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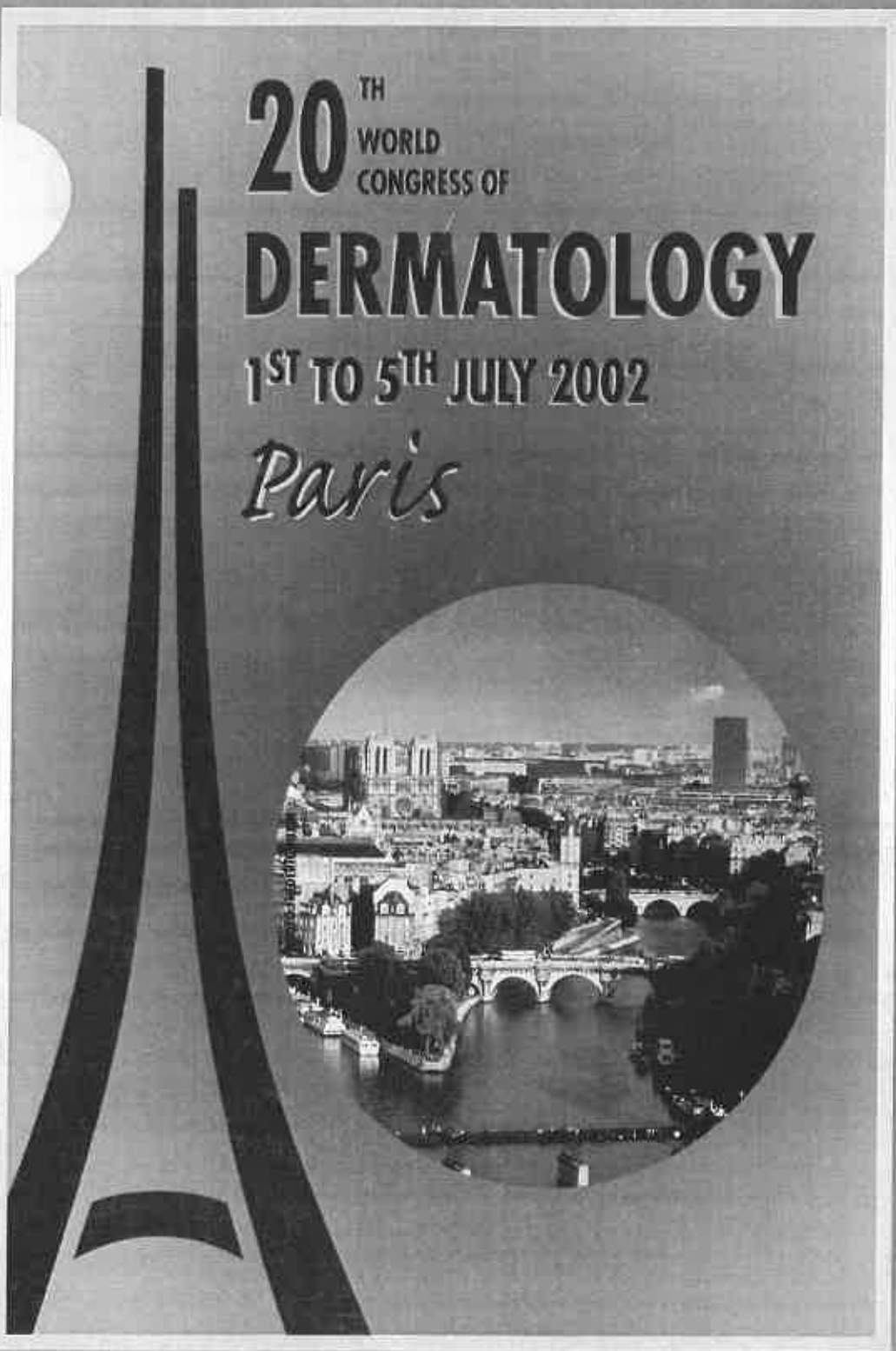

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MONDAY 1ST JULY - TUESDAY 2ND JULY 2002

(continuing)

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This multicenter study (n=553) consisted of 2 double-blind, 12-week treatment courses, each with 12 weeks of treatment-free follow-up. Patients were randomized to 1 of 3 cohorts: alefacept/alefacept; alefacept/placebo; or placebo/alefacept. Alefacept 7.5mg and placebo were administered weekly by 30-second IV bolus injection. Clinical response was measured by PASI and QOL by the DLQI.
Greater percentages of patients treated with alefacept achieved ≥50% and ≥75% PASI improvement from baseline any time after the first dose of Course 1 (56% and 28%, respectively) *vs* placebo (24% and 8%) (both p<.001). Among patients who received 2 courses of alefacept, 71% and 40% achieved ≥50% and ≥75% PASI improvement, respectively, any time after the first dose. At Week 14 (course 1), mean DLQI scores improved 41% with alefacept *vs* 17% with placebo (p<.0001); the effect was sustained after therapy and enhanced by a second course.
Alefacept significantly improved the QOL of patients with psoriasis, which correlated with clinical improvement in symptoms; a second course provided additional benefit.

P2013 COMPARATIVE STUDY OF EFFECTS BALNEOTHERAPY ITSELF AND BALNEOTHERAPY COMBINED WITH TOPICAL MEDICAMENTS ON SYMPTOMS OF PSORIASIS VULGARIS IN PROLOM BANJ

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Introduction. Prolom Banja is a spa situated in the south of Serbia in the mountains area of volcanic origin. Its mineral water is alkalic, oligomineralic, hydrocarbonatic with sodium and silicium and hypotermic.
Aim of the study. Aim of this study was to compare effects of balneotherapy itself with balneotherapy combined with topical medicaments on symptoms of psoriasis vulgaris (PV).
Patients and methods. Patients were divided in two groups: B group of patients with PV applied balneotherapy (2x20 min bathing, 1x20 min peloidand neutral creme). BM group applied some balneotherapy regimen with keratolytic and steroid ointment once daily. The PASI score was calculated before the therapy for each patient, and for 35 and 20 patients (BI and BMI group) after 7 and 14 days, for 17 and 8 patients (BII and BMII group), after 7, 14 and 21 days for 10 and 5 patients (BIII and BMIII group) and after 7, 14, 21 and 28 days for 9 and 3 patients (BIV and BMIV group).
Results. Improvement of PASI score on the end of research was minimal in groups BI and BII, and apparently greater in groups BMIII and BMIV. Ongoing erythema in all groups BM influenced PASI score values significantly.
Conclusion. Balneotherapy and balneotherapy combined with medicaments in Prolom Banja have benefitial effects on symptoms of PV. Improvement was significantly greater after 3 and 4 weeks of treatment. PASI score improvement is greater in patients with combined therapy. Patient's reaction is individual.

P2014 IGG RESPONSE TO RECOMBINANT 60KDA HEAT SCHOCK PROTEINS IN PATIENTS WITH PSORIASIS TREATED WITH CYCLOSPORINE, AND ITS CORRELATION WITH PASI

Paredes G., Jiménez-Zamudio L., Cancino-Diaz M., Domínguez-López L., García-Latorre E., León-Dorantes G.
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Psoriasis has a great impact in the world. Current and underdevelopment treatments for severe psoriasis are disabling specific components of the immune system. The association with streptococcal throat infections prior to the onset of psoriasis, the presence of antibodies that recognize 70, 60 and 14kDa heat shock proteins that correspond to *Staphylococcus. pyogenes* have been described. The principal aim was to measure IgG antibodies to two different 60kDa heat shock proteins (rHSP60Sp and rHSP60GroEL-like) and to observe its correlation with PASI.
Serum samples were taken from 24 patients with psoriasis before, during and after treatment; 24 healthy controls and 24 patients with ankylosing spondylitis. All sera were tested by ELISA.
Results showed that plaque psoriasis patients had significantly higher titers of IgG antibodies to the rHSP60Sp than controls (odds ratio: 17). The levels of IgG antibodies to rHSP60GroEL-like were negative in almost all the three groups of this study. The Pearsons correlation between antibody levels and disease activity show us the great impact of a microbial product that demonstrates its immune reactivity. In psoriasis it is important to understand how the innate immune system acts to cause the body to recognize microbial pathogens as it is being invaded. Heat shock proteins can transmit an alarm signal through Toll-like receptors and generate warning signals.

P2015 HLA HAPLOTYPES ASSOCIATED WITH FAMILIAL JUVENILE ONSET PSORIASIS IN CROATIAN PATIENTS

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Part of HLA-B/HLA-C region mapped on chromosome 6p21.3 has been identified as susceptibility locus for psoriasis (PSOR 1).
The aim of the study was to identify disease-associated HLA alleles and haplotypes in Croatian patients (pts), and to determine whether the same HLA risk alleles and haplotypes are involved in an early and late disease onset.
138 unrelated pts with type I psoriasis (early onset <40 years, positive family history) were divided in two groups according to disease onset (1a: <20 years, 78 pts, and 1b: >20 years, 60 pts). 26 pts in the group 1a presented as psoriasis guttata.
Volunteer blood donors were HLA type as a control (n=181). High-resolution PCR-based typing for HLA class I and II was performed.
30.77% pts in group 1a and 25.0% pts in group 1b were positive for B*13-Cw*0602 compared to 4.97% in control (p=0.006 and 0.0218 respectively). 25.64% pts in group 1a and 18.33% pts in group 1b presented B*57-Cw*0602 compared to 3.31% in control (p=0.0139 and 0.01775 respectively). In psoriasis guttata group 42.31% pts demonstrated B*13-Cw*0602 and 15.38% of them B*57-Cw*0602, compared to control, 4.97% and 3.31% (p=0.00599 and 0.1204, respectively).
Early psoriasis onset (<20 years and familial history) is more significantly associated with B*13-Cw*0602 haplotype (p=0.00599 for psoriasis guttata and p=0.00604 for type 1a), than with B*57-Cw*0602 (p=0.1204 for psoriasis guttata and 0.01396 for type 1a).

P2016 LONG-TERM SAFETY OF CYCLOSPORIN (CY-A) IN THE TREATMENT OF PSORIASIS: A 5 YEAR COHORT STUDY

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(1) Novartis Pharma AG, Switzerland. (2) University of British Columbia, Canada. (3) University of Kiel, Germany. (4) St. Louis Hospital, France.

Aim. Long-term safety of oral Cy-A in the treatment of psoriasis.
Methods. Open multicentre, prospective cohort study, conducted in 11 countries following 1,252 severe psoriasis patients for up to 5 years who received Cy-A. Serious adverse events (SAEs), blood pressure and serum creatinine measurements were recorded. Clinical variables were analysed by Cox regression models of time to first 30% and first 50% increase in serum creatinine.
Results. Mean age of patients was 43 years. On average, patients received Cy-A for 1.9 years. Mean daily dose per kg of body weight was 2.7mg/kg to 3.2mg/kg. SAEs were documented in 195 patients (16%), including malignant neoplasm (n=47) and skin/subcutaneous tissue disorders (n=36). Mean percentage changes from baseline in maximum serum creatinine for all measurements after month 1, were between 15% and 17.5%, and between 20% and 26.5% for on-drug measurements at all time points after month 24. 39% of patients on drug had at least one 30% increase and 18% had at least one 50% increase in serum creatinine. The Cox model showed that patients who were male or aged over 50 or with low baseline creatinine or greater weight or higher baseline arterial blood pressure had a higher chance of 30% or 50% increases in serum creatinine.
Conclusion. The observed changes in serum creatinine and blood pressure are in line with the known safety profile of oral Cy-A use in psoriasis. Male patients older than 50 years of age are at more risk of developing renal impairment.