



# The 1st ASP 2022 Tokyo

The Asian Society for Psoriasis



Let's Think Psoriasis in Asia

President TOMOTAKA MABUCHI (Tokai University, Isehara, JAPAN)

Secretary General MICHIO TOKUYAMA (Tokai University, Isehara, JAPAN)

November 26 (Sat) -27 (Sun) ,2022Tokyo international Forum, JAPAN

*Welcome to*

*" An Evening with the Future of The ASP! "*



The President of Asian Society for Psoriasis  
OZAWA Akira, M.D. & Ph.D. (Tokai University, JAPAN)

Oct. 24, 2022, The Imperial Hotel Tokyo, JAPAN



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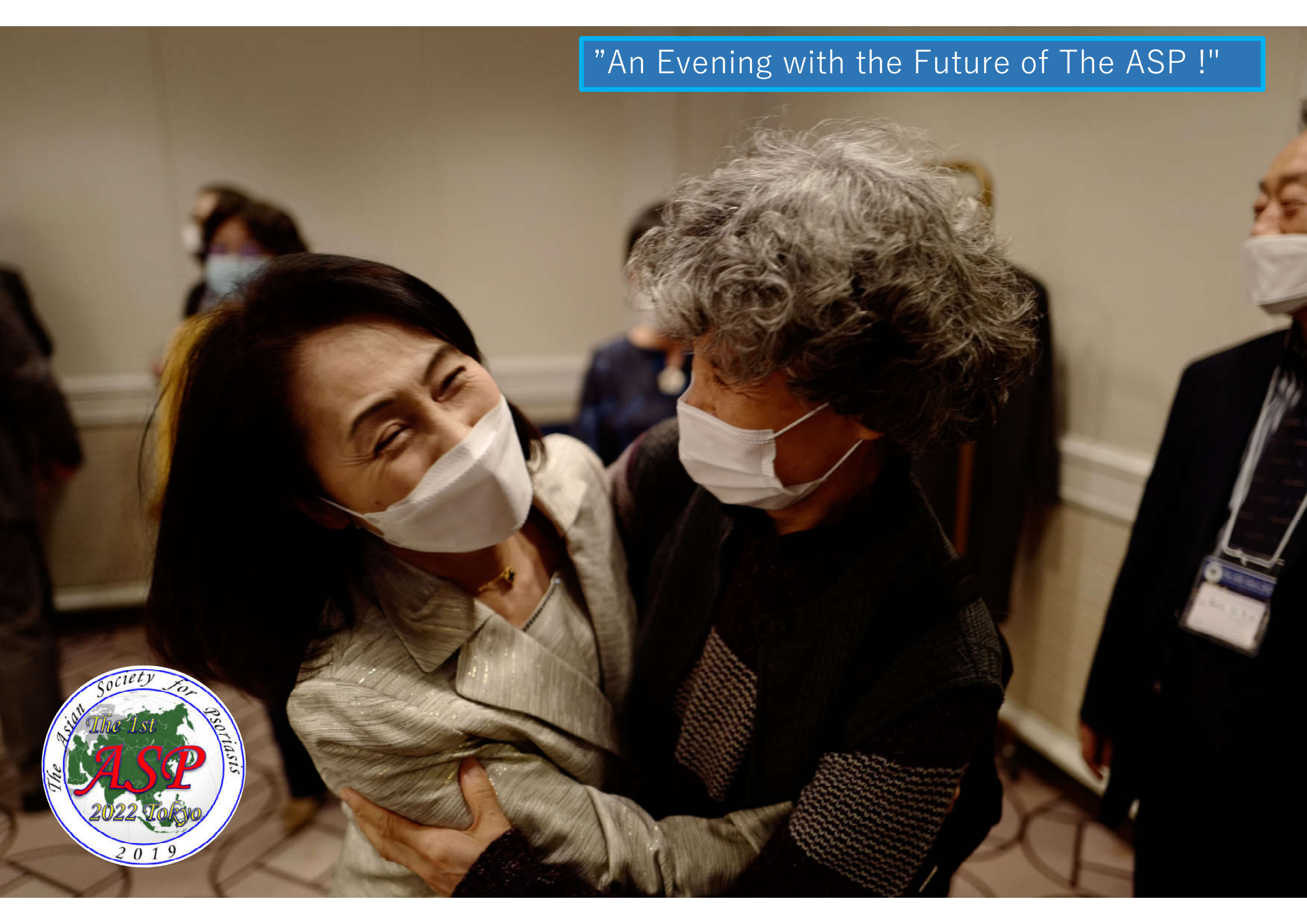
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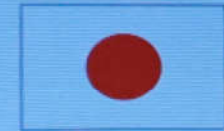


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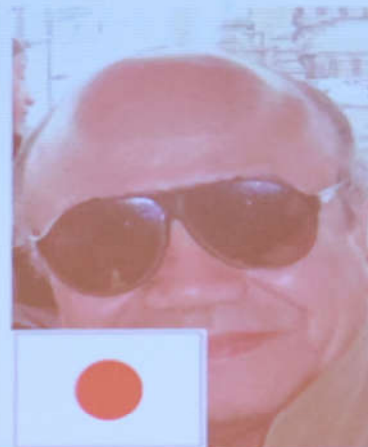




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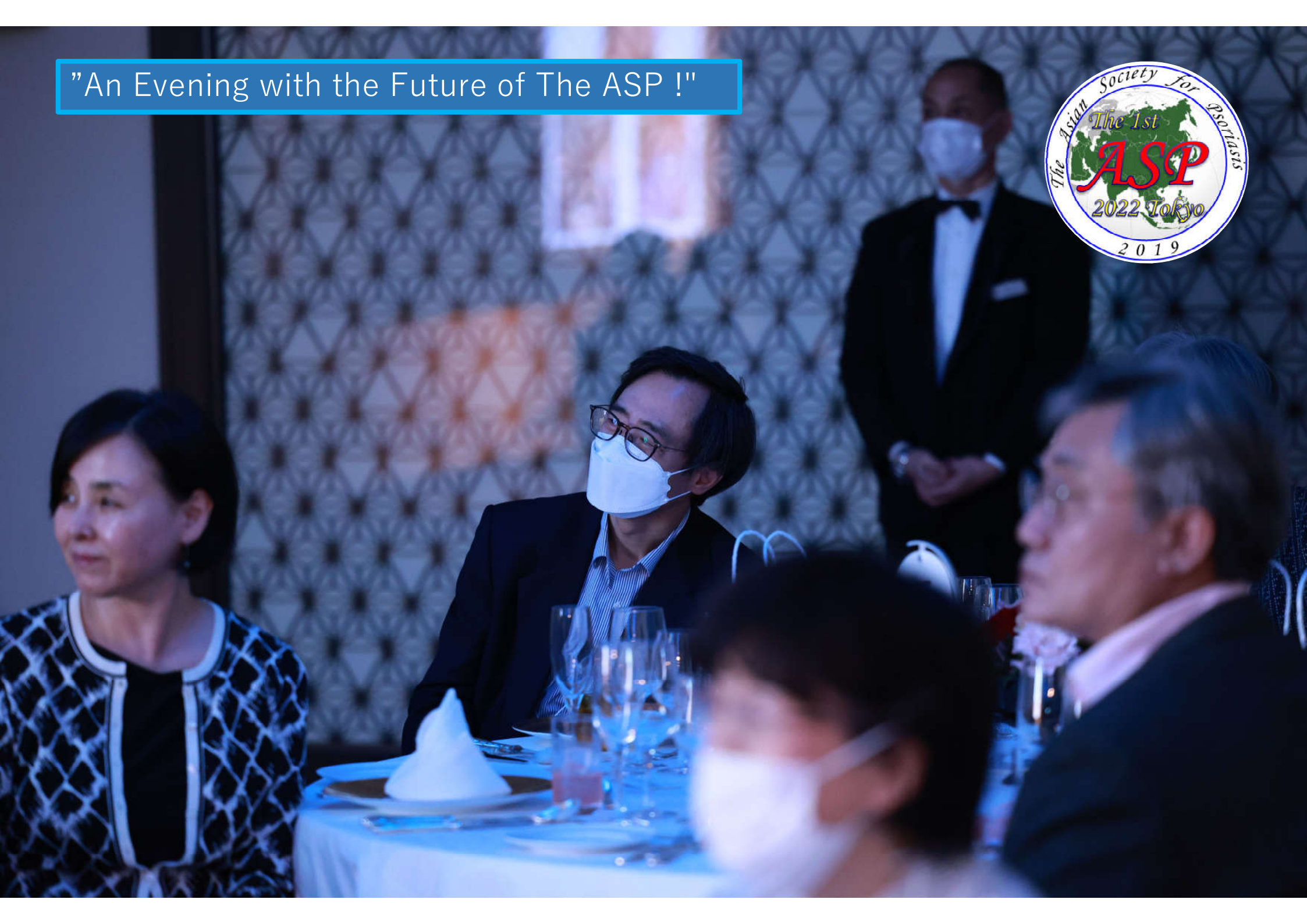
Tokai International Psoriasis Summit 2014 (TIPS 2014), Tokyo, JAPAN



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# The ASP Tokyo 2022

Let's Think Psoriasis in Asia



The ASP Tokyo 2022  
The Asian Society for Psoriasis Tokyo 2022

Theme: Let's Think Psoriasis in Asia

Tokyo International Forum Hall D5  
November 26 (Sat)-27 (Sun), 2022

President: MABUCHI Tomotaka, M.D., Ph.D.  
(Tokai University School of Medicine, Isehara, Japan)



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The ASP Tokyo 2022  
PC data desk

The ASP Tokyo 2022  
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Opening hours  
10:45~18:00, November 26 (Sat)  
7:30~13:00, November 27 (Sun)

Virgo I

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Medical Information

最新 新型コロナ  
TOKYO'S COVID-19 NO  
QRコード  
メールチェック  
ここでクラスターが  
お知らせがあなた  
Check in using one of the QR  
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# registration desk

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## Pre-registrant 事前登録者

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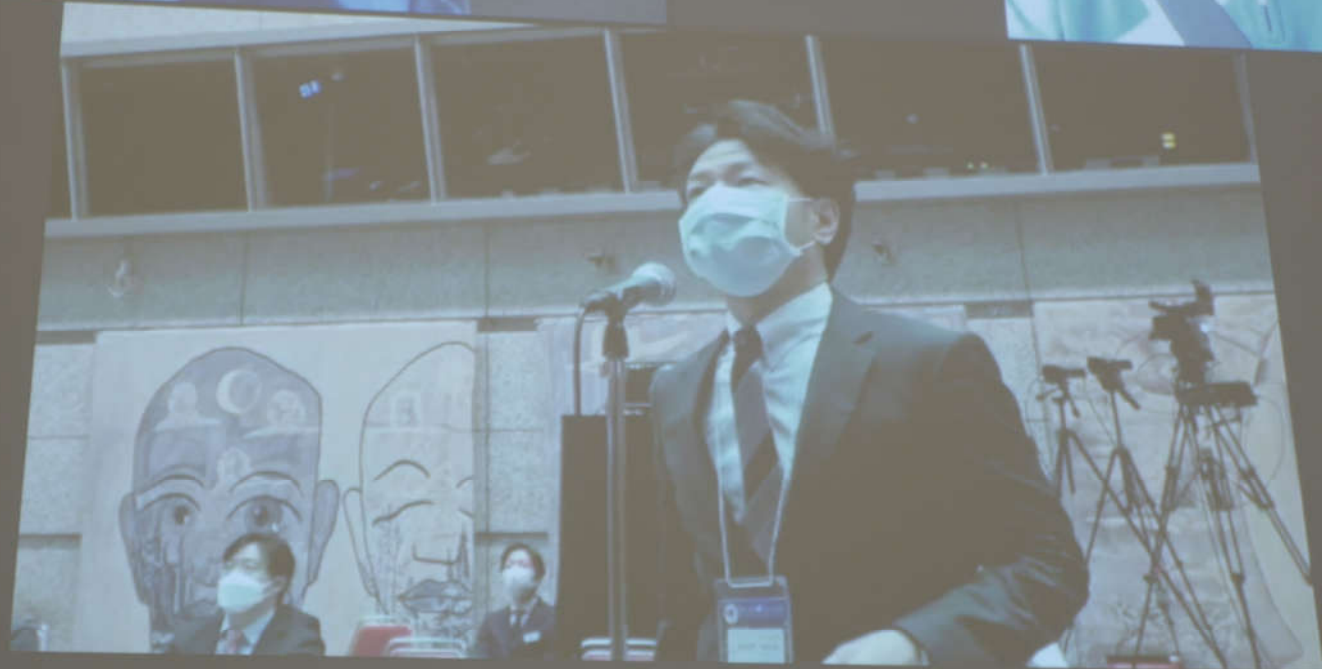
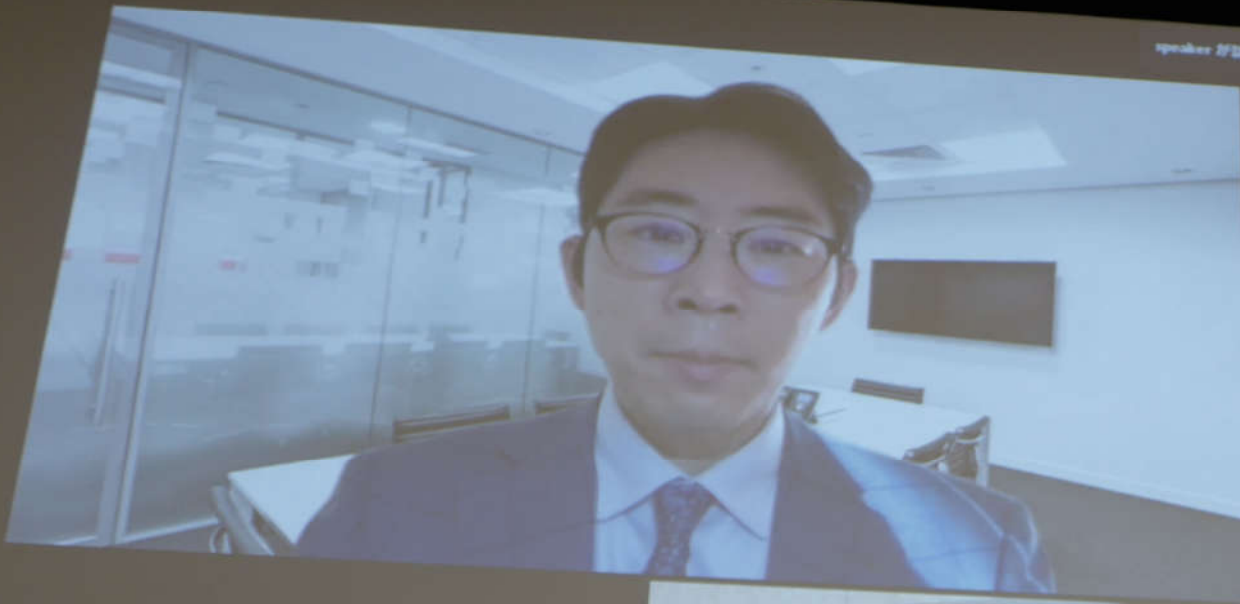




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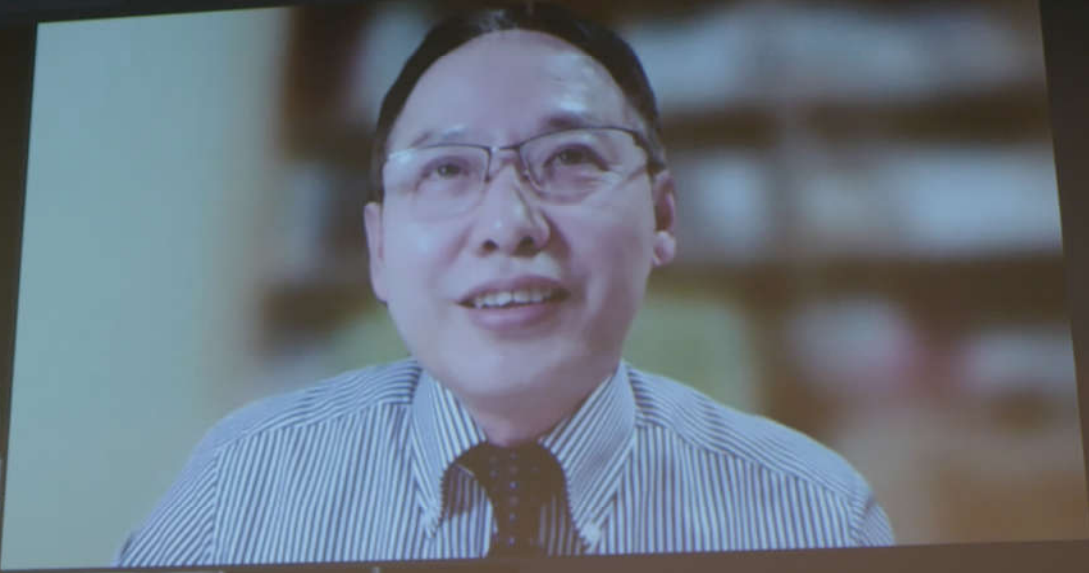
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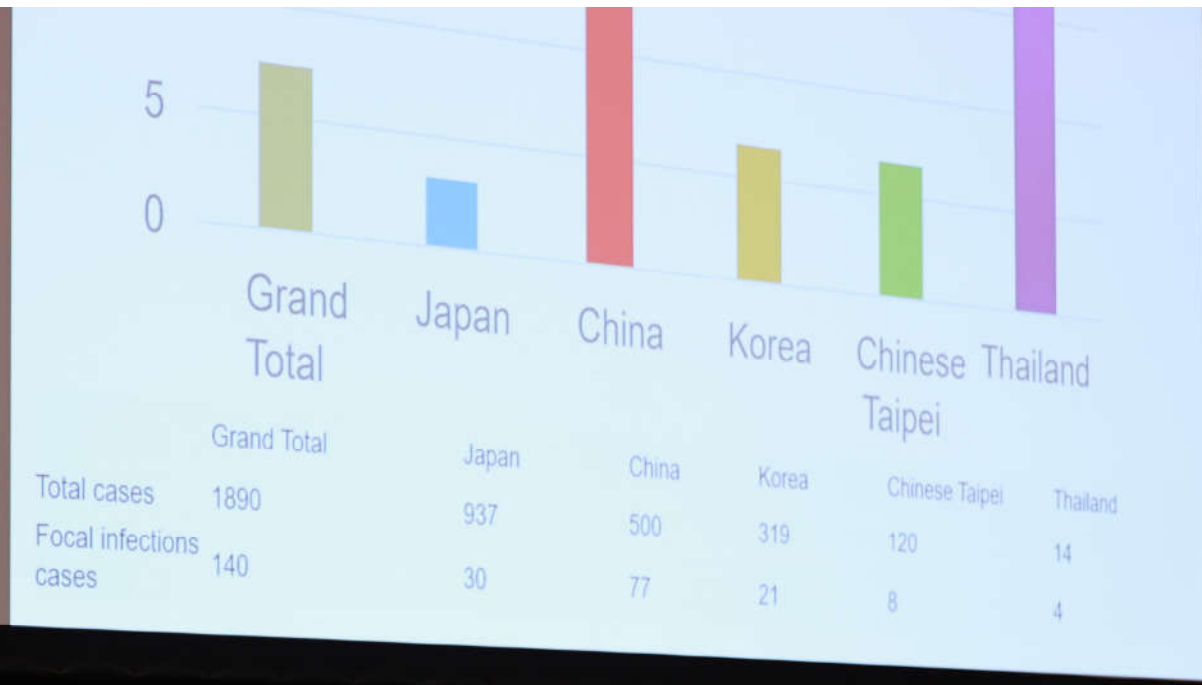


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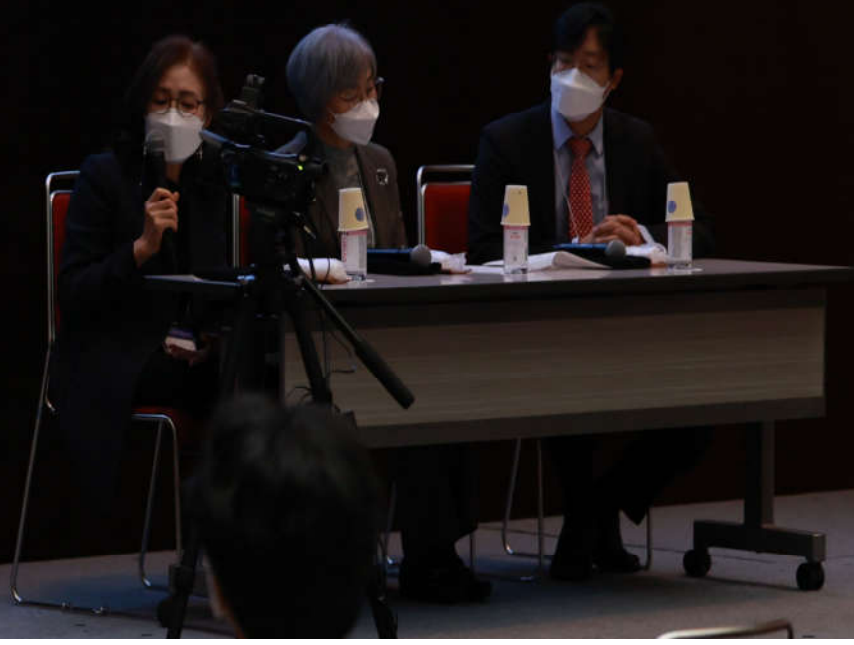


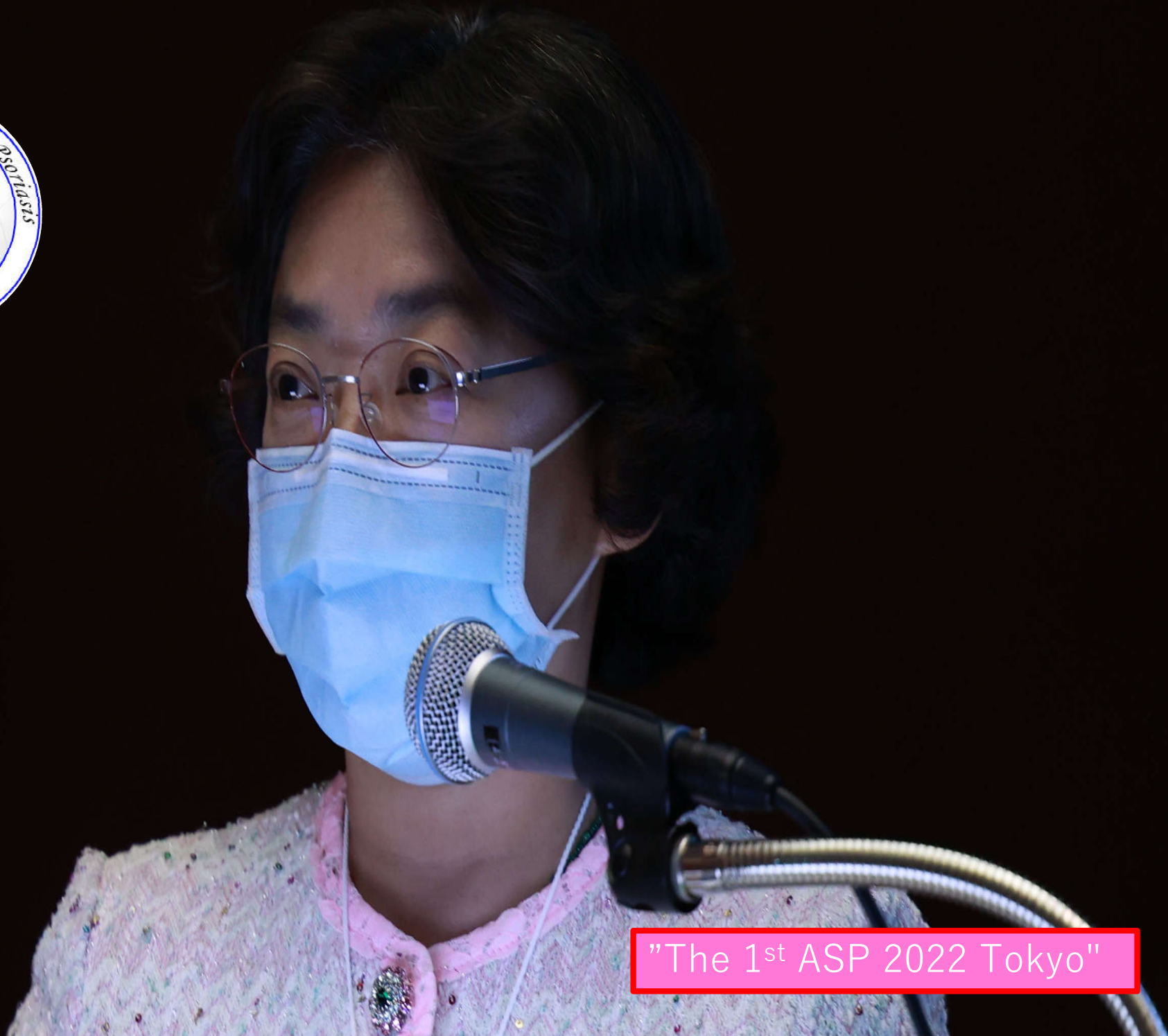


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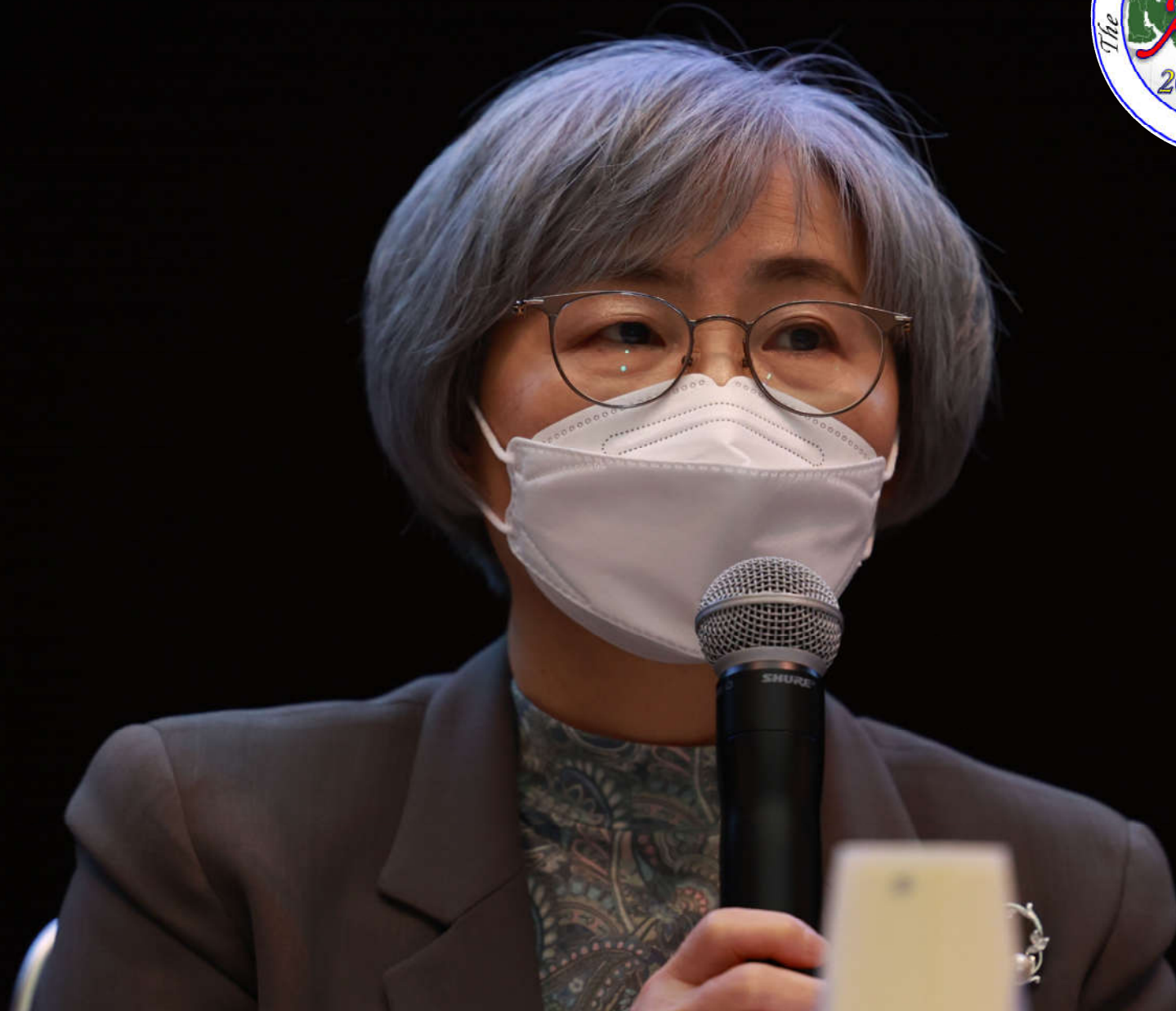
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Total cases	1890	937
Male	1232	654
Female	658	283



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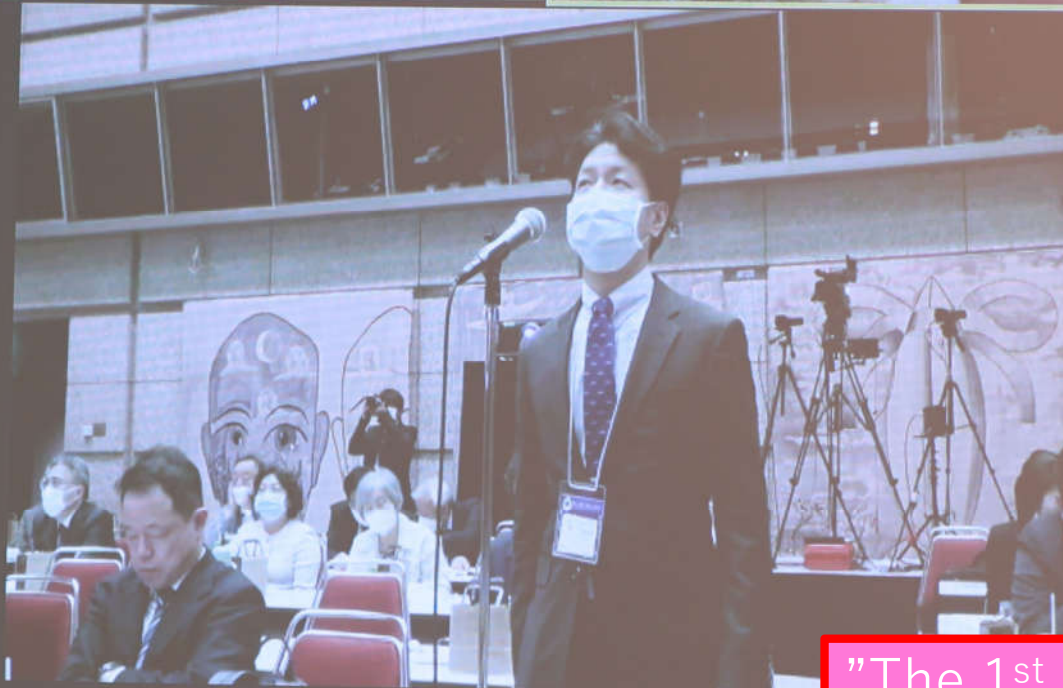
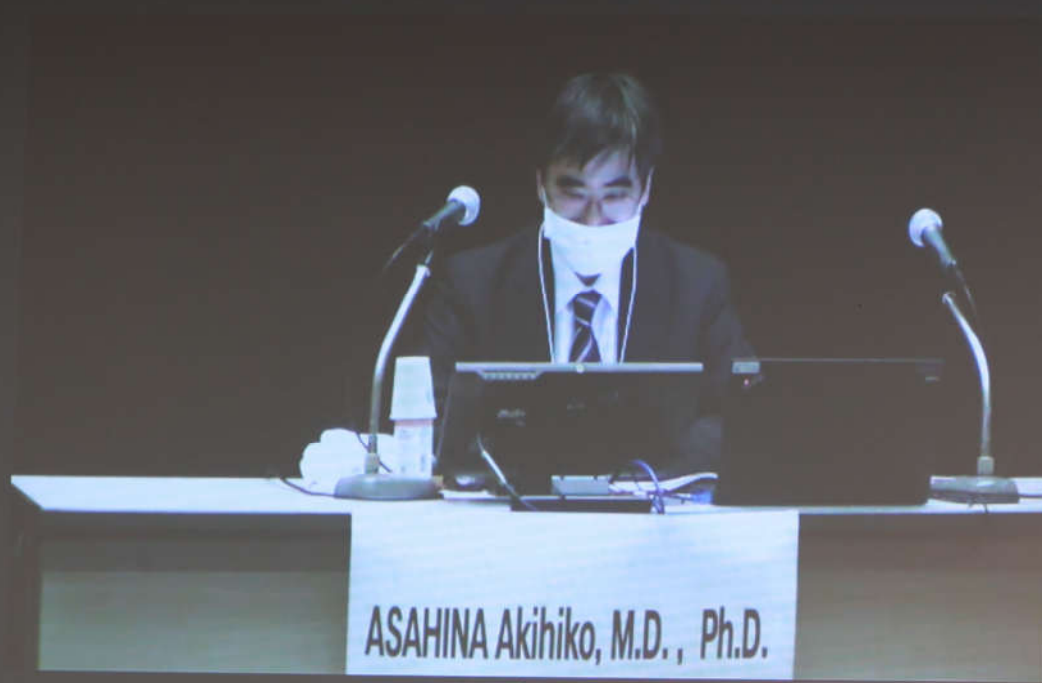
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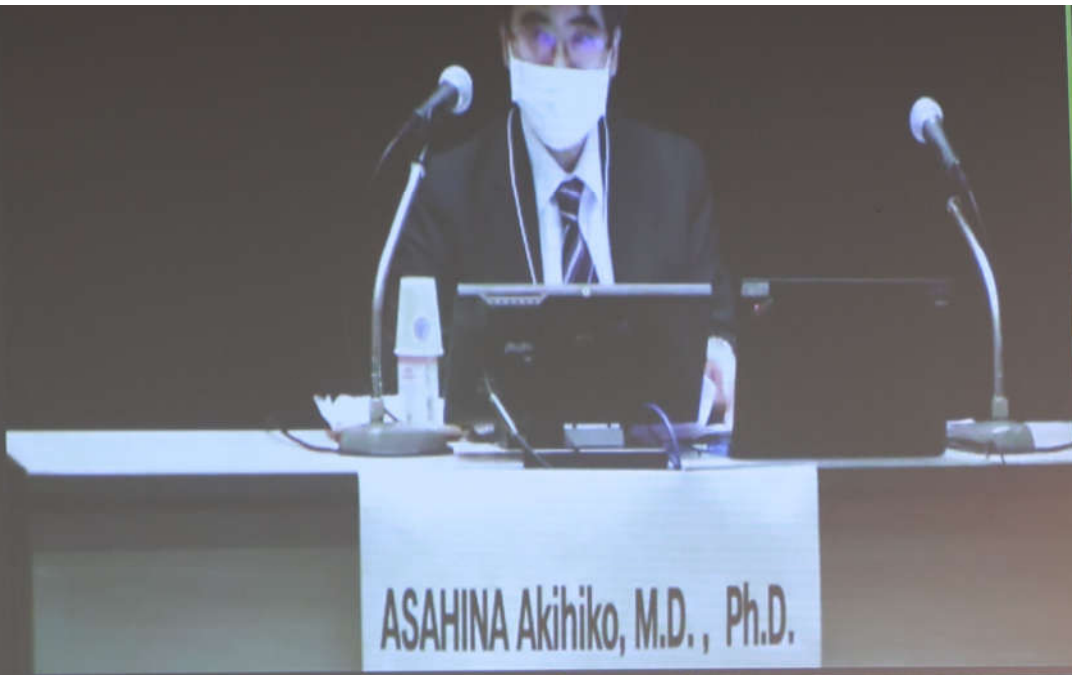




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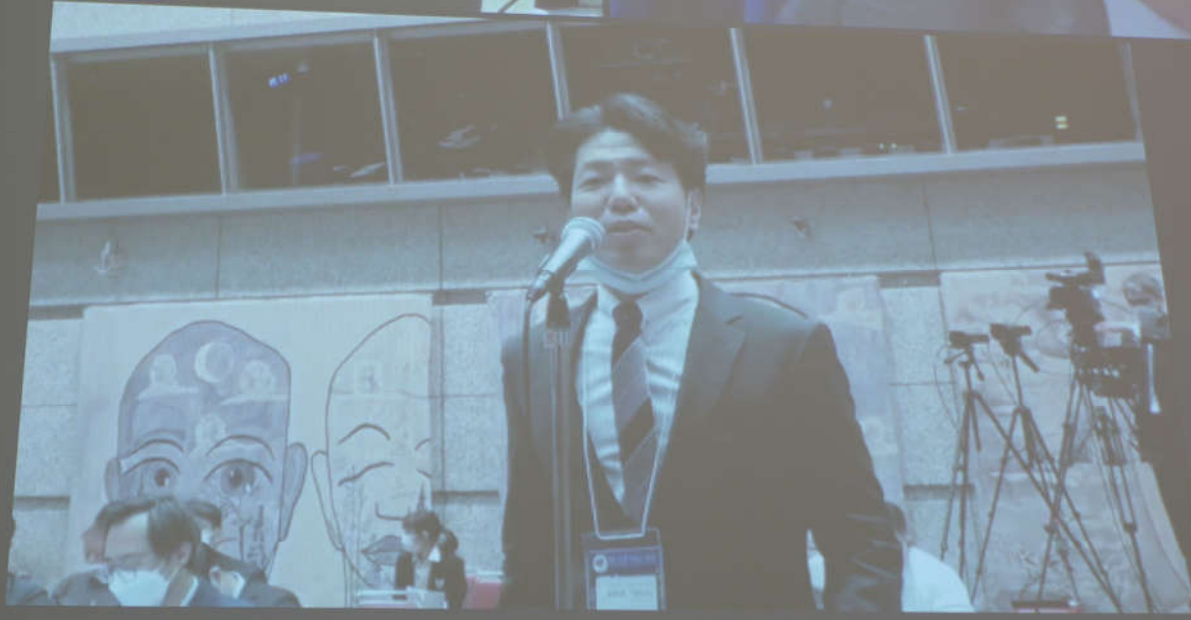
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# THE ASP Tokyo 2022

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# "The 1st ASP 2022 Tokyo"

P2203

## A case of exacerbation of psoriasis after COVID-19 vaccination during treatment with biologic agent.

Michio Tokuyama, Nobuhiro Takahashi, Manabu Nakazono, Aya Okaniwa, Ai Obayashi, Reiko Saito, Mizuho Ota, Tomomichi Shimizu, Akio Kondoh, Tomotaka Mabuchi  
Department of Dermatology, Tokai University School of Medicine

**Patient** A 43-year-old Japanese male  
**Past history** Dyslipidemia, hyperuricemia, Obesity (weight 95 kg, BMI 30.2)

**Present history**  
A 43-year-old Japanese man who had suffered psoriasis vulgaris for eight years, treated with topical corticosteroid and active vitamin D3, oral apremilast (taken for 6 months) at another hospital, visited to our hospital (PASI 11.8). Previous treatment did not show improvement.

### Clinical features (first visiting)



(PASI 11.8)

### Clinical features three months after brodalumab treatment



(PASI 1.8)

### Clinical features six months after NB-UVB treatment



(PASI 9.5)

### Clinical features one month after COVID-19 second vaccination



(PASI 6.4)

### Summary of psoriasis exacerbation after COVID-19 vaccination (2020-2022, pubmed)

Sexes	36 (Male 19 Female 17)	Main treatment	Before vaccination cases	After vaccination cases	Clinical type	Before vaccination cases	After vaccination cases	
Age (years old)	58.1 (30-8)							
Dose	Cases	Cases	No	12	0	Plaque	12	28
	18 First	8	Topical	14	6	Plaque and pustule	0	2
Interval	12 Second	26	Photo	1	5	Erythroderma	0	2
	3 Unknown	2	Oral	1	8	Guttate	2	2
Drug	1 First dose		Biologics	6	17	Pustular psoriasis	2	2
	2 Second dose							
11ger								
Exacerbation days after vaccination	11.3 (1-30)							

**Discussion**

- It has been reported that cases of psoriasis exacerbation induced by vaccination such as influenza virus vaccine, pneumococcal vaccine, BCG vaccine, and diphtheria vaccine.
- The AstraZeneca's COVID-19 vaccine induces neutralizing antibodies and T-cell immune responses against the SARS Cov-2 spike protein. CD4-positive T cells induced by vaccine stimulate the production of TNFα and IFNγ, which may exacerbate psoriasis.
- However, the detailed mechanism of psoriasis exacerbation induced by COVID-19 vaccine has not been elucidated.

**Summary**

- We experienced a case of exacerbation of psoriasis after COVID-19 vaccination during treatment with biologic agent.
- Currently, additional COVID-19 vaccination is recommended for high-risk cases.
- Since psoriasis has comorbidities such as obesity and metabolic syndrome which may be included high-risk cases, we should pay attention to the possibility of psoriasis exacerbation.

P2204

P2205

## Psoriasis treatment with MTX in our clinic

Nobuhiro Takahashi, Mizuho Ota, Michio Tokuyama, Tomotaka Mabuchi  
Department of Dermatology, Tokai University School of Medicine

**Background**  
Methotrexate (MTX) has long been the standard treatment for psoriasis outside Japan, but it was only approved in Japan in March 2019, and there are not many cases of its use in Japan due to the abundance of other psoriasis treatment options. Therefore, we examined the treatment efficacy and side effects of psoriasis cases treated with MTX at our hospital.

**Object**  
Psoriasis patients treated with MTX from 2013 to 2022

### Outcome

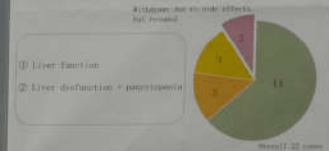
Mean age: 60 years (1-14, 72) (37-86 years)  
Average duration of treatment: 51 months (0-24, 91) (14-100 months)



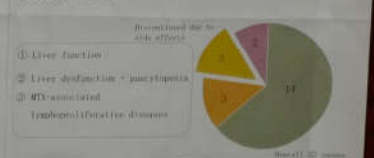
### Clinical course



### Clinical course



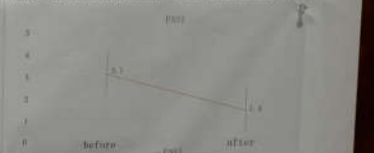
### Clinical course



### Clinical course



### PASI scores before and after treatment (n=16)



### MTX Side Effects

Non-dependent side effects: 10 cases (45.5%)  
Liver dysfunction: 1 case (4.5%)  
Pancytopenia: 1 case (4.5%)  
Gastrointestinal symptoms: 1 case (4.5%)  
Rash: 1 case (4.5%)  
Total: 14 cases (64.5%)

### MTX Side Effects and Countermeasures

In a relatively series of MTX use since the Japanese governmental approval (2019), the most common side effect has been pancytopenia. The other side effects (rash, liver dysfunction, and gastrointestinal symptoms) were also observed. Liver dysfunction and pancytopenia were the most common side effects, and their occurrence was associated with the most severe cases. In this study, all patients were treated with MTX, and the side effects were observed. However, when half of the patients with biopsy showed and complete were able to continue MTX with some adjustment.

### MTX Side Effects and Countermeasures

Side effects during treatment: 14 cases (64.5%)  
Liver dysfunction: 1 case (4.5%)  
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### Conclusion

MTX has many serious side effects, but it is an inexpensive drug that is effective not only for joint symptoms but also for psoriatic skin rash. It should be used effectively with periodic consultation and examinations.



### P2206

#### Presence of periodontal disease does not increase the risk of subsequent psoriasis

Yoon Sang Park, Young Chan Kim, Ayesha Kim, Hae Sun Song, Jeyhun Aron

Department of Dermatology, Gyeongsang Hospital, Korea University College of Medicine, Seoul, Republic of Korea

**Introduction:** Periodontitis is a chronic inflammatory oral disease with multiple etiologies. Periodontitis is a chronic inflammatory oral disease with multiple etiologies. Periodontitis is a chronic inflammatory oral disease with multiple etiologies.

**Methods:** Retrospective study of patients who were treated for periodontitis and psoriasis.

**Results:** The study included 100 patients with periodontitis and 100 patients with psoriasis.

**Conclusion:** The presence of periodontal disease does not increase the risk of subsequent psoriasis.

### P2207

#### IL-17 inhibitors and superficial fungal infection

Yoshihito Niimi, Jun-chiro Hiruma, Kazutoshi Harada, Yukari Okubo

Department of Dermatology, Tokyo Medical University, Tokyo, Japan

**Introduction:** Recently, the efficacy of treatments for psoriasis, including anti-TNF- $\alpha$ , IL-17, and IL-23 inhibitors, have increased.

**Method:** Retrospective, single-center chart review.

**Results:** 224 patients with psoriasis receiving biologics.

**Conclusion:** The use of biologics for psoriasis treatment has increased and is now a major therapeutic option.

### P2208

#### Safety of adalimumab, secukinumab, guselkumab in the treatment of patients with moderate and severe psoriasis: A single institution study based on actual clinical data

Jun Joo Park, M.D., Ph.D., Kwang Joong Kim, M.D., Ph.D.

Department of Dermatology, College of Medicine, Hallym University, Anju, Korea

**Introduction:** Adalimumab, secukinumab, and guselkumab are monoclonal antibodies that target TNF- $\alpha$ , IL-17, and IL-23, respectively.

**Method:** Retrospective study of patients treated with biologics.

**Results:** 100 patients were treated with biologics.

**Conclusion:** The use of biologics for psoriasis treatment is safe and effective.

### P2209

#### A case of generalized pustular psoriasis (GPP) with organized pneumonia (OP) during treatment for rheumatoid arthritis (RA)

Minho Ota, Michio Tokuyama, Hiroburo Takahashi, Manabu Nakazono, Aya Okawara, Reiko Sata, Tomomichi Shimizu, Akio Kanoh, Tomotaka Mibuchi

Department of Dermatology, Tohoku University School of Medicine

**Introduction:** Generalized pustular psoriasis (GPP) is a severe form of psoriasis.

**Case Report:** A 74-year-old Japanese female with RA developed GPP and OP during treatment with biologics.

**Conclusion:** GPP and OP can occur during treatment for RA.



### Banrocumab clinical trial

Psoriasis vulgaris 59 years old female

**Treatment and prevention for oral candidiasis**

**Conclusions:** Banrocumab is a promising treatment for psoriasis.

### IL-17 inhibitors and superficial fungal infection

**Introduction:** IL-17 inhibitors are used for psoriasis.

**Method:** Retrospective study.

**Results:** 100 patients were treated with biologics.

**Conclusion:** The use of biologics for psoriasis treatment is safe and effective.

### The clinical course

**Introduction:** Clinical course of GPP and OP.

**Results:** Clinical course of GPP and OP.

**Conclusion:** Clinical course of GPP and OP.



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### P2203

#### Case of exacerbation of psoriasis after COVID-19 vaccination during treatment with biologics agent

Yoshiko Takemura, Naohito Sakurai, Mizuki Nakazawa, Aya Okuma, Ai Shibasaki, Yoko Imai, Mizuki Ota, Tomonori Shirota, Masahiro Tomotaka, Mutsuko Yoshida (Chiba University, Chiba, Japan)

**Background:** COVID-19 vaccination is expected to reduce the risk of severe COVID-19. However, there are reports of exacerbation of psoriasis after COVID-19 vaccination.

**Case Report:** A 45-year-old male patient with a long history of psoriasis was treated with apixarsen and adalimumab. He developed a severe exacerbation of psoriasis after receiving the second COVID-19 vaccine. The exacerbation was treated with systemic corticosteroids and biologics.

**Conclusion:** COVID-19 vaccination may exacerbate psoriasis in patients treated with biologics. Close monitoring and prompt treatment are necessary.

### Summary of psoriasis exacerbation after COVID-19 vaccination (2020-2022, published)

Case No.	Age	Sex	Duration of psoriasis (years)	Biologics used	COVID-19 vaccine	Exacerbation onset (days after vaccine)	Severity (PASI)	Response to treatment
1	45	M	10	Adalimumab	2nd	7	Severe	Improved with systemic corticosteroids
2	38	F	5	Secukinumab	1st	14	Moderate	Improved with systemic corticosteroids
3	52	M	15	Ustekinumab	2nd	10	Severe	Improved with systemic corticosteroids
4	41	F	8	Adalimumab	1st	12	Moderate	Improved with systemic corticosteroids
5	35	M	3	Secukinumab	2nd	9	Severe	Improved with systemic corticosteroids

### P2205

#### Psoriasis treatment with MTX in our clinic

Nobuhiro Takahashi, Mizuho Ota, Michio Tokuyama, Tomotaka Mabuchi  
Department of Dermatology, Tokai University School of Medicine

**Background:** Methotrexate (MTX) has long been the standard treatment for psoriasis outside Japan, but it was only approved in Japan in March 2019, and there are not many cases of its use in Japan due to the abundance of other psoriasis treatment options. Therefore, we examined the treatment efficacy and side effects of psoriasis cases treated with MTX at our hospital.

**Objectives:** We aimed to evaluate the efficacy and side effects of MTX treatment for psoriasis in our clinic.

**Methods:** We retrospectively reviewed the medical records of psoriasis patients treated with MTX from 2013 to 2022.

**Results:** A total of 22 patients were treated with MTX. The mean age was 40 years (range 17-80 years). The average duration of treatment was 31 months (range 1-104 months). The clinical course was as follows: 14 patients were improved, 2 patients were discontinued due to side effects, and 6 patients were changed to other drugs.

**Conclusion:** MTX is an effective treatment for psoriasis, but it is associated with side effects. Close monitoring is necessary during treatment.

### P2205

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Department of Dermatology, Tokai University School of Medicine

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**Conclusion:** MTX is an effective treatment for psoriasis, but it is associated with side effects. Close monitoring is necessary during treatment.

**Outcome:** Mean age: 40 years (17-80 years). Average duration of treatment: 31 months (1-104 months). Overall 22 cases.

**Clinical course:** 14 Improved, 2 Discontinued due to side effects, 6 Changed to other drugs.

**Side Effects:** 1 Liver function, 2 Liver dysfunction + pancytopenia, 3 MTX associated lymphoproliferative diseases.

**PASI scores before and after treatment (n=16):** PASI score decreased from 5.1 before to 1.4 after treatment.

**MTX Side Effects and Countermeasures:** Liver function, Liver dysfunction + pancytopenia, MTX associated lymphoproliferative diseases.

**Conclusion:** MTX is an effective treatment for psoriasis, but it is associated with side effects. Close monitoring is necessary during treatment.

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### P2207 IL-17 inhibitors and superficial fungal infection

Yoshiko Mizumi, Jun-ichiro Hiruma, Kikutoshi Harada, Yukari Okubo  
Department of Dermatology, Tokyo Medical University, Tokyo, Japan

**Introduction**  
Psoriasis is a chronic inflammatory skin disease. Recently, the efficacy of treatments for psoriasis, including anti-IL-17 and anti-IL-23 antibodies, have increased. However, the safety of these antibodies needs to be paid to the adverse effects of using these biologics because they often involve immunosuppression.

**Biologics**  
Anti-IL-17 antibody: ixekicimab (IXE), secukinumab (SEC).  
Anti-IL-23 antibody: guselkumab (GUS), risankizumab (RIK).

**Method**  
Design: retrospective, single-center cohort review.  
Duration: from January 2019 to March 2019.  
Patients: 224 patients with psoriasis receiving biologics.  
Outcome: incidence of superficial fungal infections.  
A search in the case of new biological or another side occurred retrospectively.

**Characteristics of the patients**

	No. of patients	Gender ratio (%)	Mean age (years)	Mean PASI score	Mean treatment duration (years)
IXE	102	51 (50%)	44.7	11.6	107.3
SEC	66	66 (100%)	43.9	11.8	173.2
UST	53	19 (36%)	52.0	12.8	149.4
RIK	41	30 (73%)	49.1	11.2	96.1
GUS	27	16 (59%)	51.9	9.2	67.2
RIK	22	16 (73%)	49.1	9.2	55.4
Total	224	168 (75%)			

**Result ①**  
Superficial fungal infections: 102 patients (45.5%)  
Incidence rate: 45.5% (95% CI: 39.1-52.0%)

**Result ②**  
Superficial fungal infections: 168 patients (75%)  
Incidence rate: 75% (95% CI: 69.1-80.9%)

**Incidence rate of superficial fungal infections**

Biologic	Incidence rate (%)
IXE	45.5
SEC	100
UST	32.1
RIK	24.4
GUS	60
RIK	54.5

**Clinical types of superficial fungal infections**

Biologic	Number of patients	Number of infections	Number of patients with IL-17 antibody
IXE	46	10	46
SEC	66	66	66
UST	53	17	53
RIK	41	10	41
GUS	27	16	27
RIK	22	12	22

**IL-17**  
The IL-17 family of cytokines is composed of six members, including IL-17A to IL-17F. IL-17A is the most abundant cytokine in the human skin. The activity of IL-17A is stronger than that of IL-17B and IL-17C. IL-17A is mainly secreted by Th17 cells and promotes the production of IL-17A and IL-17F.

**Mechanism for fungal infection**  
IL-17A is secreted by Th17 cells and promotes the production of IL-17A and IL-17F. IL-17A and IL-17F are secreted by Th17 cells and promote the production of IL-17A and IL-17F.

**Treatment and prevention for oral candidiasis**

**Conclusions**  
The incidence of superficial fungal infections was higher in patients receiving anti-IL-17 antibodies than in patients receiving anti-IL-23 antibodies.

### P2208

**Discussion**  
There have been no reports of a complication of pustular psoriasis and organizing pneumonia. In recent years, a relationship between psoriasis and organizing pneumonia has been suggested.

**Summary**  
This case developed GPP during treatment for rheumatoid arthritis, and improved with etretinate. Lung lesions appeared during the course, and organizing pneumonia was diagnosed with bronchoscopy. In this case, oral steroids were effective. Complications of pustular psoriasis with both rheumatoid arthritis and organizing pneumonia are rare.


### P2209

#### A case of generalized pustular psoriasis(GPP) with organized pneumonia(OP) during treatment for rheumatoid arthritis(RA)

Mizuho Ota, Michio Tokuyama, Hironobu Takahashi, Manabu Nakazono, Aya Okaniwa, Reiko Saito, Tomomichi Shimizu, Akio Kondoh, Tomotaka Mabuchi  
Department of Dermatology, Tokai University School of Medicine

**Patient** A 74-year-old Japanese female  
**Past history** Rheumatoid arthritis, MTX-related lymphoproliferative disease, deep vein thrombosis, hypertension

**Present history**  
She had suffered rheumatoid arthritis for nine years, treated with PSL 7mg/day, bucillamine, and oral iguratimod at Rheumatology. She developed eruptions on her back and buttocks for one year before the first visit, and was treated with topical steroids at a local doctor, but previous treatment did not show improvement. She had erythema with scaling around the margins of the lower back, flanks, and posterior surfaces of both thighs. We diagnosed erythema multiforme by skin biopsy, and topical steroids and oral antiallergic drugs were started. Five months after the first visit, she developed pain and difficulty moving due to exacerbation of the eruption, and was transferred to our hospital by ambulance.

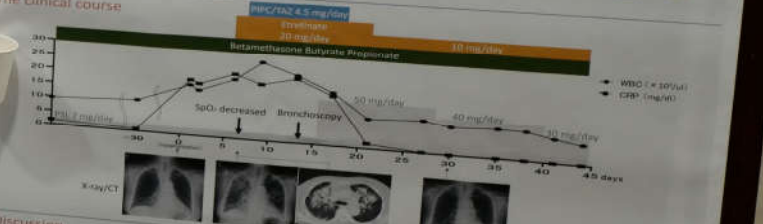
**Clinical features**  


**Pathological features**  


**Discussion**  
Erythema with lace-like scales was observed on the trunk and extremities, and small pustules 1-2 mm in size were scattered throughout the body, forming a pus-filled sea. No mucosal rash was observed.

**Vitals**  
BP 130/72 mmHg, HR 80 bpm, SpO2 98%, RR 20 /min, pO2 112 mmHg, pCO2 33.3 mmHg

**Laboratory test findings**  
WBC 14100 /mm3, CRP 16.15 mg/dL, ESR 31 mm/h, Na 141 mg/dL, K 3.9 mg/dL, Cl 106 mg/dL, ALP 67 U/L, y-GTP 14 U/L, BUN 18 mg/dL, Cr 0.80 mg/dL, AST 37 U/L, ALT 28 U/L

**The clinical course**  


**Discussion**  
• Only one case of complication of rheumatoid arthritis and pustular psoriasis has been reported.  
• There have been no reports of a complication of pustular psoriasis and organizing pneumonia.  
• In recent years, a relationship between psoriasis and organizing pneumonia has been suggested.

**Summary**  
• This case developed GPP during treatment for rheumatoid arthritis, and improved with etretinate.  
• Lung lesions appeared during the course, and organizing pneumonia was diagnosed with bronchoscopy.  
• In this case, oral steroids were effective.  
• Complications of pustular psoriasis with both rheumatoid arthritis and organizing pneumonia are rare.



Tokyo International Forum Hall D5  
November 26 (Sat)-27 (Sun), 2022

President: MABUCHI Tomotaka, M.D., Ph.D.  
(Tokai University School of Medicine, Isehara, Japan)



"The 1<sup>st</sup> ASP 2022 Tokyo"



"Cocktail Party"



"Cocktail Party"



**The ASP Tokyo 2022**  
The Asian Society for Psoriasis Tokyo 2022

## Sweets Seminar 2

**Date** November 26 (Sat), 2022 18:30 ~ 19:30  
**Venue** Hall 2C

Deep Dive into Psoriasis and Psoriasis-like Psoriasis in Asia

**Chair** Prof. Masahito UCHIDA  
Department of Dermatology, Graduate School of Medical Science, Jikei University (Japan)

Psoriasis-like Psoriasis Management Challenges and Treatment Advances

**Co-Chair** Prof. Tsutomu YAMAMOTO  
Department of Dermatology, Jikei University (Japan)

Current Status and Following Treatment Goals in Psoriasis

Prof. Yu-Hsin CHEN  
Chang Gung Memorial Hospital and Chang Gung University, Taiwan

Sponsored by Japanese Skin Society





"Cocktail Party"



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"The 2<sup>nd</sup> Party"

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