completed a questionnaire regarding their sexual behavior and substance use.

Ergebnisse / Results: Between 06/2020 and 12/2023, 360 individuals (99% MSM) were enrolled, contributing 379 person-years of follow-up. In total, 276 STIs were diagnosed in 154 participants, with only 23% (36/154) of infections being symptomatic. The incidence rates per 100 person-years were 29.9 (95% CI: 24.3–35.3) for gonorrhea, 22.7 (95% CI: 17.9–27.5) for chlamydia, and 9.8 (95% CI: 6.6–12.9) for syphilis. Extragenital sites accounted for 95% (97/102) of gonorrhea and 81% (65/80) of chlamydia cases. One HIV infection was recorded during the study period in a 20-year-old male with inconsistent PrEP use. Notably, participants with at least one reinfection (18%; 65/360) accounted for 68% (187/276) of all STIs. Sexualized drug use was reported by 44% (157/360) of participants and was associated with higher rates of gonorrhea (38% vs. 21%, p<0.001) and syphilis (17% vs. 5%, p<0.001).

Schlussfolgerung / Conclusion: Forty-three percent of participants were affected by bacterial STIs, primarily asymptomatic and located at extragenital sites. Sexualized drug use was prevalent and strongly associated with STI reinfection, highlighting the need for targeted harm reduction strategies in STI prevention among Austrian PrEP users.

Interessenskonflikt: N. Urban erhielt Reisekostenerstattung von ViiV Healthcare.

Rise of infections with *Trichophyton tonsurans* in Austria in the last decade

P40

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Einleitung / Background: *Trichophyton* (T.) *tonsurans* is an anthropophilic fungus known mainly from the combat sports community. It is most common in North America. However, in the last decade it›s occurrence in Europe has increased dramatically.

Methodik / Methods: Patients suffering from tinea capititis or tinea corporis were referred to the Outpatients Centre. Skin scrapings were collected and analysed by cultivation in fungal culture media (Sabourand agar at 28° for 21 days) and KOH direct test. The species of the growing culture was determined by colony morphology and microscopic observation. We compared the results of the last ten years (2014-2024) of cultivation, focusing on *Microsporum* (*M.*) *canis* («zoophile») and *T. tonsurans* («anthropophile»).

Ergebnisse / Results: In the last ten years, we collected a total of 3022 samples of tinea capitis and tinea corporis. Most infections identified were due to *M. canis* (1221). *T. tonsurans* was responsible for 639 infections while other dermatophytes were detected in 1263 samples. Year-on-year result comparisons demonstrated a constant infection rate of *M. canis* while the infection rate of *T. tonsurans* has increased significantly in recent years.

Schlussfolgerung / Conclusion: Our results illustrate the rapid change in the representation of species responsible for skin infections. The role of barber shops as a source of infection is discussed.

HDACs regulate skin fibroblast lineage commitment and fibrosis

P41

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Einleitung / Background: Dermal fibroblasts are heterogeneous. During development, dermal fibroblast progenitors differentiate into different fibroblast lineages which have distinct roles in skin homeostasis, cutaneous wound repair and skin fibrosis[1].Histone deacetylases (HDACs) modulate gene expression and have been implicated in fibrosis across different organs[2]. However, whether HDACs control dermal fibroblast fate determination and are, thus, key players in fibrotic skin diseases is unknown.

Methodik / Methods: In this study, we aimed to elucidate the function of HDACs in regulating fibroblast lineage commitment and skin fibrosis. HDAC inhibitors (HDACi) were injected into pregnant mice to investigate its effect on fibroblast lineage commitment during development. In addition, primary dermal fibroblasts were treated with HDACi to examine their effect on TGFb-stimulated myofibroblast differentiation and activation, and on insulin-induced adipocyte differentiation. Furthermore, HDAC expression was analyzed in a mouse model for skin fibrosis and in human fibrosis biopsies.

Ergebnisse / Results: HDAC1/2 were highly expressed in both human and mouse skin fibrosis compared to healthy skin.HDAC inhibitors promoted adipogenic differentiation and blocked TGFβ1-mediated fibroblast activation and differentiation into myofibroblasts *in vitro*. *In vivo* application of HDACi showed that blocking histone deacetylation affects dermal fibroblast lineage commitment during development.

Schlussfolgerung / Conclusion: Our findings indicate that HDAC inhibition can change both fibroblast lineage commitment during skin development, and the differentiation of fibroblasts into myofibroblasts or adipocytes. These results highlight the importance of HDACs in fibroblast fate determination and their potential role in skin fibrosis.

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Solitäres schmerzloses Ulcus im Genitalbereich, aber keine Syphilis?

P42

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Einleitung / Background: Die Ätiologie anogenitaler Ulzera kann mannigfaltig sein [1]. Prinzipiell unterscheidet man eine infektiöse Genese durch sexuell übertragbare Keime (z.B. Syphilis, Lymphogranuloma venereum), von einer infektiösen, nicht sexuell übertragbaren Genese (z.B. Pilzinfektionen) und nicht infektiöse Ursachen (z.B. Mb. Behçet, Ulcus vulvae acutum Lipschütz) [2].

Methodik / Methods: Ein 29-jähriger heterosexueller, anamnestisch monogamer Patient wurde seitens der Internistischen Notaufnahme aufgrund eines schmerzlosen, solitären Ulcus am Genitale, Lymphknotenschwellung und Fieber an unsere Abteilung überwiesen. Die offene Stelle sei schmerzlos und seit 9 Tagen vorhanden. In der klinischen Untersuchung zeigte sich ein solitäres 5mm großes Ulcus im Sulcus coronarius sowie eine inguinale Lymphknotenschwellung links. Eine intermittierend auftretende erhöhte Körpertemperatur, sowie Kopfschmerzen konnten ebenso erhoben werden.

Ergebnisse / Results: Im Rahmen der Testung auf sexuell übertragbare Krankheiten wurden jeweils blande Befunde in Bezug auf Syphilis, HIV, sowie Hepatitis B und C erhoben. Eine Multiplex PCR auf bis zu elf STIs (*Chlamydia trachomatis*, *Neisseria gonorrhoeae*, HSV 1 und 2, *Haemophilus ducreyi*, *Mycoplasma genitalium*, *Mycoplasma hominis*, *Treponema pallidum*, Trichomonas vaginalis, *Ureaplasma parvum*,

Ureaplasma urealyticum) erbrachte ebenso einen negativen Befund. Nach Erhalt der negativen Befunde wurde der Patient kontaktiert, wobei er nun abdominelle Beschwerden mit Schmerzen im linken Unterbauch angab. Mittels Sonographie konnte seitens der Internisten eine Splenomegalie bestätigt werden. Aufgrund des nun klinischen Verdachtes auf eine EBV-Infektion, vermuteten wir eine ulzeröse Genese aufgrund von EBV. Dieser Verdacht konnte durch eine positive EBV-PCR-bestätigt werden.

Schlussfolgerung / Conclusion: Genitale Ulzera durch EBV sind selten, aber möglich und obgleich sie zumeist bei Frauen beschrieben worden sind, sollten jene stets in der Differentialdiagnose anogenitaler Ulzerationen bedacht werden [3] [4].

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Hautbarrieren im Ausnahmezustand: Ein rätselhafter Ulkus-Fall

P43

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Einleitung / Background: Das chronische Ulcus der unteren Extremität ist eine häufig auftretende Krankheitsentität [1]. Die Ätiologie eines Ulcus kann mannigfaltig sein. Neben der häufigsten Ursache der chronisch venösen Insuffizienz sind ebenso arteriell, venös/arteriell oder durch Vaskulitiden beziehungsweise Vaskulopathien bedingte Ulcera möglich. Weitere Ursachen neben einer vaskulären Genese umfassen eine metabolische, neoplastische, traumatische, neuropathischen Genese oder ebenso seltenere ulzerierende und entzündliche Dermatosen [2].

Methodik / Methods: Wir berichten über eine 55-jährige Patientin mit einem seit 6 Monaten bestehenden schmerzhaften Ulcus am rechten medialen distalen Unterschenkel. Anamnestisch ist es nach der Inzision einer Papel am Unterschenkel zum Auftreten des Ulcus gekommen. Dieses zeigt eine Größenzunahme ohne jegliche Heilungstendenz. In ihrer Krankengeschichte lässt sich die Diagnose eines Zervixkarzinomes erheben. Dieses wird im Rahmen einer konkomitanten Radiochemotherapie therapiert. Bei der klinischen Untersuchung zeigt sich ein 5x4cm haltendes kreisrundes Ulcus mit livid-roten, wallartigen und unterminierten Randsaum. Der arterielle Dopplerindex war über 1. Um die Verdachtsdiagnose eines Pyoderma gangränosum zu bestätigen und eine Metastase bei bekannter maligner Grunderkrankung auszuschließen wurde eine Biopsie entnommen.

Ergebnisse / Results: Die histologische Aufarbeitung belegte die Verdachtsdiagnose. Wir führten eine stadiengerechte Lokaltherapie des Ulcus und Anwendung topischer Steroide, komplettiert durch eine adäquate Kompressionstherapie durch, und der Lokalbefund besserte sich zunehmend. Die gynäkologischen Kontrollen zeigten ein sehr gutes Ansprechen auf die Tumortherapie mit klinischer Remission und gleichzeitig kam es zu einer Abheilung des Pyoderma gangränosum.

Schlussfolgerung / Conclusion: Das Pyoderma gangränosum ist eine in seiner Symptomatik hochcharakteristische in seiner Ätiologie und Pathogenese jedoch unklare Dermatose. Eine Assoziation mit inflammatorischen Erkrankungen und ebenso Neoplasien, wie in unserem Fall, ist zu berücksichtigen [3].

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Teledermatologie in der Steiermark: Ein praktisches Triagesystem zur Überbrückung der Versorgungslücke im ländlichen Raum

P44

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Einleitung / Background: Zur Verbesserung der dermatologischen Patientenversorgung in ländlichen Gebieten wurde das wegweisende Projekt „Teledermatologie in der Steiermark“ am 1.1.2020 ins Leben gerufen, gefördert durch den Gesundheitsfonds Steiermark. Der „store-and-forward“ – teledermatologische Service wurde in Kooperation mit der Ärztekammer für Steiermark, der Österreichischen Gesundheitskasse Steiermark, Universitätsklinik für Dermatologie Graz und e-derm-consult GesmbH etabliert.

Methodik / Methods: Dabei werden Patient*innen mit Hauterkrankungen durch Allgemeinmediziner*innen (AM) betreut, die wiederum digital von Fachärzt*innen (FA) Diagnose und Therapieempfehlung erhielten. Nach vierjähriger Laufzeit wurden 3978 Fälle in Liezen abgeschlossen und ausgewertet.

Ergebnisse / Results: Bei 18,1% war keine Therapie nötig, 61,7% der Patient*innen wurden entsprechend der FA Empfehlung von AM behandelt, 3,2% benötigten einen Akut- und 12,7% einen Normaltermin beim FA. An die Klinik wurden 1,7% weitergeleitet. 2,5% der Anfragen fielen unter „anderes“, wie Befundbesprechungen oder schlechte Bildqualität. Somit konnten 82% der Fälle rein teledermatologisch abgehandelt werden. In 32% aller Fälle stimmten initiale Verdachtsdiagnose der AM mit der finalen FA Diagnose überein. Die FA Korrektur der Diagnose war häufiger, wenn die Behandlung vom AM durchzuführen war und war seltener, wenn keine Therapie indiziert war.Eine Umfrage mit 692 Teilnehmer*innen zeigte eine herausragend hohe Patientenzufriedenheit von über 95%, wobei insbesondere die Zeitersparnis, der schnelle Erhalt einer Diagnose beziehungsweise Therapieempfehlung und die Behandlungsqualität äußerst positiv bewertet wurde. Aus ärztlicher Sicht wurde die effiziente und einfache Handhabung als echte Erleichterung erlebt.

Schlussfolgerung / Conclusion: Die außerordentliche Patientenzufriedenheit und Zeitersparnis, auch bei den AM und FA, zeigen deutlich den Wert einer digital unterstützten dermatologischen Konsultation vor allem in ländlichen Regionen.

Interessenskonflikt: Rainer Hofmann-Wellenhof ist Miteigentümer der Teledermatologie-Firma e-derm-consult, Graz, Österreich.
Die übrigen Autoren geben keinen Interessenkonflikt an.

Genital Ulcers: Diagnosis by Multiplex PCR and Syphilis-Serology

P45

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Einleitung / Background: Genital ulcers may have an infectious or non-infectious etiology. Sexually transmitted infections represent a common infectious cause, among which syphilis and herpes simplex are the most frequent. The aim of this evaluation was to characterize the pathologic agents in patients diagnosed with suspicious genital ulcers in 2024.

Methodik / Methods: Patients with ulcers or erosions in the genital area were evaluated. Swabs from the genital lesions were tested by a multiplex real-time PCR kit *(Allplex™ Genital Ulcer Assay)* for the DNA diagnosis of *Treponema pallidum*(TP), *herpes simplex virus* type 1 and type 2 (HSV1, HSV2), *Lymphogranuloma venereum* L1-3 (LGV), *Haemophilus ducreyi (HD)*, *Cytomegalovirus* (CMV), and *varicella-zoster virus* (VZV). Positive results for syphilitic infections were compared to serology (VDRL, TPHA, IgM).

Ergebnisse / Results: 60 patients were screened; 78% (n=47) were male and 22% (n=13) were female persons. 25% (n=15) of patients tested positive for HSV1 or HSV2 in the PCR assay and one of those patients showed positive serology for syphilis in a treated stage. One patient suffered from a CMV infection; one patient tested positive for LGV 1-3. 30% (n=18) of patients were diagnosed with syphilis either through PCR testing *or* serology. 21% of patients (n=13)

were tested positive for syphilis through PCR testing *and* serology. Four patients showed positive serology without a PCR result, while three patients only tested positive in the PCR assay.

Schlussfolgerung / Conclusion: PCR testing represents a reliable, quick and efficient diagnostic tool for the evaluation of a large spectrum of infectious microbes causing genital ulcers disease.

Population plasma and subcutaneous tissue pharmacokinetics of linezolid and meropenem in healthy volunteers and septic patients

P46

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Einleitung / Background: Pathophysiological changes in sepsis can lead to pharmacokinetic (PK) variability and altered antibiotic concentrations at the site of infection. This study aims to determine whether standard doses of meropenem and linezolid achieve subcutis concentrations associated with maximal activity in septic patients.

Methodik / Methods: We determined plasma and subcutis antibiotic concentrations in septic patients (meropenem n=15 and linezolid n=10). 4 healthy volunteers were included as controls. Free plasma concentrations were calculated from the plasma protein binding of each subject determined by ultrafiltration. Subcutaneous free concentrations were determined by microdialysis. Population PK models were developed, and the probability of target achievement (PTA) was determined using Monte Carlo simulations.

Ergebnisse / Results: Both linezolid and meropenem showed good subcutaneous tissue penetration and correlation with plasma concentrations. We observed a significantly higher variability in septic patients than in healthy volunteers. For linezolid, a PTA of ≥90% was achieved for MIC values up to 1 mg/L after a dose of 600 mg q12h and 2 mg/L after a dose of 1200 mg q12h in both plasma and subcutaneous tissue. For meropenem, PTA of ≥90% was achieved for MICs up to 0.5 mg/L, 1 mg/L, 2 mg/L and 4 mg/L with increasing doses of 500 mg, 1000 mg, 2000 mg and 3000 mg q8h.

Schlussfolgerung / Conclusion: Standard dosing regimens should be sufficient to achieve pharmacodynamic targets against most bacterial isolates in plasma and soft tissues. However, individualised dosing may be required due to high variability, the risk of not achieving the target at higher MICs, and the risk of toxicity.

Die Rolle der Advanced Practice Nurse im Wundmanagement am Universitätsklinikum Salzburg

P47

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Einleitung / Background: Die Prävalenz von chronischen Wunden nimmt weltweit und damit auch in Österreich zu. Dies geht mit einer Kostensteigerung für das Gesundheitswesen einher. Um dem erhöhten Bedarf an einem professionellem Wundmanagement gerecht zu werden, ist der Einsatz von Advanced Practice Nurses (APNs) international seit vielen Jahren etabliert. Auch wenn die Implementierung von APNs im Bereich des Wundmanagements in Österreich erst begonnen hat, setzt das Universitätsklinikum Salzburg bereits deutliche Akzente in dieser notwendigen Entwicklung. Das Ziel dieses Vortrags ist daher die Rollenbeschreibung einer APN im Wundmanagement am Universitätsklinikum Salzburg anhand theoretischer und empirischer Ergebnisse.

Methodik / Methods: Anhand einer systematischen, internationalen Literaturanalyse wurden zunächst Rolle, Aufgaben und Kompetenzen einer APN im Wundmanagement dargestellt. Anschließend erfolgte anhand von 11 Interviews mit Wundbeauftragen des Universitätsklinikums die Vertiefung der o.g. Punkte. Anhand der qualitativen Inhaltsanalyse nach Mayring (2016) wurde die Auswertung mit Fokus auf das Universitätsklinikum Salzburg durchgeführt.

Ergebnisse / Results: Die InterviewpartnerInnen beschrieben zahlreiche Aufgaben und Kompetenzen, aber auch Hindernisse einer APN im klinischen Alltag hinsichtlich des Wundmanagements. Durch die Interviews lassen sich mehrere Bereiche für die Rolle einer APN im Wundmanagement ableiten. Anhand des Hamric Modells (Lusk, Cockerham & Keeling, 2019) lassen sich Primärkriterien, sowie Zentral- und Kernkompetenzen darstellen, welche im Implementierungsprozess des PEPPA-Frameworks (Bryczynski & Mackavey, 2019) integriert werden können.

Schlussfolgerung / Conclusion: Die Implementierung einer APN im Wundmanagement am Universitätsklinikum Salzburg ist ein Schritt, um auf die wachsenden Anforderungen im Wundmanagement adäquat reagieren zu können. Der auf Nachhaltigkeit ausgelegte Implementierungsprozess erfordert jedoch eine umfassende Betrachtung der aktuellen Versorgungssituation der PatientInnen.

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Octenidine-based antiseptics effectively reduce *Candida auris* colonization on human skin

P48

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Einleitung / Background: The persistence of particular fungal pathogens presents a critical public health concern, underscoring the urgent need for new and effective preventive or therapeutic options. *Candida auris* (*C. auris*), a multidrug-resistant fungus, poses a particularly high threat to patients in intensive care units and immunocompromised individuals and is frequently linked to ongoing outbreaks in healthcare settings due to its strong skin affinity. This study evaluates the efficacy of commercially available medicinal products in reducing *C. auris* colonization on intact and wounded human skin.

Methodik / Methods: An established *ex vivo* human skin wound model was used to mimic conditions favourable for *C. auris* infection in hospital settings. Skin samples from healthy donors (age range: 29-62 years) were micro-needled and topically infected with *C. auris* ($1x10^5$ cells/3 µl) under sterile conditions. Six hours post-infection, skin biopsies were treated with octenidine-based antiseptics [octenisept® (aqueous) or octeniderm® (alcoholic)]. After an additional 18 hours of incubation, fungal presence was assessed through Periodic-Schiff staining, brightfield and scanning electron microscopy. Furthermore, Candida colony forming units (CFUs) were quantified following skin digestion and plating on YPD plates.

Ergebnisse / Results: Microscopic analysis demonstrated that both octenidine-based formulations strikingly reduced *C. auris* on intact skin, particularly in regions prone to fungal adhesion (i.e. skin folds), as well as in wounded skin. CFU quantification further confirmed the significant decrease in Candida colonies.

Schlussfolgerung / Conclusion: These findings indicate that octenidine-based products effectively reduce *C. auris* on intact and wounded human skin, highlighting their role in infection control measures in order to enhance patient safety.

„Die Ausbildungslandschaft der Pflege in Österreich – Hochschulstudium und Pflegefachassistenz zur Sicherung der pflegerischen Versorgung auch in der Dermatologie in Zeiten des Mangels an Pflegekräften?“

P49

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Einleitung / Background: Mit der Novellierung des Gesundheits- und Krankenpflegegesetzes im Jahr 2016 wurde die Qualifizierung diplomierter Pflegender in Österreich auf tertiäres Niveau gehoben. Zugleich nahm mit der Einführung der Pflegefachassistenz (PFA) eine neue Berufsgruppe der Pflege mit einer zweijährigen Ausbildung Einzug in das österreichische Gesundheitssystem. In den Pflegeteams der Kliniken Österreichs finden sich somit, In Anlehnung an den Europäischen Qualifikationsrahmen, die Qualifikationsstufen der Pflegefachassistenz (EQ4), der Diplomierten Pflegepersonen ohne Bachelorabschluss (EQ5), mit Bachelorabschluss (EQ6) und mit konsekutivem Masterabschluss (EQ7) im intramuralen Setting. Klinisch noch nicht etabliert, aber curricular in den Hochschulen Österreichs bereits verortet, wird eine Qualifizierung auf Doktoratsebene (EQ8) in den nächsten Jahren die Möglichkeit einer klinisch-akademischen Laufbahn ermöglichen.Gegenwärtig stehen die Kliniken in Österreich vor der Herausforderung den oben beschriebenen Grade & Skill Mix in der Pflege mit der aktuellen und zukünftig notwendigen professionellen Patientenversorgung in Einklang zu bringen.Der Fachbereich der Dermatologie ist durch seine Breite an Erkrankungen in nahezu allen Altersgruppen gekennzeichnet. Neben der Expertise des Mediziners bedarf es auch pflegerisch, vor allem bei komplexen und hochkomplexen Verläufen, einerseits einer verstärkten Auseinandersetzung mit wissenschaftlichen Fragestellungen und deren Beantwortung, andererseits aber auch einer Routineversorgung von Patienten, bei denen komplexe oder hochkomplexe Verläufe nicht zu erwarten sind.Gerade in Zeiten des Mangels an Pflegekräften, der nicht auf ein Versäumnis der handelnden Akteure beruht, sondern in erster Linie auf einem demografisch begründeten Mangel an jungen Menschen, müssen die zur Verfügung stehenden personellen Ressourcen fachlich qualifizierter Pflegekräfte auf allen Qualifikationsstufen genutzt werden. Der Vortrag soll dazu ein Bild vermitteln.

Methodik / Methods: –

Ergebnisse / Results: –

Schlussfolgerung / Conclusion: –

Literatur / Literature: Europäischer Qualifikationsrahmen: https://europa.eu/europass/de/europass-tools/europaeischer-qualifikationsrahmen. Zugriff am 15.03.2024.
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Leitungswasser-Iontophorese bei palmoplantarer Hyperhidrose

P50

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Einleitung / Background: Die Leitungswasser-Iontophorese stellt die Erstlinientherapie bei mäßiggradiger bis starker palmoplantarer Hyperhidrose dar. Die Wirksamkeit und Sicherheit der Induktionsphase dieser Behandlungsmethode wurden bereits in Studien belegt. Einzelne publizierte Daten zur Erhaltungstherapie deuten darauf hin, dass nur wenige Patient*innen die Leitungswasser-Iontophorese langfristig als Heimtherapie fortsetzten.

Methodik / Methods: Es erfolgte eine monozentrische retrospektive Datenauswertung von 86 Patient*innen, welche zwischen 2002 und 2022 mit Leitungswasser-Iontophorese bei palmoplantarer Hyperhidrose an der Univ.-Klinik für Dermatologie und Venerologie Graz behandelt wurden. Die

Daten wurden anhand eines schriftlichen Fragebogens zur Heimtherapie ergänzt und mittels deskriptiver Statistik ausgewertet. Zur Bewertung des Therapieansprechens wurde der Hyperhidrosis Disease Severity Scale (HDSS) verwendet.

Ergebnisse / Results: Die Symptome von 74,4 % der Patient*innen (64/86) konnten durch die ambulante Leitungswasser-Iontophorese zufriedenstellend gebessert werden, sodass ein Heimgerät empfohlen wurde. Von jenen 64 Patient*innen führten 21 (32,8 %) eine Heimtherapie durch. Diese wurde von 61,1 % der Fragebogenteilnehmer*innen (11/18) entweder langfristig (7/18) oder bis zur Beschwerdefreiheit (4/18) fortgeführt. Durch die ambulante Induktionstherapie mit anschließender Heimtherapie erreichten 66,7 % eine Verbesserung im HDSS. Dabei erzielten 27,8 % der Patient*innen (5/18) Grad 1, 55,6 % (10/18) Grad 2, 16,7 % (3/18) Grad 3 und 0 % (0/18) Grad 4.

Schlussfolgerung / Conclusion: Die Leitungswasser-Iontophorese erweist sich als wirksame Langzeittherapie bei palmoplantarer Hyperhidrose. Die Unterstützung der Patient*innen bei der Erstattung des Heimtherapie-Gerätes durch die Sozialversicherungen sowie engmaschige Kontrollen zur Förderung einer hohen Therapieadhärenz sind entscheidend, um die Effektivität der Therapie und die Lebensqualität der Betroffenen zu verbessern.

Selbstevaluierung in der dermatologischen Kassenordination

P51

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Einleitung / Background: Die Beurteilung und Entfernung von malignomverdächtigen Hautveränderungen gehören zur alltäglichen Routinearbeit in einer Kassenordination. Über eigene Qualitätskriterien wie number needed to excise (NNE) bei melanozytären Läsionen, Malignominzidenz bei Routine-und Nachsorgekontrollen oder die Rate von im Gesunden entfernten Basalzell- und Plattenepithelkarzinomen weiß der einzelne Dermatologe/die einzelne Dermatologin wenig.

Methodik / Methods: Im Jahr 2023 wurde die Anzahl der Routine- und Tumornachsorgekontrollen erfasst und das histologische Ergebnis der exzidierten Läsionen ausgewertet.

Ergebnisse / Results: Es wurden 3974 Muttermal- und 2351 Nachsorgekontrollen durchgeführt. Bei den 167 exzidierten melanozytären Läsionen handelte es sich um 78 Melanome und 89 melanozytäre Nävi. (Diagramm 1) Die NNE war 1:1,1. Der Großteil der Melanome wurde früh (T1) und sehr früh (Tis) entfernt. (Diagramm 2) Weiters wurden 526 Basalzell- und Plattenepithelkarzinome exzidiert. 458 (87 %) davon konnten im Gesunden entfernt werden.

Schlussfolgerung / Conclusion: Die Rate der NNE war im Vergleich zu anderen Studien (1,2) deutlich niedriger. Die Spezifität unserer auflichtmikroskopischen Untersuchungen stimmt uns zuversichtlich. Gleichzeitig ist jedoch die Sorge entstanden, dass die Sensitivität zu gering sein könnte. Dagegen sprach jedoch die Rate der früh entdeckten Melanome. (T1, Tis) Aufschlussreich wäre hier die histopathologische Interobserver-Variabilität die jedoch nicht Gegenstand unserer Studie war. Die im Vergleich zu anderen Studien (3,4) gute Rate der im Gesunden entfernten Karzinome war ermutigend.

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Ulcus cruris unter Therapie mit Hydroxyurea

P52

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Einleitung / Background: Hydroxyurea ist ein Chemotherapeutikum, das häufig in der Behandlung myeloproliferativer Syndrome eingesetzt wird. Dermatologische Nebenwirkungen reichen von Xerosis cutis, Hyperpigmentierung, Nagelwachstumsstörung und Ulcera, insbesondere im Bereich der distalen unteren Extremitäten. Der genaue Pathomechanismus der kutanen Nebenwirkungen ist noch ungeklärt, ein Zusammenhang mit der zytotoxischen Wirkung von Hydroxyurea auf sich rasch teilende Zellen wird vermutet (1). Die Häufigkeit kutaner Ulcerationen unter Hydroxyurea beträgt 7-10%. Prinzipiell können zu jedem Zeitpunkt Ulcera unter der Therapie auftreten, meist nach 3 Jahren (2).

Methodik / Methods: Wir berichten über einen 70-jährigen Patienten mit einem seit 3 Jahren bestehenden Ulcus im Bereich der rechten Achillessehne. Ein Jahr zuvor wurde bereits eine endovenöse Laserablation der Vena saphena parva durchgeführt. Aufgrund eines Verschlusses der Arteria tibialis posterior dexter erfolgte erfolgreich eine endovaskuläre Rekanalisation, dennoch zeigte das Ulcus cruris keine Abheilungstendenz.

Ergebnisse / Results: Aufgrund einer primären Myelofibrose bestand seit 5 Jahren eine laufende Therapie mit Litalir® (Hydroxycarbamid). In Anbetracht der Therapieresistenz des Ulcus cruris trotz adäquater Therapie wurde die Indikation zur Umstellung der systemischen Therapie in Absprache mit der Hämatoonkologie auf Jakavi® (Ruxolitinib) gestellt. Innerhalb von 3 Monaten nach Absetzen von Hydroxycarbamid kam es unter standardisierter Wundtherapie zur vollständigen Abheilung des Ulcus cruris.

Schlussfolgerung / Conclusion: Bei therapieresistenten Ulcerationen sollte eine ausführliche Re-Evaluierung möglicher Ursachen erfolgen. Bei hydroxyureainduziertem Ulcus cruris ist ein Absetzen der Therapie in Kombination mit adäquater Wundtherapie notwendig, um eine Abheilung zu erreichen. Sollte ein Absetzen oder eine Umstellung auf eine andere Wirkstoffklasse nicht möglich sein, zeigte sich in mehreren Fällen auch eine Abheilung unter Dosisreduktion oder intermittierender Einnahme (3).

Literatur / Literature:

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Melanoma in children and adolescents - data from the University Hospital of Graz

P53

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Einleitung / Background: Data on pediatric melanoma are scarce. This study aimed to examine data from Styria.

Methodik / Methods: The retrospective study analyzed cases of melanoma, either as a primary diagnosis or where malignant melanoma could not be excluded but a benign skin tumor was considered more likely, in children and young adults up to 18 years, within the timeframe from January 1, 2000, to March 9, 2022, at the University Hospital of Graz. Age, sex, location of the tumor, histopathological diagnosis including tumor thickness, therapy, progression and the last follow-up were documented.

Ergebnisse / Results: Data of 69 patients (M:F = 37:32) were analyzed. In 41 cases, the diagnosis was melanoma. In 28 cases, melanoma could not be ruled out; these included atypical melanocytic nevi, atypical blue nevi, pseudomelanomas, atypical Spitz/Reed lesions, melanocytic proliferations, one proliferative nodule, and one atypical Spitz-like tumor. In 18 patients, a sentinel lymph node biopsy was performed, of which only 8 showed positive results. All patients received treatment in line with the melanoma guidelines available at that time. 6 children received adjuvant therapy (4 of these died) and the remaining 63 were managed with clinical follow-up.

Schlussfolgerung /Conclusion: Melanomas in pediatric populations are uncommon but become more prevalent from the age of 12 years and older. The presence of multiple or dysplastic nevi increases also the risk of melanoma in these age group.

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