



The ASP Tokyo 2022

The Asian Society for Psoriasis Tokyo 2022

Let's Think Psoriasis in Asia



Program & Abstracts

November 26 (Sat.)–27 (Sun.), 2022

President **TOMOTAKA MABUCHI**

(The Vice President of the ASP, Tokai University, Isehara, JAPAN)

Venue **Tokyo international Forum Hall D5**



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

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)



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Welcome Message

Dear colleagues and friends,

It's my great honor and pleasure to host the ASP Tokyo 2022 on November 26-27, 2022.

The ASP Tokyo 2022 is the 1st congress of the ASP (Asian Society for Psoriasis). The ASP Tokyo was originally scheduled to be held in 2020 as the ASP Tokyo 2020, but due to the global spread of COVID-19 infection, after postponements and rescheduling, we were finally able to hold this congress in 2022.

ASP was established in 2019, after more than 5 years of preparation. On 2014, the Tokai International Psoriasis Summit 2014 (TIPS 2014) was held in Tokyo, Japan. The president of TIPS 2014 was Prof. Akira Ozawa who now is the first president of ASP. On 2016, the Asian Summit for Psoriasis 2016 (ASP 2016) was held in Seoul, Korea. The president of the ASP 2016 was Prof. Jai Il Youn who was the former president of the Korean Society for Psoriasis. The following was the International Psoriasis Symposium which was held in Kunming, China during the 5th Eastern Asia Dermatology Congress (EADC 2018). The president was Prof. Min Zheng who is one of the core members of the Chinese Psoriasis Conference.

In line of the concept of the ASP, "To Know Others and To Do Something Together", the theme of this ASP Tokyo 2022 is "Let's Think Psoriasis in Asia". In hopes to learn even more in depth about the treatment options and researches for psoriasis in other Asian countries, and deepen our friendship along the way, lectures will be given from psoriasis experts from all around Asia. Furthermore, with the help and participation of members of the ASP, a part of an epidemiologic survey of psoriatic patients in Asia will be reported.

We look very much forward to having as many friends from Asia as possible participate in this ASP Tokyo 2022.

Sincerely,

TOMOTAKA MABUCHI, M.D., Ph.D.
President of the ASP Tokyo 2022
Secretary General of the ASP
Professor and Chair
Department of Dermatology
Tokai University School of Medicine





The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Organization

The List of the ASP Officers & Directors 2022 (2022/04/25)

President	Dr. OZAWA Akira	Japan
Vice President	Dr. WANG Gang	China
	Dr. MABUCHI Tomotaka	Japan
	Dr. SONG Hae Jun	Korea
	Dr. TSAI Dino	Chinese Taipei
	Dr. SINDHVANANDA Jiro	Thailand
Secretary General	Dr. MABUCHI Tomotaka	Japan
Secretary (China)	Dr. FAN Pingshen	China
Secretary (Japan)	Dr. TOKUYAMA Michio	Japan
Secretary (Korea)	Dr. KIM Byung Soo	Korea
Secretary (Chinese Taipei)	Dr. TSAI Dino	Chinese Taipei
Secretary (Thailand)	Dr. SINDHVANANDA Jiro	Thailand

Honorary President	Dr. YOUN Jai Il	Korea
	Dr. ZHENG Min	China
Honorary Advisor	Dr. CHEN Hong-Duo	China
	Dr. LIAO Wanqing	China
	Dr. ZHANG Jianzhong	China
	Dr. KAWADA Akira	Japan
	Dr. NAKAGAWA Hidemi	Japan
	Dr. NAKAYAMA Juichiro	Japan
	Dr. OHTSUKI Mamitaro	Japan
	Dr. SETOYAMA Mitsuru	Japan
	Dr. CHOI Jee-Ho	Korea
	Dr. KIM Kwang Joong	Korea
	Dr. KIM Nack In	Korea
	Dr. KIM Tae Yoon	Korea
	Dr. LEE Joo Heung	Korea
	Dr. PARK Chul Jong	Korea
	Dr. CHANG Ying-Jui	Chinese Taipei
Dr. HWANG Sam T.	U.S.A.	
Special Advisor	Dr. LU Qianjin	China
	Dr. ZHANG Xeujun	China
	Dr. AMAGAI Masayuki	Japan
	Dr. MORITA Akimichi	Japan
	Dr. CHOE Yong Beom	Korea
	Dr. PARK Chun Wook	Korea

Directors	Dr. CHEN Xiang	China
	Dr. FAN Pingshen	China
	Dr. GAO Xinghua	China



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Directors	Dr. GU Heng	China
	Dr. GU Jun	China
	Dr. HAN Gangwen	China
	Dr. HE Yanling	China
	Dr. JIN Hongzhong	China
	Dr. LAI Yuping	China
	Dr. LIU Xiaoming	China
	Dr. MAN Xiaoyong	China
	Dr. REN Yunqing	China
	Dr. SHI Yuling	China
	Dr. SUN Qing	China
	Dr. WANG Gang	China
	Dr. WANG Honglin	China
	Dr. YANG Bin	China
	Dr. ZHANG Xibao	China
	Dr. ZHAO Yi	China
	Dr. AMANO Masahiro	Japan
	Dr. ASAHINA Akihiko	Japan
	Dr. IKEDA Shigaku	Japan
	Dr. IMAFUKU Shinichi	Japan
	Dr. KANEKURA Kakuro	Japan
	Dr. KATOH Norito	Japan
	Dr. KOMINE Mayumi	Japan
	Dr. MABUCHI Tomotaka	Japan
	Dr. OZAWA Akira	Japan
	Dr. SAEKI Hidehisa	Japan
	Dr. SAYAMA Koji	Japan
	Dr. SEISHIMA Mariko	Japan
	Dr. TADA Yayoi	Japan
	Dr. TERUI Tadashi	Japan
	Dr. TOKUYAMA Michio	Japan
	Dr. YAMAMOTO Toshiyuki	Japan
	Dr. YAMANAKA Keiichi	Japan
	Dr. CHOE Yong Beom	Korea
	Dr. JO Seongjin	Korea
	Dr. KIM Byung Soo	Korea
	Dr. KIM Dong Hyun	Korea
	Dr. PARK Hai Jin	Korea
	Dr. ROH Joo Young	Korea
	Dr. SHIN Bong Seok	Korea
	Dr. SONG Hae Jun	Korea
Dr. YOUN Song Woong	Korea	
Dr. TSAI Dino	Chinese Taipei	
Dr. LO Yuan-Hsin	Chinese Taipei	
Dr. ASAWANONDA Pravit	Thailand	



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Directors	Dr. AUNHACHOKE Kobkul	Thailand
	Dr. MEEPHANSAN Jitlada	Thailand
	Dr. PATTAMADILOK Bensachee	Thailand
	Dr. RAJATANAVIN Natta	Thailand
	Dr. SINDHVANANDA Jirof	Thailand
	Dr. SUTHIPINITTHARM Puan	Thailand
	Dr. WONGPRAPARUT Chanisada	Thailand

List of new ASP new members (2022/07/03)

	Name	Title	Institute
Korea			
1	LEE Eun-So	Professor	Ajou University School of Medicine
2	KIM Jeong Eun	Associate Professor	Hanyang University College of Medicine
3	BAEK Yoo Sang	Assistant Professor	Korea University College of Medicine
4	BANG Chul Hwan	Assistant Professor	The Catholic University of Korea College of Medicine
5	JUNG Kyungeun	Assistant Professor	Chungnam National University College of Medicine
6	KIM Tae-Gyun	Assistant Professor	Yonsei University College of Medicine
7	CHOI Yusung	Clinical Associate Professor	Soon Chun Hyang University Hospital Seoul
Japan			
1	KURIHARA Seiichi	Deramtologist	IZUMINO Dermatological Clinic
2	MASUDA Chieko	Director	IZUMINO Dermatological Clinic

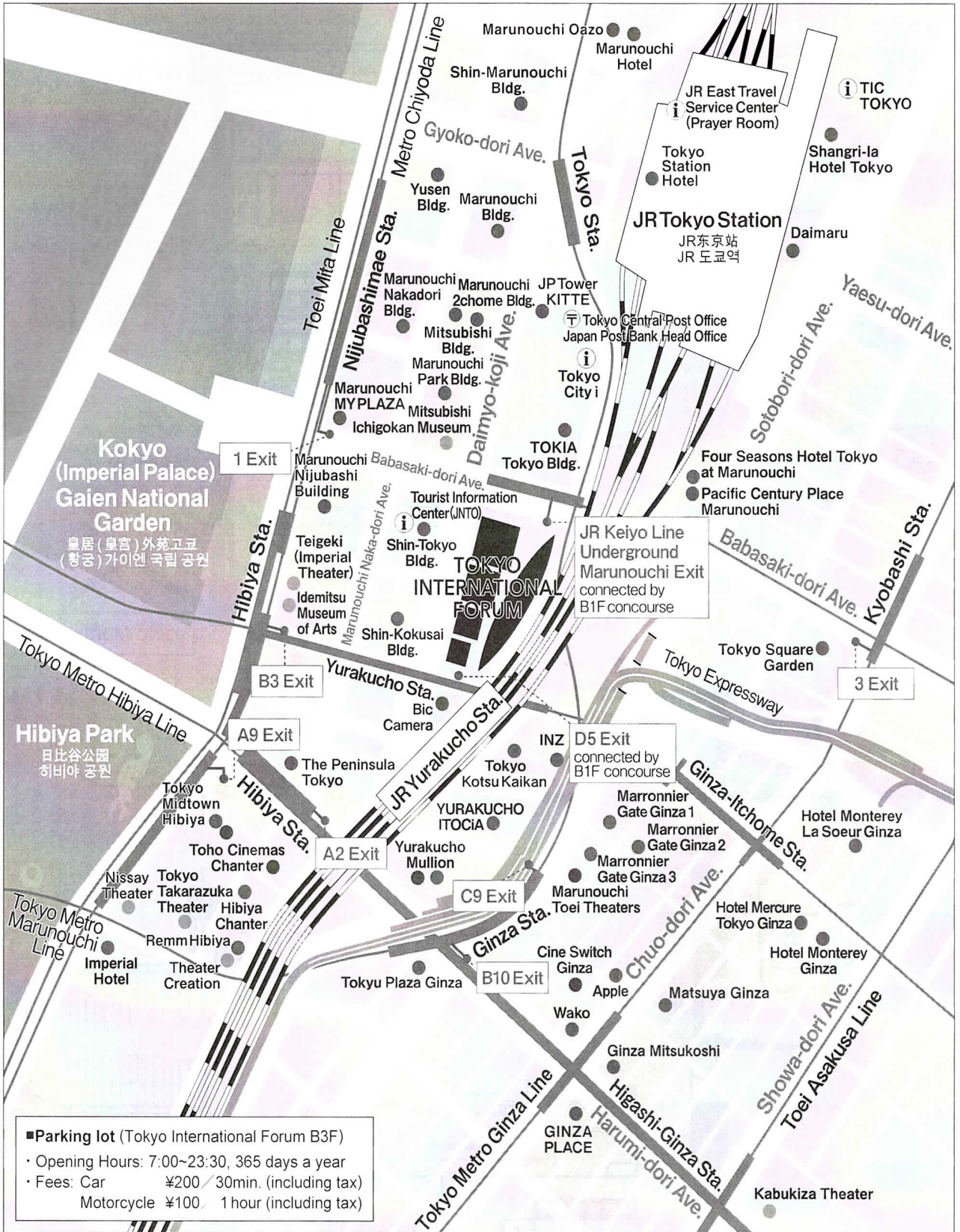
The List of ASP Supporting Members 2022

Nation	Company
Japan	Amgen K.K.
	AbbVie GK
	Eisai Co., Ltd.
	Kyowa Kirin Co., Ltd.
	JIMRO Co., Ltd.
	Mitsubishi Tanabe Pharma Corporation
	Teikoku Seiyaku Co., Ltd.
	TORII PHARMACEUTICAL CO., LTD.
	Eli Lilly Japan K.K.
	Novartis Pharma K.K.
	Maruho Co., Ltd.
	LEO Pharma K.K.
	Janssen Pharmaceutical K.K.
UCB Japan Co. Ltd.	



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

AREA MAP

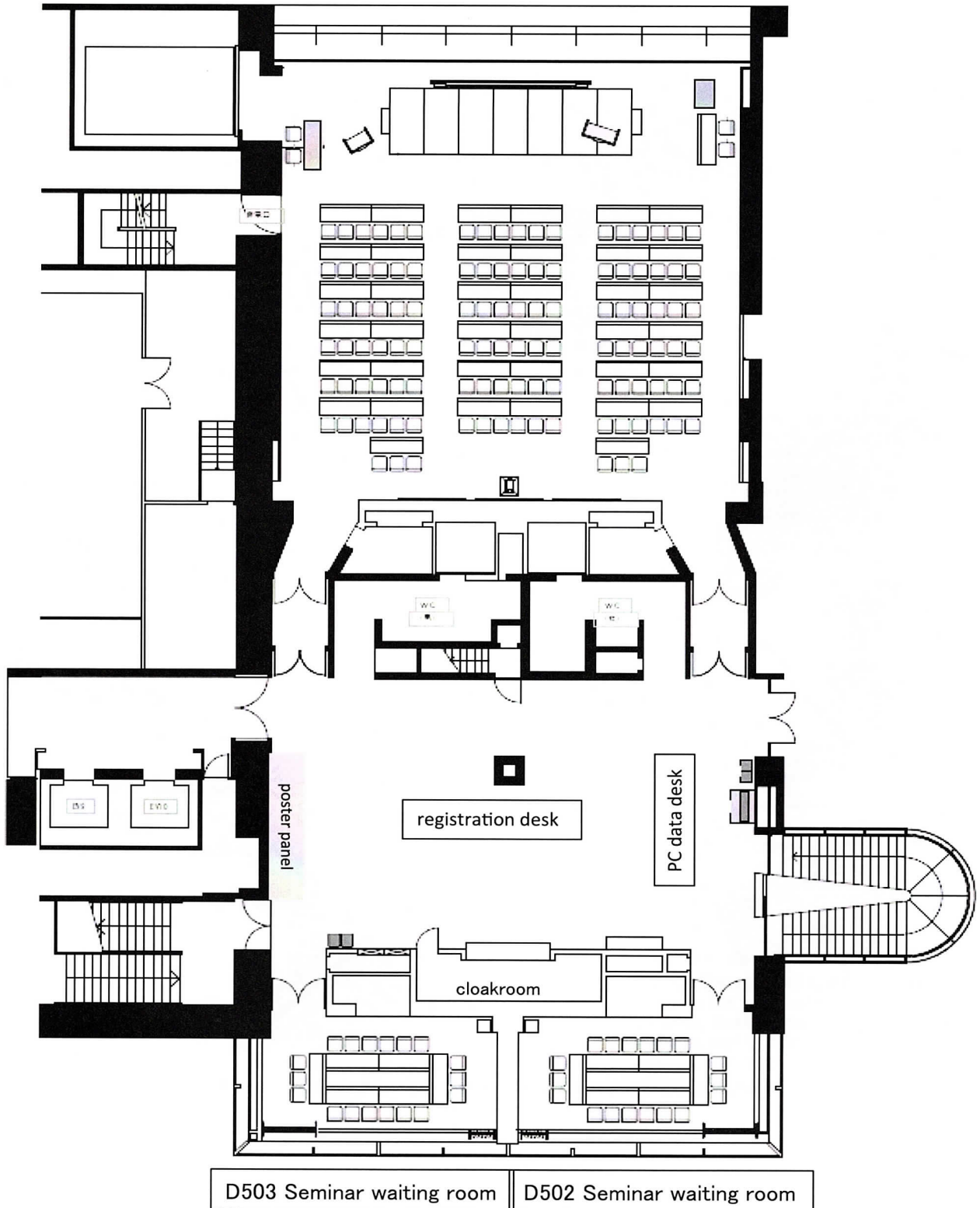


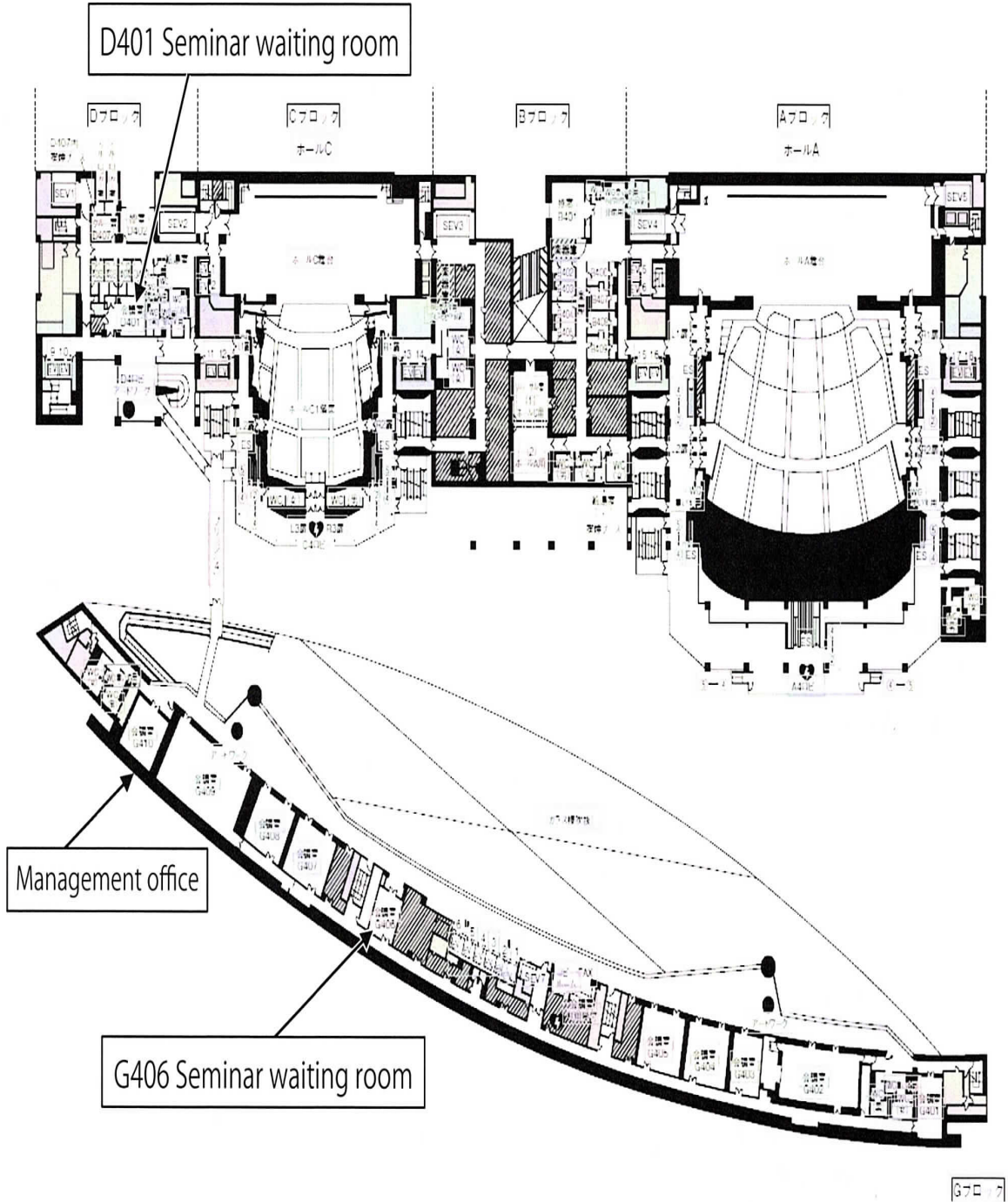
■ Parking lot (Tokyo International Forum B3F)
 • Opening Hours: 7:00~23:30, 365 days a year
 • Fees: Car ¥200 / 30min. (including tax)
 Motorcycle ¥100 / 1 hour (including tax)



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Floor Map







The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

The Asian Society for Psoriasis Tokyo 2022 guidance

President: MABUCHI Tomotaka, M.D., Ph.D.

Tokai University School of Medicine, Isehara, JAPAN

Venue: Tokyo International Forum Hall D5

5-1 Marunouchi 3-chome, Chiyoda-ku, Tokyo 100-0005, Japan

<https://www.t-i-forum.co.jp/en/>

Registration desk

Location: Tokyo International Forum Hall D5 5th floor lobby

November 26 (Sat)-27 (Sun)

PC data desk

Location: Tokyo International Forum Hall D5 5th floor lobby

November 26 (Sat)-27 (Sun)

Notice and request to participants

The Asian Society for Psoriasis Tokyo 2022 will be a hybrid meeting to be held both in person and virtually live-streamed.

1. Registration

1) How to register for ASP Tokyo 2022

Online pre-registration is available from ASP Tokyo 2022 website.

[Registration period: October 12 (Wed)~14:00, November 27 (Sun)]

- Once you register for ASP Tokyo 2022, you will have access to onsite meeting and virtual live-streaming meeting.
- Do not forget to register for ASP Tokyo 2022 during the registration period above.
- Onsite registration on the meeting day is also available. However, we appreciate your cooperation to pre-register so as to keep social distancing. Please note that only credit card is acceptable. Onsite registration also offers you access to the live-streaming meeting.
- ※Sponsored seminars (Luncheon seminar, Evening seminar, Morning seminar) will be available onsite and live-streaming platform.
- ※Video-on-demand is not available.
- ※Poster presentation: There is NO presentation/discussion time for poster presentation.
- ※All the speakers must register during the registration period above.

2) Registration fee

- (1) Members (Doctors, researchers, Pharmaceutical company, Medical equipment company and Others): 20,000JPY (including annual membership fee, 2,000JPY)
- (2) Non-members (Doctors, researchers, Pharmaceutical company, Medical equipment company and Others): 20,000JPY (including annual membership fee, 2,000JPY)



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

3) Receipt of registration fee

Online pre-registration: Receipt can be downloaded from the reply mail that confirms your registration.

Onsite registration: A name badge with receipt will be given at registration desk.

4) Certificate of attendance

A name badge will be given at the registration desk. The name badge double as a certificate of attendance.

5) To onsite attendees

Receive your name badge at the registration desk. Be sure to wear your name badges at all times for admission to the ASP Tokyo 2022.

6) To virtual attendees

The access link to the live-streaming website will be sent from the secretariat.

2. To onsite attendees: COVID-19 related requests

The meeting will operate with enforced sanitary precautions and will be compliant with all other COVID-19 related safety measures including maximum social distancing.

We ask your cooperation to follow the COVID-19 related measures.

- Sanitize your hands frequently. There are hand sanitizers at the venue entrance and in front of the lecture room.
- Wear masks at venue. There are extra masks at registration desks in case you need them.
- Do not come to the venue if you have fever, difficulty breathing or any other cold symptoms.
- Take caution to prevent infection also when coming to the venue and going back.
- If local municipality or health center request us to, we follow and provide them our registration information.

3. Registration desk

Location: Tokyo International Forum D5 5F lobby

Opening hours

【Day 1】 10:45~17:00, November 26 (Sat)

【Day 2】 7:30~13:00, November 27 (Sun)

4. Abstract book

ASP Tokyo 2022 abstract book will be posted on ASP Tokyo 2022 website in PDF format.

Onsite attendees will receive a name badge and an abstract book at registration desk.

5. Meeting report from ASP

Date and time: 12:40-13:10, November 26 (Sat)

6. Cocktail Party

on November 26 (sat)

Cocktail Party will be held after the meeting program.

Please understand the party will be only 20~30mins due to the spread of COVID-19.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

7. Cloak

Location: Tokyo International Forum Hall D5 lobby

10:45~19:45, November 26 (Sat)

7:30~15:00, November 27 (Sun)

8. Recording

Recording by any means is prohibited.

Recording at venue requires application before the meeting. If the application is accepted, please receive armband at registration desk.

To Chairs

Be ready at the lecture room at least 15mins before the session and contact our staff.

Content of presentation (Oral and Poster presentation)

- All the presenters must indicate the conflict of interest (COI).
- Do not include any identifiable information (ex. Initial).

Oral presentation

※If it is difficult to present onsite at venue due to COVID-19 circumstances, please contact the secretariat.
The details of the virtual presentation will be sent.

1. Allotted time for each presentation

Medical Insurance Systems Session 20mins

Research Session 30mins

Epidemiology & Panel discussion 10mins

There are timekeeping lights on podium to let you know 1min before and end of the presentation time.

2. Preview

To preview and upload the slide data, visit PC data desk at least 30mins before the presentation.

PC data desk: Tokyo International Forum Hall D5 lobby

Opening hours: 10:45~18:00, November 26 (Sat)

7:30~13:00, November 27 (Sun)

Presenters who use their own laptop for presentation also requires to preview the slide data.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

3. Preparation of presentation data

USB flash drive memory (Windows only):

1. Use the following font to avoid getting garbled.
Arial, Arial Black, Century, Century Gothic
2. OS: Windows 10
3. Applications: Windows PowerPoint 2010/2013/2016
4. Mac, the other OS users than those above and containing motion picture and sound: Please bring your own laptop.

Laptop data (when bringing your own laptop):

1. OS: Windows XP or later/Mac: OS X10.12 or later
2. Please confirm in advanced that the data can be shown on an external display.
3. Please ensure to bring your own AC mains adaptor and external output connector.
4. Please deactivate the screen-saver and power saving setting.
5. Presenter view is not available during your presentation.

· Specifications:

OS: Windows 10

PowerPoint ver. = 2019

* Windows users: Please bring USB flash drive memory

* Mac users: Please bring your own laptop

* We make sure to delete all the presentation data when the meeting closes.

■ In case it is difficult to present in-person

Virtual presentation on Zoom is available. Please contact the secretariat if you are to present virtually.

Details will be sent from the secretariat.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

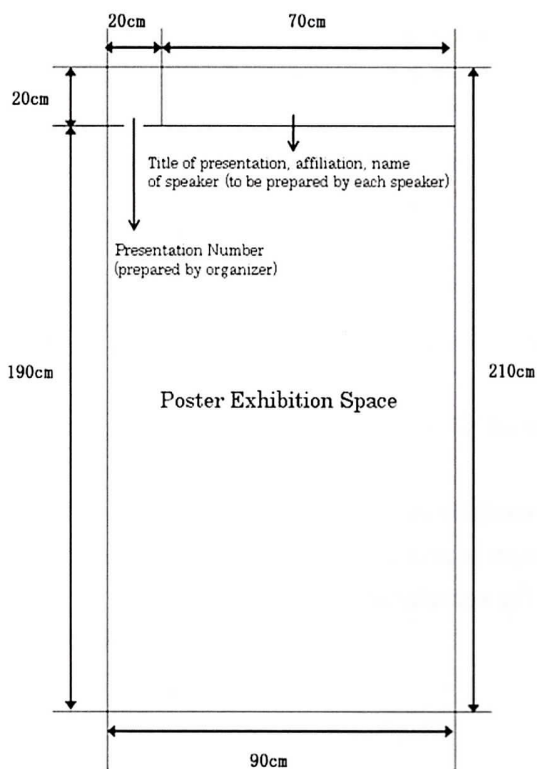
Poster presentation

Set up posters to the poster panels at Tokyo International Forum Hall D5 lobby.

There is NO presentation/discussion time for poster presentation.

【Poster Panel Dimensions】

- The size of the poster panel is Hight 210cm×Wide 90cm.
- The secretariat will provide presentation number card (20cm×20cm) and push-pins.
- The poster should be Hight 190cm×Wide 90cm or smaller.
- Poster presenter request to prepare a title card which includes the title, affiliation(s) and author(s). The title card should be Hight 20cm×Wide 70cm or smaller.





The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

The Asian Society for Psoriasis Tokyo 2022 Program November 26 (Sat) -27 (Sun), 2022

November 26 (Sat)

■ 12:30-12:40 Opening Remarks

MABUCHI Tomotaka (President of the ASP Tokyo 2022)

OZAWA Akira (President of the ASP)

■ 12:40-13:10 Meeting Report from ASP

MABUCHI Tomotaka (Secretary General of the ASP)

■ 13:15-14:15 Sweets Seminar 1 (Sponsored by Kyowa Kirin Co., Ltd.)

Insights for the Treatment of Psoriasis with Biologic Agents in East/Southeast Asia

Chair:

ASAHINA Akihiko (The Jikei University, Tokyo, Japan)

Lecture 1: Treatment Landscape of Psoriasis in Thailand and How Biologics Change It

ASAWANONDA Pravit (Chulalongkorn University, Bangkok, Thailand)

Lecture 2: Pathophysiology and Its Directed Treatment in Psoriasis

LEE Chih-Hung (Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Chinese Taipei)

■ 14:30-15:30 Sweets Seminar 2 (Sponsored by Janssen Asia Pacific)

Deep Dive into Psoriasis and Palmoplantar Pustulosis in Asia

Chair:

MORITA Akimichi (Nagoya City University, Nagoya, Japan)

Lecture 1: Palmoplantar Pustulosis

YAMAMOTO Toshiyuki (Fukushima Medical University, Fukushima, Japan)

Lecture 2: The Unmet Needs of Patients with Psoriasis

HUANG Yu-Huei (Chang Gung Memorial Hospital, Taoyuan, Chinese Taipei)

■ 15:40-16:40 Medical Insurance Systems

Chairs:

KIM Kwang Joong (Hallym University, Seoul, Korea)

SONG Hae Jun (Korea University, Seoul, Korea)

MAN Xiao-Yong (Second Affiliated Hospital, Zhejiang University, Hangzhou, China)

Lecture 1: Medical Insurance System in China

FAN Pingshen (Fourth Military Medical University, Xi'an, China)

Lecture 2: Medical Insurance System in Korea

KIM Jeong Eun (Hanyang University, Seoul, Korea)

Lecture 3: Medical insurance system in Taiwan

LO Yuan-Hsin (Fu Jen Catholic University Hospital, New Taipei City, Chinese Taipei)

Lecture 4: Medical Insurance System in Japan

MABUCHI Tomotaka (Tokai University, Isehara, Japan)



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

■ 16:50-17:50 Research

Chairs:

IKEDA Shigaku (Juntendo University, Tokyo, Japan)

WANG Gang (Xijing Hospital, Fourth Military Medical University, Xi'an, China)

CHOE Yong Beom (Konkuk University, Seoul, Korea)

Lecture 1: CREB1-Driven CXCR4hi Neutrophils Orchestrate Skin Inflammation via Hyperactivated Glycolysis

SHAO Shuai (Xijing Hospital, Fourth Military Medical University, Xi'an, China)

Lecture 2: PFN1 Prevents Psoriasis Pathogenesis through IκBζ Regulation

KIM Dong Hyun (Bundang CHA Medical Center, CHA University, Seongnam, Korea)

■ 18:00-19:00 Evening Seminar (Sponsored by UCB Japan Co. Ltd.)

What is Optimal Treatment Goal for Psoriasis When Facing Patients?

Chairs:

CHOE Yong-Beom (Konkuk University, Seoul, Korea)

SHI Yuling (Shanghai Skin Disease Hospital, Tongji University, Shanghai, China)

Lecture 1: Cumulative Life Course Impairment: Importance of Early Detection and Early Intervention in Psoriatic Arthritis

KAMATA Masahiro (Teikyo University, Tokyo, Japan)

Lecture 2: Aiming for a Higher Goal in Psoriasis Management - Perspectives from Australia

RUBEL Diana (Consultant dermatologist in private practice at Woden Dermatology, Canderra, Australia)

■ 19:00-19:30 Cocktail Party

Have a short but good time with Asian friends, while paying attention to prevent the spread of COVID-19.

November 27 (Sun)

■ 8:00-9:00 Morning Seminar (Sponsored by Bristol Myers Squibb K.K.)

Psoriasis Pathology and Recent Advances in Treatment

Chairs:

KABASHIMA Kenji (Kyoto University, Kyoto, Japan)

TERUI Tadashi (Nihon University, Research Center, Tokyo, Japan)

Lecture 1: Novel Insights into the Pathophysiology of Psoriasis

HONDA Tetsuya (Hamamatsu University School of Medicine, Hamamatsu, Japan)

Lecture 2: The Efficacy and Safety of Deucravacitinib in Psoriasis Treatment

KOMINE Mayumi (Jichi Medical University, Tochigi, Japan)

■ 9:10-10:10 Epidemiology

Chairs:

YOUN Jai Il (Seoul National University, Seoul, Korea)

KIM Nack In (Kyung Hee University, Seoul, Korea)

SEISHIMA Mariko (Gifu University, Gifu, Japan)

Speaker:

TOKUYAMA Michio (Tokai University, Isehara, Japan)



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Panelists:

TOKUYAMA Michio (Tokai University, Isehara, Japan)
LEE Eun So (Ajou University, Suwon, Korea)
ROH Joo Young (Ewha Womans University, Seoul, Korea)
BANG Chul Hwan (The Catholic University of Korea, Seoul, Korea)
ZHANG Xibao (Guangzhou Medical University, Guangzhou, China)

■ 10:20-11:20 Sweets Seminar 3 (Sponsored by Nippon Boehringer Ingelheim Co., Ltd)

Chairs:

TSAI Tsen-Fang (National Taiwan University Hospital, Taipei, Chinese Taipei)
 OKUBO Yukari (Tokyo Medical University, Tokyo, Japan)

Lecture 1: New Era of Treatment for Generalized Pustular Psoriasis

SUGIURA Kazumitsu (Fujita Health University, Toyoake, Japan)

Lecture 2: The New Treatment Strategies for GPP

MIN Zheng (Second Affiliated Hospital, Zhejiang University, Hangzhou, China)

■ 11:30-11:45 Photo Session

■ 12:00-13:00 Luncheon Seminar (Sponsored by AbbVie GK)

The IL-23 Narrative in Psoriasis

Chair:

KATOH Norito (Kyoto Prefectural University of Medicine Graduate School of Medical Science, Kyoto, Japan)

Lecture 1: Superiority of Skyrizi for the Treatment of Psoriasis - Real Advantages Identified in 3-Year Clinical Experience After Launch

YAMANAKA Keiichi (Mie University, Graduate School of Medicine, Mie, Japan)

Lecture 2: Status of IL-23 Inhibitors in Psoriatic Arthritis (PsA) Treatment Strategies

ASAHINA Akihiko (The Jikei University School of Medicine, Tokyo, Japan)

■ 13:10-14:10 Sweets Seminar 4 (Sponsored by Maruho Co., Ltd.)

Update on Psoriasis~Latest Research and Clinical Practice~

Chair:

TADA Yayoi (Teikyo University, Tokyo, Japan)

Lecture 1: Immunological aspects of psoriasis and characteristics of plaque phenotype

NAKAJIMA Hideki (Kochi University, Nangoku, Japan)

Lecture 2: Update on Psoriasis Treatment in Japan: Including Pediatric Psoriasis

YAMAGUCHI Yuki (Yokohama City University Graduate School of Medicine Yokohama, Japan)

■ 14:15-14:20 Closing Remarks

MABUCHI Tomotaka (President of the ASP Tokyo 2022)



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Medical Insurance Systems

KIM Kwang Joong, M.D. & Ph.D.

The Honorary Advisor
Emeritus Professor, Hallym University, Seoul, KOREA

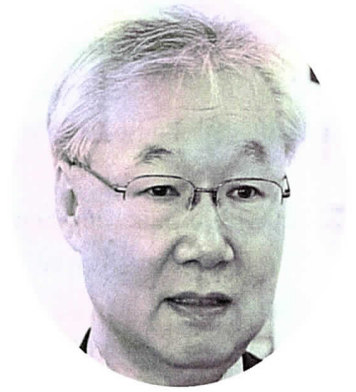
The 3rd President, The Korean Society for Psoriasis



SONG Hae Jun, M.D. & Ph.D.

The Vice President and the Director
Professor, Department of Dermatology, Korea University, Seoul, KOREA

- 1983 Graduation of College of Medicine, Korea University, Seoul, KOREA
- 1983 - 1987 Internship/Residency training and Dermatology Special Board Certified in KOREA
- 1993 Degree of Ph.D., Graduate School, Korea University, Seoul, KOREA
- 1995 - 1997 Visiting fellow, Laboratory of Skin Biology, NIAMS, NIH, USA
- 2001 - 2021 Chief, Department of Dermatology, Korea University Guro Hospital, Seoul, KOREA
- 2007 - 2013 Chairman, Department of Dermatology, College of Medicine, Korea University, Seoul, KOREA
- 2012 - 2013 Visiting Professor, Department of Dermatology Tokai University, Isehara, JAPAN
- 2014 The Secretary of the Tokai International Psoriasis Summit 2014, Tokyo, JAPAN
- 2015 - 2019 The 7th President of the Korean Society for Psoriasis
- 2016 The Secretary General of the Asian Summit for Psoriasis 2016, Seoul, KOREA
- 2019 - Present Vice President The Asian Society for Psoriasis (ASP)





The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

MAN Xiao-Yong, M.D. & Ph.D.

The Director

Professor and Head for Dermatology and Venereology, Zhejiang University, Director of the Department of Dermatology and Venereology, Second Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou, CHINA

Graduated from Zhejiang University

2008-2010 Postdoctoral fellow in Plastic Surgery, Montreal General Hospital, McGill University, CANADA Board member for Committee : Chinese Society of Dermatology (CSD), Chinese Medicine Association (CMA) Member of Immunology Committee : CSD, CMA and Chinese Medical Doctor Association

Associated director of Zhejiang Dermatology Association Youth Committee



FAN Pingshen, M.D. & Ph.D.

The Secretary (in CHINA) and the Director

Associate Professor, Department of Dermatology, Fourth Military Medical University, Xi'an, CHINA

1982-1987	MBBS: Fourth Military Medical University, Xi'an, CHINA
1987-1992	Assistant: Fourth Military Medical University, Xi'an, CHINA
1992-1995	MD: Fourth Military Medical University, Xi'an, CHINA
1995-1998	Instructor: Fourth Military Medical University, Xi'an, CHINA
1998-2001	PhD: Fourth Military Medical University, Xi'an, CHINA
2002-2003	Postdoctoral: Juntendo University, Tokyo, JAPAN
2003	Japan Dermatology Congress: Asia Satellite Meeting, JAPAN;
2005-2006	Oral Postdoctoral: Juntendo University, Tokyo, JAPAN
2005	Psoriasis Congress of Japan, Karuizawa, JAPAN; Oral
2006-Present	Associate Professor: Fourth Military Medical University, Xi'an, CHINA
2009	Psoriasis Congress of Japan, Tokyo, JAPAN; Oral
2013 - Present	Member: Pediatric Dermatology branch of China Dermatologist Association, CHINA
2013 - Present	Member: Pediatric Dermatology branch of Chinese Society of Dermatology, CHINA
2014	The Secretary General (China) of the Tokai International Psoriasis Symposium 2014, Tokyo, JAPAN
2015	Psoriasis Congress of Japan, Nagoya, JAPAN; Oral
2016	The Secretary General (China) of Asian Symposium for Psoriasis, 2016, Seoul, KOREA
2017	Psoriasis Congress of Japan, Tokyo, JAPAN; Oral
2018	Psoriasis Congress of Japan, Matsuyama, JAPAN; Oral
2019	Psoriasis Congress of Japan, Kyoto, JAPAN; Oral
2019-Present	The Director of the Asian Society for Psoriasis (China Secretary General)





The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

KIM Jeong Eun, M.D., Ph.D.

Hanyang University College of Medicine

EDUCATION

- 1998.3~2004.2 KOREA UNIVERSITY COLLEGE OF MEDICINE
Medical Doctor (M.D.) in Medicine
- 2005.9~2007.8 KOREA UNIVERSITY COLLEGE OF MEDICINE
Master of Science in Medicine (Dermatology)
- 2008.3~2010.8 KOREA UNIVERSITY COLLEGE OF MEDICINE
Doctor of Philosophy (Ph.D.) in Medicine (Dermatology)

POST-GRADUATE TRAINING

- 2004.3~2005.2 KOREA UNIVERSITY COLLEGE OF MEDICINE, GURO HOSPITAL
◆ Internship
- 2005.3~2009.2 KOREA UNIVERSITY COLLEGE OF MEDICINE, GURO HOSPITAL
◆ Residency in Department of Dermatology

TEACHING APPOINTMENT

- 2009.3~2012.2 ASAN MEDICAL CENTER
◆ Dermatologic Fellowship/Clinical Instructor in Department of Dermatology
- 2012.3~2015.2 HANYANG UNIVERSITY COLLEGE OF MEDICINE, HANYANG UNIVERSITY HOSPITAL
◆ Clinical Assistant Professor in Department of Dermatology
- 2015.3~2019.2 HANYANG UNIVERSITY COLLEGE OF MEDICINE, HANYANG UNIVERSITY HOSPITAL
◆ Assistant Professor in Department of Dermatology
- 2018.8~2019.8 LABORATORY OF INVESTIGATIVE DERMATOLOGY, THE ROCKEFELLER UNIVERSITY, NY, USA
◆ Visiting Professor, Laboratory of Investigative Dermatology (Pf. James G. Kreuger)
- 2019.3~current HANYANG UNIVERSITY COLLEGE OF MEDICINE, HANYANG UNIVERSITY HOSPITAL
◆ Associate Professor in Department of Dermatology



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

LO Yuan-Hsin

Fu Jen Catholic University Hospital, New Taipei City, Chinese Taipei

Education

- 1989-1996 M.D., School of Medicine, Taipei Medical University, Taipei, TAIWAN
2001-2003 Master of Medical Science, National Taiwan University, TAIWAN (Professor: Shiou-Hwa Jee)
2011-2020 Ph.D., Graduate Institute of Immunology, National Taiwan University, TAIWAN (Professor: Fu-Tong Liu)

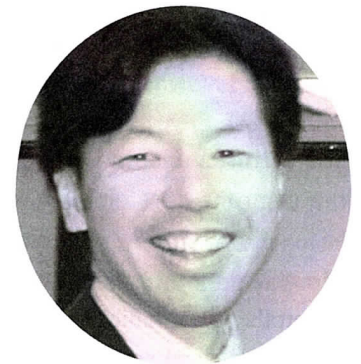
Chronology of Employment

- 2000-2001 Attending Physician, Department of Dermatology, Mackay Memorial Hospital, Taipei, TAIWAN
2001-2012 Chief, Department of Dermatology, Shin Kong Wu Ho-Su Memorial Hospital, Taipei, TAIWAN
2005-2011 Attending Physician, Koo Foundation of Sun Yet-Sen Cancer Center, Taipei, TAIWAN
2009 Research Fellow, Department of Geriatric and Environmental Dermatology, Nagoya City University, Nagoya, JAPAN (Professor: Akimichi Morita)
2012-2018 Attending Physician, Department of Dermatology, Taipei Tzu-Chi Hospital, New Taipei City, TAIWAN
2013-2018 Clinical Associate Professor, Tzu Chi University, Hualien, TAIWAN
2018- Chief, Department of Dermatology, Fu-Jen Catholic University Hospital, New Taipei City, TAIWAN
2021- Assistant Professor, School of Medicine, Fu-Jen Catholic University

MABUCHI Tomotaka, M.D. & Ph.D.

The Vice President, the Director and the Secretary General
Chairman and Professor, Department of Dermatology, Tokai University
School of Medicine, Isehara, JAPAN

- 1993-1999 Medical Student, Tokai University School of Medicine, Isehara, JAPAN
1999-2001 Resident, Tokai University Hospital, Isehara, JAPAN
2001-2005 Postgraduate Student, Postgraduate School of Internal Medicine (Dermatology), Tokai University School of Medicine, Isehara, JAPAN
2005-2015 Instructor, Assistant Professor and Associate Professor, Department of Dermatology, Tokai University School of Medicine, Isehara, JAPAN (Chairman: OZAWA Akira)
2009-2011 Research Fellow, Department of Dermatology, Medical College of Wisconsin, Milwaukee, USA (Chairman: HWANG Sam T.)
2009 Secretary, The 24th Annual Meeting of the Japanese Society for Psoriasis Research, Tokyo, JAPAN
2014 The Secretary General of the Tokai International Psoriasis Summit 2014, Tokyo, JAPAN
2015 Chairman and Professor, Department of Dermatology, Tokai University School of Medicine, Isehara, JAPAN
The Councilor of the Japanese Society for Psoriasis Research
2016 The Secretary of the Asian Summit for Psoriasis 2016, Seoul, KOREA
2020 The President of the Asian Society for Psoriasis 2020, JAPAN





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Medical Insurance Systems in china

Pingshen FAN, Gang WANG

Department of Dermatology, Xijing Hospital, Fourth Military Medical University, Xi'an, Shaanxi 710032, China

Psoriasis is a chronic, recurrent, inflammatory, and systemic disease with a prevalence of 0.47% in China, about 7 million patients. More than 80% of outpatient visits are diagnosed with moderate to severe psoriasis, requiring systemic treatment.

The basic principle of medical insurance in China is universal medical coverage. All traditional systemic treatments for psoriasis such as phototherapy, retinoids, methotrexate, and cyclosporine require hospitalization to be covered by medical insurance. Biologic agents are new special medicine, which needs national negotiation before entering the medical insurance; and then the local medical insurance bureau dictate three fixed steps: designated medical institutions, designated physicians, designated pharmacies. The medicine is prescribed by a designated physician according to the patient's specific conditions, then the patient is approved by the designated hospital medical insurance office before implementation, with a minimum of reimbursement rate is 60% for a period of one year. The biologic agents currently covered by medical insurance in China are: infliximab, etanercept, adalimumab, secukinumab, ixekizumab, and ustekinumab.

Medical Insurance System in Korea: focusing on Psoriasis

KIM Jeong Eun, M.D., Ph.D.

Department of Dermatology, Hanyang University Hospital, Hanyang University College of Medicine, Seoul, Korea

South Korea adopts a national health insurance system (NHIS), and as a single payer, the NHIS operates the insurance system. 97% of population who pay insurance fee can be covered by national health insurance, and 3% of low-income people who cannot afford insurance fee are covered by Medicaid.

There are many stakeholders in this system, but these are 3 key stakeholders, the NHIS as a single insurer, hospitals as a medical service provider, and finally there are the insured people. People have the right to receive medical services if they pay monthly insurance fee setting by their income level.

As a result of continuous efforts, currently severe psoriasis is classified as a 'severe incurable disease', and patients only have to pay 10% of the cost of treatment. This is criteria at the first time, effective of 2017, the patient had to meet both the conditions of failure of conventional drugs over 3 months and phototherapy over 3 months, as well as PASI10 and BSA10.

After additional efforts, we succeeded in lowering the criteria to the level of general reimbursement guideline. From this year, if the patients meet the conditions of PASI10 & BSA10 and 6 months combination of conventional treatment, they pay only 10% of treatment costs, and also can be re-registered only with the opinion of a dermatologist after 5 years.

Since the special subsidy effect in 2017 in Korea, the number of patients who are treated with biologic agents has increased dramatically. The Korean Society for Psoriasis will continue to try to help patients receive higher-standard treatment at affordable cost.



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Medical insurance system in Taiwan

LO Yuan-Hsin

Fu Jen Catholic University Hospital, New Taipei City, Chinese Taipei

The systemic of medical insurance in Taiwan will be described briefly. The regulations about biologic prescription and reimbursement will be presented in detail. And discussion about the system from the aspects of dermatologists and patients will be mentioned also.

Medical insurance system in Japan

Tomotaka Mabuchi, M.D., Ph.D.

Department of Dermatology, Tokai University School of Medicine, Isehara, Japan

Medical insurance systems differ among the countries, even among Asian countries. Japan has a universal health insurance system. Under the universal health insurance system, all residents in Japan are required to be enrolled in a public medical insurance. This universal health insurance system allows patients in Japan to visit clinics or hospitals without hesitation. Many patients in Japan can receive medical care with only a 30% copay, with children receiving free care and the elderly receiving a reduced copay. In addition, there is a ceiling for monthly medical payments.

Psoriasis is a chronic inflammatory skin and systemic disease. Although there are many treatments for psoriasis, none of them are curative, and psoriasis has a chronic and refractory course. Among the treatment options for psoriasis, biologic agents and low-molecular-weight compounds are highly effective but expensive. These high medical costs are also covered by the universal health insurance. However, they are still expensive, and some patients are not financially able to receive treatment. These patients are treated with topical treatments and relatively inexpensive traditional systemic treatments.

In this session, I will introduce the medical insurance system in Japan and we would like to discuss the differences in medical insurance systems among Asian countries and their influence on treatment choices for psoriasis. Understanding the differences in medical insurance systems will help us understand the differences in psoriasis treatment strategies between Asian countries.



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Research Session

IKEDA Shigaku, M.D. & Ph.D.

The Director

Professor, Department of Dermatology and Allergology, Juntendo University Graduate School of Medicine, Tokyo, JAPAN



- 1982 MD, Juntendo University, School of Medicine, Tokyo, JAPAN
- 1986 Board certified dermatologist, Japanese Dermatological Association
- 1987 PhD, Juntendo University, Graduate School of Medicine, Tokyo, JAPAN
- 1987-93 Lecturer, Department of Dermatology, Juntendo University, School of Medicine, Tokyo, JAPAN
- 1993 Research Fellowship, Dermatology Foundation, USA
- 1993-95 Postdoctoral fellow, Department of Dermatology, UCSF, San Francisco, CA, USA
- 1995-96 Research associate professor, Department of Dermatology, UCSF, San Francisco, CA, USA
- 1995-2002 Assistant professor, Department of Dermatology, Juntendo University, School of Medicine, Tokyo, JAPAN
- 2000 Basic Medical Science-Shiseido award, Japanese Dermatological Association
- 2002-04 Associate professor, Department of Dermatology, Juntendo University, School of Medicine, Tokyo, JAPAN
- 2004- Professor and chair, Department of Dermatology, Juntendo University, School of Medicine, Tokyo and Department of Dermatology and Allergology, Juntendo University Graduate School of Medicine, Tokyo, JAPAN
- 2006- Vice director, Atopy (allergy) Research Center, Juntendo University Graduate School of Medicine, Tokyo, JAPAN
- 2021 The President of the 36th Annual Meeting of the Japanese Society for Psoriasis Research 2021, Tokyo, JAPAN

Societies : JDA (delegate), JSID (councilor), JSPR (board of directors), JS for Apheresis (board of directors), IS for Apheresis (board member), JS for Medical Mycology (councilor), JS of Allergy, JS of Immunology, S for Hair Science Research (board of directors), AAD (international fellow), Tentative Instructor of Clinical Oncology (Japanese Board of Cancer Therapy)

Editors : JID, Arch Dermatol Res, Stem Cell and Translational Investigation, Dermatology (Dermatologica)



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WANG Gang, M.D. & Ph.D.

The Vice President and the Director
Chairman and Professor, Department of Dermatology, Xijing Hospital,
Fourth Military Medical University, Xi'an, CHINA



1993 M.D. degree (The 4th Military Medical University, Xi'an, CHINA)
2000 Ph.D. degree (The 4th Military Medical University, Xi'an, CHINA)
2011 Professor and Chairman, Department of Dermatology, The 4th Military Medical University, Xi'an, CHINA
2013 The President, The 1st Xi'an International Forum on Psoriasis, Xi'an, CHINA
2015 The Vice President, The Chinese Society of Dermatology (CSD)
2015 The President, The 2nd Xi'an International Forum on Psoriasis, Xi'an, CHINA
2018 The President, The 3rd Xi'an International Forum on Psoriasis, Xi'an, CHINA
2019 The President, The Chinese Society for Investigative Dermatology (CSID)
2019 The President, The 4th Xi'an International Forum on Psoriasis, Xi'an, CHINA
2019 The Vice President, The Asian Secretary for Psoriasis (ASP)
2020 The President, The Chinese Dermatologist Association (CDA)
Co-editor for European Journal of Dermatology, Experimental Dermatology and JID Innovations; reviewer for JID, JAAD, BJD, JEADV, JDS, JAMA Dermatol, JACI, Frontiers in Immunology and Chinese Journal of Dermatology, etc.

CHOE Yong Beom, M.D. & Ph.D.

The Special Advisor
Professor and chairman, Department of Dermatology, Konkuk University,
Seoul, KOREA

M.D. Seoul National University College of Medicine, Seoul, KOREA
M.S. Seoul National University Graduate School, Seoul, KOREA
Ph.D. Seoul National University Graduate School, Seoul, KOREA
2022~2023 The President, the Korean Society for Psoriasis
The Special Advisor, The Asian Secretary for Psoriasis (ASP)
• The Treasurer, Korean Dermatological Association, KOREA
• The Director of general affairs, Korean Society for Psoriasis, KOREA



Shuai Shao

Department of Dermatology, Xijing Hospital, Fourth Military Medical University, Xi'an, Shaanxi 710032, China

2013 Graduation of The Fourth Military Medical University, Xi'an, China
2013-2019 Degree of Ph.D., Graduate School, The Fourth Military Medical University, Xi'an, China
2019-2021 Attending doctor, Xijing hospital, The Fourth Military Medical University
2022-present Associate professor, Xijing hospital, The Fourth Military Medical University

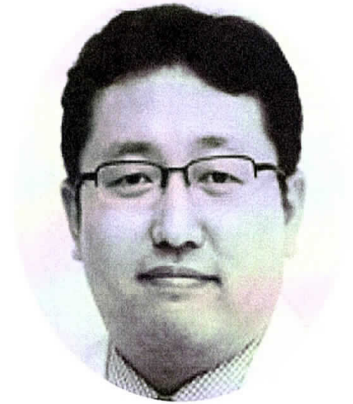


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KIM Dong Hyun, M.D. & Ph.D.

The Director

Associate Professor, Department of Dermatology, CHA
Bundang Medical Center, CHA University, Bundang, KOREA



The Director, The Korean Society for Psoriasis

- 1992 Graduated from Yonsei University College of Medicine, Seoul, Korea
- 199 Intern, Severance Hospital, Yonsei University College of Medicine, Seoul, Korea
- 1999-2002 Resident, Dermatology, CHA Bundang medical center, CHA University
- 2006 Fellow, Department of Dermatology, Severance Hospital, Yonsei University College of Medicine, Seoul, Korea
- 2007-2008 Clinical instructor, Department of Dermatology, CHA Bundang medical center, CHA University
- 2009-2014 Assistant professor, Department of Dermatology, CHA Bundang medical center, CHA University
- 2012-2013 Visiting scholar, Laboratoire d'Organogénèse Expérimentale (LOEX), Laval University, Canada
- 2014-2019 Associate professor, Department of Dermatology, CHA Bundang medical center, CHA University
- 2019-present Professor, Department of Dermatology, CHA Bundang medical center, CHA University



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CREB1-driven CXCR4^{hi} neutrophils orchestrate skin inflammation via hyperactivated glycolysis

Shuai Shao, Jiaoling Chen, Gang Wang

Department of Dermatology, Xijing Hospital, Fourth Military Medical University, Xi'an, Shaanxi 710032, China

Neutrophils play a pathogenic role in psoriasis via releasing pro-inflammatory mediators or neutrophil extracellular traps (NETs). However, their heterogeneity and pro-inflammatory mechanisms in psoriasis remain enigmatic. Herein, we identified CXCR4^{hi} neutrophils, an aged subpopulation, were dominantly accumulated in the circulation and skin lesions of psoriasis patients and associated with psoriasis severity. Compared to CXCR4^{lo} neutrophils, CXCR4^{hi} neutrophils of psoriasis patients preferentially exhibited enhanced NETs formation and overexpression of cytokines, chemokines, and azurophilic granules. Besides, CXCR4^{hi} neutrophils possessed hyperactivated glycolysis, inducing vascular remodeling and local immune responses via excessive lactate release. Moreover, psoriasis environments such as TNF- α or CXCL12 induced CXCR4 expression in neutrophils, which was mediated by the transcription factor CREB1 (cAMP response element binding protein 1). Chromatin immunoprecipitation assay demonstrated the direct transcriptional regulation of CREB1 on CXCR4 expression in psoriatic neutrophils and neutrophil-like differentiated HL-60 cells. Furthermore, the pathogenic role of CXCR4^{hi} neutrophils and efficient therapies targeting CXCL12/CXCR4 axis were validated in imiquimod-induced psoriasiform mouse model. Thus, our study identifies a novel pro-inflammatory CXCR4^{hi} neutrophil subset in psoriasis and reveals CREB1 as a key regulator driving neutrophil heterogeneity, which will facilitate the development of novel therapies targeting neutrophil subset in psoriasis and other neutrophil-associated inflammatory skin diseases.

PFN1 Prevents Psoriasis Pathogenesis through I κ B ζ Regulation

Dong Hyun Kim, MD

Department of Dermatology, Bundang CHA Medical Center, CHA University School of Medicine, Seongnam, Republic of Korea

PFN1 is an actin-binding protein that regulates actin polymerization, cell proliferation, apoptosis, angiogenesis, and carcinogenesis. Its dysregulation has been reported in diverse pathologic diseases; however, the role of PFN1 in psoriasis has not yet been elucidated. In this study, we show that PFN1 expression is increased in both skin and serum of patients with psoriasis. PFN1 was markedly expressed in the epidermis of psoriatic lesions, and its expression positively correlated with psoriasis severity. IL-17A treatment of keratinocytes increased PFN1 expression, whereas TNF- α induced PFN1 expression and secretion. In addition, knockdown of PFN1 with short hairpin RNA resulted in an altered expression of psoriasis-associated inflammatory markers, HBD2, S100A7, S100A9, and Ki-67, and recombinant PFN1 suppressed the IL-17A-induced inflammatory response in keratinocytes. Interestingly, recombinant PFN1 also suppressed IL-17A-induced I κ B ζ , an important player in immune response in psoriasis. Collectively, our results show that PFN1 acts as a negative regulator of psoriatic inflammation through the suppression of I κ B ζ and that the balanced level of PFN1 is important for I κ B ζ regulation. Thus, the expression of PFN1 can be used as a biomarker for psoriasis severity, and it can be considered as a possible target for the treatment of psoriasis.



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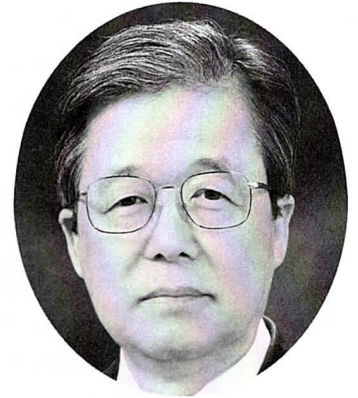
Epidemiology

YOUN Jai Il, M.D. & Ph.D.

The Honorary President

Honorary Professor, Department of Dermatology, Seoul National University, Seoul, KOREA

- 1982-2012 Assistant Prof, Associate Prof, Professor, Department of Dermatology, Seoul National University, KOREA
- 1990-1998 Chairman, Department of Dermatology, Seoul National University, KOREA
- 1996-2000 The 1st President, Korean Society for Psoriasis
- 2004-2009 The Vice President, International Union of Photobiology
- 2007-2012 The Scientific board member, Advisory board member, International Psoriasis Network
- 2008-2011 The President, Asian Dermatological Association
- 2010-2011 The President, Korean Dermatological Association
- 2012-present The Honorary Professor, Seoul National University, KOREA
- 2016 The President, The Asian Summit for Psoriasis Seoul 2016, KOREA
- 2017-present The Director, Inshine Dermatology Psoriasis Clinic, Seoul, KOREA
- 2019-present The Honorary President, Asian Society for Psoriasis

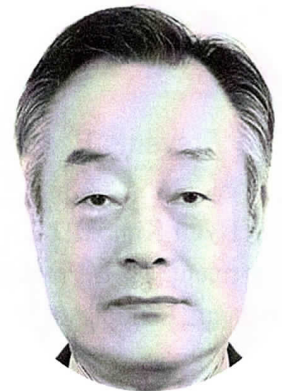


KIM Nack In, M.D. & Ph.D.

The Honorary Advisor

Emeritus Professor, Kyung Hee University Medical University, Seoul, KOREA

The 2nd President, The Korean Society for Psoriasis





The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

SEISHIMA Mariko, M.D. & Ph.D.

The Director

Emeritus Professor, Department of Dermatology, Gifu University Graduate School of Medicine, Gifu, JAPAN



- 1980 M.D.: Gifu University School of Medicine, Gifu, JAPAN
- 1986 Ph.D.: Gifu University School of Medicine, Gifu, JAPAN
- 1988-1990 Department of Dermatology, New York University Medical Center, USA
- 1995- The Councilor, The Japanese Society for Investigative Dermatology
- 2009- Professor and Chair, Department of Dermatology, Gifu University Graduate School of Medicine, Gifu, Japan
- 2009- The Director, The Japanese Society for Psoriasis Research
- 2013 The 17th Annual Meeting of the Korean Society for Psoriasis (Lecture in Seoul)
- 2016 The 20th Annual Meeting of the Korean Society for Psoriasis and Asian Summit for Psoriasis (Lecture, in Seoul)
- 2019 The Director, The Asian Secretary for Psoriasis (ASP)
- 2021 The Emeritus Professor, Gifu University, Gifu, Japan

TOKUYAMA Michio, M.D.

The Director and The Secretary (in JAPAN)

Instructor, Department of Dermatology, Tokai University School of Medicine, Isehara, JAPAN



- 2004-2011 Kyorin University School of Medicine, Mitaka, JAPAN
- 2011-2013 Resident, Kyorin University School of Medicine, Mitaka, JAPAN
- 2013 Resident, Dermatology, Kyorin University School of Medicine, Mitaka, JAPAN
- 2014-2016 Resident, Dermatology, Tokai University School of Medicine, Isehara, JAPAN
- 2016- Instructor (Assistant), Dermatology, Tokai University School of Medicine, Isehara, JAPAN

LEE Eun So

Ajou University, Suwon, Korea



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ROH Joo Young, M.D. & Ph.D.

The Director

Professor, Gachon University School of Medicine, Gil Medical Center,
KOREA

Undergraduate Education: Korea University College of Medicine

Graduate Education: Korea University, School of Medicine: Master Degree of
Medicine

Korea University, School of Medicine: PhD of Medicine

Internship: Internship, Korea University Hospital

Residency: Dermatology, Korea University Hospital

1989-1990 Korea University Hospital: Clinical Fellow

1990-1992 Seoul National University Cancer Institute: Fellow

1992-1994 National Institute of Health, National Cancer Institute Dermatology Branch: Visiting Fellow

1994-1995 Korea University Hospital: Clinical Fellow

1995-1998 Hallym University Chunchon Hospital: Associate Professor

1998-2001 National Institute of Health, National Cancer Institute Dermatology Branch: Visiting Associate

Gachon University Gil Medical Center: Professor, Department of Dermatology, KOREA

Korean Dermatologic Association: Council member, Korean Society for Psoriasis: Board member, Korean Atopic Dermatitis Association: Board member, Korean Society for Immunodermatology: President, Korean Society for Investigative Dermatology: Board member, Editorial board of Clinics in Dermatology, European academy of Dermatology, European Academy of Allergy and Clinical Immunology

BANG Chul Hwan

The Catholic University of Korea, Seoul, Korea

ZHANG Xibao, M.D., M.S. & Ph.D.

The Director

Director/Professor/Chief Dermatologist, Institute of Dermatology, Guangzhou Medical University, Guangzhou, CHINA.

The Vice president, The China Leprosy Association

The Standing member, Dermatovenerology Association of Chinese Integrated Traditional and Western Medicine;

The Standing member, Dermatologist Branch of Chinese Doctor Association;

Editorial board member of journals: Chinese Journal of Dermatology, Intentional

Journal of Dermatology and Venerology, Chinese Journal of Dermatovenerology of Integrated Traditional and Western Medicine, Chinese Journal of Dermatovenerology, Chinese Journal of Dermatoleprology.





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Epidemiological survey of the psoriasis patients in the Asian Society for Psoriasis from 2020 to 2022

Michio Tokuyama, Tomotaka Mabuchi, Akira Ozawa

Department of Dermatology, Tokai University School of Medicine, Kanagawa, Japan

Although psoriasis occurs worldwide, its prevalence varies with country. In Japan, the Japanese Society for Psoriasis Research (JSPR) has been conducting annual epidemiological surveys of patients with psoriasis in registered medical institutions since 1982. Epidemiological surveys of psoriasis patients are reported from individual facilities, but there are few reports on a country-by-country basis. Also, there are no reports from the entire Asian region.

The Asian Society for Psoriasis (ASP) has been conducting epidemiological surveys of patients with psoriasis since 2020 in registered medical institutions in Japan, China, Korea, Thailand, Chinese Taipei. In this survey, we were able to use the same case card. The survey was designed to acquire information about patients' characteristics (age, onset age, gender, height, weight), lifestyle habits (smoking, alcohol), focal infection (tonsillitis, sinusitis, otitis, dental infection), past history and comorbidities (hypertension, diabetes, hyperlipidemia, hyperuricemia, fatty liver, ischemic heart disease, inflammatory bowel disease), family history, exacerbating factors (stress, season, infection, drug, ultra violet light), clinical types (psoriasis vulgaris, psoriatic arthritis, pustular psoriasis), disease severity, distribution of lesions, and current treatments such as topical therapy, photo therapy, oral therapy (etretinate, methotrexate, cyclosporine, apremilast), and biologics (TNF α inhibitors, IL12/23 inhibitor, IL23inhibitors and IL17 inhibitors. From January 1, 2020 to September 30, 2022, 1890 cases were registered.

In this presentation, we report the result of this survey and analyze tendency of each countries' characteristics of psoriasis.



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Poster Session

Byungsoo Kim

Department of Dermatology, School of Medicine, Pusan National University, Busan, Korea

[Professional Experience]

- 2001-2002 Internship in Pusan National University Hospital
2002-2006 Residency in Department of Dermatology, Pusan National University Hospital
2006-2007 Fellowship in Department of Dermatology, Pusan National University Hospital
2007-2010 Full time Instructor and Assistant Professor in Department of Dermatology, Kyungpook National University School of Medicine
2010-2017 Assistant and Associate Professor in Department of Dermatology, Pusan National University School of Medicine
2018-2019 Visiting Scholar in Department of Dermatology, UC Davis & Department of Rheumatology, Sacramento Veterans Affairs Medical Center
Present Professor of Department of Dermatology Pusan National University School of Medicine and Pusan National University Hospital

[Memberships]

- The Korean Dermatological Association, Director of planning
The Korean Society for Psoriasis, General secretary
The Korean Society for Investigative Dermatology, Director of external cooperation
The Asian Society for Psoriasis, General secretary (Korea)
Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA)

Eun Joo Park

Department of Dermatology, Hallym University Sacred Heart Hospital, Anyang, Republic of Korea

- 2021-Present Professor, Department of Dermatology, Hallym University Sacred Heart Hospital, Anyang, Korea
2018-2019 Visiting Scholar, Department of Dermatology, University of California San Francisco, CA, USA
2016-2021 Associate Professor, Department of Dermatology, Hallym University Sacred Heart Hospital, Anyang, Korea
2011-2016 Assistant Professor, Department of Dermatology, Hallym University Sacred Heart Hospital, Anyang, Korea
2012-2014 Ph.D., College of Medicine Chung Ang University, Seoul, Korea
2003-2005 M.S., College of Medicine Hallym University, Chun Cheon, Korea
1995-2001 M.D., College of Medicine Chung Ang University, Seoul, Korea

Membership and Professional Societies

Korean Dermatological Association, Korean Society for Psoriasis, Korean Society for Contact dermatitis and Skin allergy

Field of interest

Psoriasis, Contact dermatitis and skin allergy, Wound healing/Scar, Scar prevention, Sensitive skin



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Yoo Sang BAEK

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

Education

- 2002.3-2009.2 Korea University College of Medicine (M.D.)
- 2010.9-2013.2 Korea University College of Medicine (M.S.)
- 2013.3-2018.2 Korea University College of Medicine (Ph.D.)

Training and Faculty appointment

- 2009.3-2010.2 Intern, Korea University Anam Hospital
- 2010.3-2014.2 Resident, Department of Dermatology, Korea University Guro Hospital
- 2014.4-2017.4 Chair of Dermatology, Army Force Seoul Hospital
- 2017.5-2019.2 Clinical Instructor, Department of Dermatology, Korea University Guro Hospital
- 2019.3-2020.8 Clinical Assistant Professor, Department of Dermatology, Korea University Guro Hospital
- 2020.9- Assistant Professor, Department of Dermatology, Korea University

Membership

- 2021-present Korean Society for Psoriasis

Hyeok-Jin Kwon

Department of Dermatology, College of Medicine, Dong-A University, Busan, Korea

Education

- 1977-1983 Bachelor of Medicine at Seoul National University, Seoul, Korea
- 1988-1990 Master of Medicine at Seoul National University
- 1991-1995 Ph.D in dermatology at Seoul National University

Current and Past Professional Positions

- 1986-1987 Medical internship, Seoul National University Medical Center, Seoul, Korea
- 1987-1990 Dermatology residency, Seoul National University Medical Center, Seoul, Korea
- 1991-1993 Instructor of Department of Dermatology, Dong-A Univ. Hospital
- 1993-1997 Assistant professor, Department of Dermatology, Dong-A Univ. Hospital
- 1997-2002 Associate professor, Department of Dermatology, Dong-A Univ. Hospital
- 2002~ Professor, Department of Dermatology, Dong-A Univ. Hospital

Featured Publications

- 2008 Dermatology, 5th edition
- 2011 Dermatology for medical students, 3th edition

TOKUYAMA Michio, M.D.

The Director and The Secretary (in JAPAN)

Instructor, Department of Dermatology, Tokai University School of Medicine, Isehara, JAPAN

- 2004-2011 Kyorin University School of Medicine, Mitaka, JAPAN
- 2011-2013 Resident, Kyorin University School of Medicine, Mitaka, JAPAN
- 2013 Resident, Dermatology, Kyorin University School of Medicine, Mitaka, JAPAN
- 2014-2016 Resident, Dermatology, Tokai University School of Medicine, Isehara, JAPAN
- 2016- Instructor (Assistant), Dermatology, Tokai University School of Medicine, Isehara, JAPAN



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Yoshihito Minami

Department of Dermatology, Tokyo Medical University, Tokyo, Japan

- 2017: School of medicine, University of Yamanashi, Yamanashi, Japan
- 2017: Japanese Red Cross Musashino Hospital, Tokyo, Japan
- 2018: Tokyo Medical and Dental University Hospital, Tokyo, Japan
- 2019: Department of Dermatology, Faculty of Medicine, University of Yamanashi, Yamanashi, Japan
- 2019-2022: Hospital affiliated with The Department of Dermatology of University of Yamanashi
- 2022-: Department of Dermatology, Tokyo Medical University, Tokyo, Japan

Mizuho Ota

Department of Dermatology, Tokai University School of Medicine, Kanagawa, Japan

- 2011-2017 Medical student : Tokai University School of Medicine, Kanagawa, Japan
- 2017-2019 Resident : Tokai University School of Medicine, Kanagawa, Japan
- 2019- Resident : Department of Dermatology, Tokai University School of Medicine, Kanagawa, Japan

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The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Predictive clinical values of PASI100 responders in biologic-treating Korean psoriasis patients

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Background: The biologic agent has ushered to a new era in the treatment of psoriasis. However, large-scale studies of evaluating predictive clinical values of Psoriasis Area and Severity Index (PASI) 100 response in Korean psoriasis patients have not been investigated yet.

Objectives: To predict the clinical values in patient achieving PASI100 response after treating 48-52 weeks of biologic agent.

Methods: We retrospectively reviewed medical records and clinical photos of 145 psoriasis patients who were treated with same biologic agent for over 1 year. We defined a super responder as a patient who achieved PASI 100 after treatment with the biologic agent at 48-52 weeks. In this study, each clinical value was compared between super responders and non-super responders.

Results: Among 145 patients, 61 (42.1%) were super responders. There was no statistical difference in demographics and face, scalp or nail involvement of psoriasis between super responders and non-super responders. The mean body mass index (BMI) and baseline PASI was lower in super responders (24.3 kg/m², 14.3) than non-super responders (26.1 kg/m², 16.2). There were more biologic naïve patients in super responders (85.2%) than non-super responders (67.9%).

Conclusions: In moderate to severe Korean psoriasis patient, PASI100 response could be expected more frequently for patient who had lower baseline BMI and PASI and were biologic naïve.

Safety of Adalimumab, Ustekinumab, Secukinumab, Guselkumab in Korean Patients with Moderate to Severe Psoriasis: A Real-World Data in a Single Medical Center

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Introduction: The use of biologics for psoriasis treatment has increased and is now a major treatment option. Nevertheless, real-world data on the safety of biologic administration in psoriasis is insufficient, especially in Korea.

Objectives: To compare the frequency of adverse events in patients treated with adalimumab, ustekinumab, secukinumab, and guselkumab.

Materials and Method: Patients treated with adalimumab, ustekinumab, secukinumab, and guselkumab between March 2018 and June 2019 were enrolled in this study. Demographic data were collected at the time of enrollment. Serial interviews were conducted at 12, 36, and 52 weeks. The occurrence of adverse events and psoriasis area severity index (PASI) scores were investigated at each visit.

Results: A total of 241 patients were enrolled, and 212 (88.0%) completed the study. The frequencies of adverse events did not differ significantly among the classes of biologics ($p=0.597$). The most common reason for dropout was loss of efficacy, followed by serious adverse events. Five cases of severe adverse events were reported; however, no class-specific tendency was observed ($p>0.999$). The most common adverse event was pruritis, followed by nasopharyngitis, injection site erythema, urticaria, folliculitis, and alopecia. Guselkumab and secukinumab showed superior efficacy regarding PASI 75.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Conclusions: This study suggests that adalimumab, ustekinumab, secukinumab, and guselkumab are effective and safe for the treatment of moderate to severe psoriasis. Most adverse events were relatively mild and self-limiting, and severe adverse events mostly occurred during the induction phase.

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

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Background: Studies reported that chronic periodontitis may be a risk factor of psoriasis. However, this relationship has not been proven for all states of periodontal disease (gingivitis and periodontitis).

Objectives: To investigate whether periodontal disease is an independent risk factor for the development of subsequent psoriasis.

Methods: We conducted a nationwide population-based cohort study. Subjects with periodontal disease (n = 3,682,468) and without periodontal disease (control, n = 3,637,128) according to oral examination results from the National Health Screening Program were included in the study population. Their medical claim data were collected and the incidence rates of subsequent psoriasis were compared between groups.

Results: The incidence rates of psoriasis per 1000 person-years were 0.36 and 0.34 in the periodontal disease group and control group, respectively. After adjusting for potential cofactors, no significant increase in risk (adjusted hazard ratio, 0.994; 95% confidence interval, 0.974-1.015) was observed. Similar results were observed when analyzing the risk of psoriasis in patients who required scaling or periodontal surgery.

Conclusions: Periodontal disease (gingivitis and periodontitis) is not an independent risk factor of psoriasis.

Expression Patterns of CDK4 and CK15 and Efficacy of 0.2% ICG - 830nm Healite Photodynamic therapy in Scalp Psoriasis

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Scalp psoriasis is characterized by sharply demarcated erythematous lesions with silver-white scaling and sebaceous gland atrophy is one of pathologic hallmarks in this disease. In respect of pathophysiology, psoriasis is one of the chronic inflammatory cutaneous diseases mediated by T cells, which consequently cause epidermal proliferation and hyperplasia. Concerning that Cyclin-Dependent Kinases (CDKs) have a significant role in cell-cycle progression, it would be reasonable that expression levels of CDKs increased in the psoriatic lesions, especially in malpighian layer. Meanwhile, bulge stem cells in hair follicle have been described to express keratin 15 (K15). It has been identified that K15 could be a molecular marker of the bulge. Typically, keratins 5, 14, and 15 exist in the basal layers of epidermis and glands. Photodynamic therapy (PDT) is widely applied as a minimally invasive therapeutic modality for various cutaneous inflammatory diseases, infections, and cancers. Regarding that it can induce cytokine suppression, immunomodulatory effects, and antibacterial action, we speculated that PDT is a possible alternative therapeutic option in scalp psoriasis. This study aimed to evaluate not only expression patterns and levels of both cytokeratin (CK) 15 and cyclin-dependent kinase (CDK) 4 in scalp psoriasis lesions using double direct



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

immunofluorescence (DIF) but also the therapeutic effect of photodynamic action with indocyanine green (ICG) against psoriatic lesions in scalp which was evaluated by analyzing skin moisture and oil content. Double DIF was conducted with skin samples using anti-CK15 and anti-CDK4 antibodies. The whole scalp was irradiated by 830nm light emitting diode (Healite[®]) array. This procedure was carried out once a week for 20 weeks. Pathologic hallmarks of scalp psoriasis were obvious in the patients enrolled this study. While CK15 were dominantly expressed within basal layer, hair bulge, and sebaceous glands, CDK4 were clearly expressed throughout the epidermis malpighian layer. Not only Clinical manifestation had improved but also both moisture and oil content had been gradually increased during treatment period. Based on changes of both clinical features and hydration status on lesional area, ICG-based PDT with 830nm LED light is suggested as a satisfying therapeutic modality for scalp psoriasis. Despite favorable clinical outcomes, further studies for proving precise therapeutic efficacy of PDT in scalp psoriasis would be needed, owing to relatively short follow-up periods as well as limited numbers of cases.

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

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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. Narrowband UVB therapy was started, but there was no improvement after 6 months of treatment (PASI 9.5). He received brodalumab treatment, which improved his skin symptom (PASI 1.8).

About 7 months after initiating Brodalumab, he received the first dose of COVID-19 Moderna mRNA vaccine and the second dose after 4 weeks. About one month after the second vaccination, the skin rash worsened, mainly on the lower extremities and back (PASI 6.4). It has been reported that cases of psoriasis worsening following COVID-19 vaccination worldwide including Japan. In this presentation, we present our case with a review of the literature.

IL-17 inhibitors and superficial fungal infection

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Psoriasis is a chronic inflammatory skin disease. Recently, the efficacy of treatments for psoriasis, including anti TNF- α , IL-17, and IL-23 antibodies, have increased. On the other hand, extensive attention needs to be paid to the adverse effects of using these biologics because they often involve immunosuppression. In particular, blockade of IL-17, an important cytokine for preventing fungal infections, could cause dermatophytosis or candidiasis.

The present, retrospective, single-centre chart review conducted from January 2015 to March 2019 and including 224 patients with psoriasis receiving biologics examined the risk factors and incidence of superficial fungal infections associated with the use of these drugs for psoriasis treatment. A switch in the use



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

of one biological to another was counted separately. Anti-TNF- α antibody (infliximab and adalimumab), anti-p40 antibody (ustekinumab), and anti-IL-17 antibody or anti-IL-17 receptor antibody (secukinumab, ixekizumab, and brodalumab) were the biologics administered. The average age of the infected and uninfected patients differed significantly, the former being older. Moreover, the proportion of patients receiving an anti-IL-17 antibody or anti-IL-17 receptor antibody was significantly higher among the infected patients. The use of IL-17 inhibitors was associated with a higher incidence of superficial fungal infection than that of the other biologics, with secukinumab being associated with the highest incidence of infection among the six biologics. Various types of superficial fungal infection, such as tinea pedis, tinea unguium, skin candidiasis, tinea versicolor, and so on, were found. Of these, tinea pedis was found in the largest number of patients receiving a biologic. Patients receiving infliximab contracted no superficial fungal infection.

Anti-IL-17 therapy for psoriasis was strongly associated with fungal infection. The IL-17 family of cytokines is comprised of six members, namely, IL-17A to F. In particular, IL-17 A and F are important in the pathology of psoriasis. The activity of IL-17A is stronger than that of IL-17F. On the other hand, IL-17 F is more abundantly expressed than IL-17A in psoriatic lesions. In general, IL-17 triggers the recruitment of neutrophils and antimicrobial peptides to fight dermatophytes and candida infections.

In Japan, three IL-17 inhibitors, secukinumab, ixekizumab, and brodalumab, are already available. In addition, anti-IL-17A/F antibody (bimekizumab) was approved for use in 2022. This biologic is expected to produce a stronger therapeutic effect via its potent inhibition of the IL-17 pathway.

However, there is an attendant need to protect against fungal infections; the authors experienced a case of a patient receiving bimekizumab in whom improvement of the skin psoriatic eruptions was accompanied by the development of oral and esophageal candidiasis. The patient received fluconazole 400 mg per day for three weeks until the fungal infection resolved.

Oral candidiasis occurs frequently but must be found and treated early before it progresses to esophageal candidiasis. While the detection and treatment of oral candidiasis are important, preventing the condition is preferable. Risk factors of oral candidiasis, such as the use of oral appliances, microbial substitution due to antibiotic therapy, and immune deficiency, including malignancy, immunosuppression, and erosion of the oral mucosa, should be assessed for.

In recent years, biologics have increased the efficacy of treatments for psoriasis. However, psoriatic patients receiving biologics, especially IL-17 inhibitors, are more susceptible for fungal infections. Therefore, early diagnosis or prevention of fungal infections is important to preclude future complications.

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

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A 74-year-old Japanese woman who 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 1 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



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

ambulance. She had a fever of 38.5°C, scattered erythema with lacy scales on the trunk and extremities, and small pustules 1-2 mm in size scattered around the margins. We diagnosed generalized pustular psoriasis by clinical features and skin biopsy, and oral etretinate was started. The eruption improved, but the fever and high CRP level persisted. After that, hypoxia appeared, and chest X-ray and CT scan showed bilateral infiltrative opacities predominantly in the right lung field. Antibiotic drip therapy was performed for pneumonia, but her response was poor. Organizing pneumonia associated with rheumatoid arthritis was diagnosed as a result of bronchiolar lung biopsy. She was started oral PSL 50 mg/day, and her clinical symptoms and laboratory findings improved rapidly. We report a case of generalized pustular psoriasis complicated by organizing pneumonia during treatment for rheumatoid arthritis.

Summary of psoriasis treatment with MTX in our clinic

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

From 2013 to 2022, there were a total of 22 cases, 9 cases of psoriasis vulgaris and 13 cases of psoriatic arthritis, 15 males and 7 females with a mean age of 60 years (± 14.72). Of these, 16 were still using the drug and 6 discontinued. Of the 16 patients still treated with MTX, the mean PASI score at the initial visit was 3.1 (± 2.3), and the mean current PASI score was 1.4 (± 1.0). Joint symptoms improved in more than half of the patients. Two patients experienced side effects during treatment, one with hepatic dysfunction and the other with hepatic dysfunction and pancytopenia. Of the 6 patients who discontinued MTX treatment, 3 were discontinued due to side effects and the remaining 3 were switched to other therapies. Side effects included hepatic dysfunction, thrombocytopenia, and MTX-associated lymphoproliferative disease. Two patients were switched to biologics due to inadequate response, and one patient was withdrawn due to adequate response to treatment, and only topical treatment was continued.

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



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Morning Seminar

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Tetsuya Honda

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Dr. Tetsuya Honda is a professor in the Department of Dermatology at Hamamatsu University School of Medicine, Shizuoka, Japan (2020-). He received his M.D. in 2000 and Ph.D. in 2007 from Kyoto University, Japan. He worked at the National Institute of Health, Bethesda, USA as a visiting fellow from 2010 to 2012. His research interest is cutaneous immunology and inflammatory skin diseases, including atopic dermatitis and psoriasis.





The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

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- 2019 April 1st~present, Department Chief, Subject Manager, Department of Dermatology, Jichi Medical University (Chairman: Prof. Mamitaro Ohtsuki)
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- 2016-present, Director, Center for Physician and Researcher Career Support
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- 2008-2018, Associate Professor, Department of Biochemistry, Jichi Medical University
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The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Novel insights into the pathophysiology of psoriasis

Tetsuya Honda, M.D., Ph.D.

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Cytokines, especially TNF-alpha, IL-23, and IL-17A play pivotal roles in the pathogenesis of psoriasis. Indeed, biologics targeting these cytokines or small molecules that inhibit the signaling from these cytokines exert significant therapeutic effects on psoriasis. Thus, elucidation of the role of each cytokine and its signaling mechanisms is essential to understand the pathophysiology of psoriasis as well as the development of new therapeutic for psoriasis. On the other hand, since the symptoms of psoriasis can be significantly affected by various environmental of factors, we also need to understand the mechanisms by which such factors influence on the pathogenesis of psoriasis. Sex hormones are suggested to be one of such disease modifying factors in psoriasis. For example, epidemiological studies have shown that women have less severe psoriasis than men, and that psoriasis symptoms improve or worsen during pregnancy, suggesting the involvement of sex hormones in psoriasis. However, the detail analysis of the role of sex hormones in psoriasis have not been performed. We have been investigating the role of sex hormones in psoriasis, and recently revealed the possibility that estradiol, a female sex hormone, play roles as endogenous inhibitors in psoriatic inflammation, using a mouse model of psoriasis. In this talk, we will first introduce the basics about the pathophysiology of psoriasis, and then introduce our recent findings about the role of estradiol in psoriasis.

The efficacy and safety of Deucravacitinib in psoriasis treatment

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Deucravacitinib has recently been approved for treatment of psoriasis by Japanese authority. Its clinical efficacy and safety were proven in several randomized, double-blinded, placebo-controlled clinical trials. The relative efficacy and safety to other targeted therapeutics, including other Janus kinase inhibitors will be discussed. The patients' preferences for several characteristics in psoriasis treatment modalities have been investigated, which revealed that long-term efficacy was the most important treatment attribute, and that patients preferred oral to injectable treatment. The best clinical use of Deucravacitinib in psoriasis treatment will be discussed in this lecture.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Luncheon Seminar

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The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

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The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Superiority of Skyrizi for the Treatment of Psoriasis - Real Advantages Identified in 3-Year Clinical Experience After Launch

Keiichi Yamanaka, M.D., Ph.D.

Department of Dermatology, Mie University, Graduate School of Medicine

A recent increase in the number of biologics in the field of psoriasis therapeutics enables us to choose pharmaceuticals more tailored to patients' lifestyles than ever in terms of method (i.e., self-injection vs. administration by Drs) and interval of administration. Eleven different types of biologics, available in Japan as of 2022, have brought significant benefits to patients. Nevertheless, there remains an increasing need to achieve higher therapeutic goals, such as PASI 90 or higher and absolute PASI 2 or lower. Considering that psoriasis is a chronic inflammatory skin disease, it is essential to fulfill patients' needs over time. Three main factors, including efficacy, safety, and convenience, should be assessed comprehensively when selecting a drug. Given these three pillars, as well as the significance of IL-23 inhibition in the pathology of psoriasis, anti-IL-23p19 antibody preparations have become increasingly popular in recent years. A high percentage of patients, particularly those treated with Skyrizi among other similar preparations, have continuously achieved PASI 90/100 in the extensive, long-term, LIMMitless study. Furthermore, it is a useful therapeutic option because its effects can be maintained with only four injections per year during the maintenance phase. In this seminar, I will discuss the potential of Skyrizi as an anti-IL-23p19 antibody preparation that has been on the market for 3 years, using real world data.

Status of IL-23 Inhibitors in Psoriatic Arthritis (PsA) Treatment Strategies

Akihiko Asahina, M.D., Ph.D.

Department of Dermatology, The Jikei University School of Medicine

The incidence of the diagnosis of psoriatic arthritis (PsA) has been increasing in Japan, where it is observed in 10-15% of psoriasis patients. The median time from the onset of psoriasis to the onset of joint symptoms is reported to be approximately 5 years, but in some cases, the onset of the latter may occur after more than 10 years. Since skin symptoms appear first in about 90% of patients, including those who concomitantly develop joint symptoms, dermatologists play an important role in the early diagnosis of PsA. Psoriatic arthritis manifests various clinical symptoms; enthesitis is the central pathological hallmark. Increased levels of interleukin-23 (IL-23) are seen at the tendon attachment site due to biomechanical stimulation and stress; further, IL-23 may serve as a trigger for enthesitis. Psoriatic arthritis is also characterized by the simultaneous occurrence of opposite events, i.e., bone resorption/erosion and bone formation. Interleukin-17A (IL-17A), which is involved in both events, and tumor necrosis factor alpha (TNF- α), which cooperates with IL-17A to enhance the pathology of PsA, are also important targets for PsA treatment. In this lecture, I would like to discuss the significance of IL-23 inhibition from the viewpoint of the pathological mechanism of PsA as well as PsA treatment strategies based on clinical data and accumulated evidence regarding the use of IL-23 inhibitors in PsA.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Sweets seminar 1

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- 2014-2016 Associate Professor : Dept. of Dermatology, The Jikei University, Tokyo, JAPAN
- 2016-2018 Professor : Dept. of Dermatology, The Jikei University, Tokyo
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- 1997-1998 Clinical Fellowship in Photobiology and Lasers, Massachusetts General Hospital, Harvard Medical School, Boston, USA
- 1998 Doctor of Science in Dermatology, Boston University, Boston, USA
- 2009-Present Professor of Dermatology, Chulalongkorn University, Bangkok, Thailand
- 2016-2020 Chair, Division of Dermatology, Chulalongkorn University, Bangkok, Thailand
- Present Councilor, The International Psoriasis Council
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The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

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The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Treatment Landscape of Psoriasis in Thailand and How Biologics Change It

PROFESSOR PRAVIT ASAWANONDA, M.D., D.SC.

Dermatology at Chulalongkorn University in Bangkok, Thailand.

Despite continued research on the pathogenesis of psoriasis, this perplexing disease is still incurable. However, treatment outcomes have been improved with the recently developed modalities, especially biologics targeting major players in this condition, specifically IL-17 and IL-23. In less affluent countries, like Thailand, conventional systemic treatments, including methotrexate, retinoids and phototherapy are widely used as first-line approaches in moderate-to-severe disease. Whether new treatments on the horizon will further improve treatment outcomes and even alter disease course both within the skin and in the entire system, remains to be elucidated. (20221022)

Pathophysiology and its directed treatment in psoriasis

Chih-Hung Lee, MD, PhD

Department of Dermatology, Kaohsiung Chang Gung Memorial Hospital, Kaohsiung, Taiwan

Psoriasis is a common chronic inflammatory skin disease that are associated with many diseases, including arthritis, metabolic syndrome, and chronic renal diseases. Recent implementation for our teledermatology service revealed that health care or psoriasis is particularly demanding for the patients living in remote regions. Microscopically, psoriasis is featured with the increased epidermal turnover, epidermal pustules, and dermal immune infiltrate, all of which point to the nature of immune abnormalities in it. Based on the mechanism studies and clinical efficacy of monoclonal antibodies against cytokines in psoriasis, TNF- α , IL-17, and IL-23 are important in the pathophysiology of psoriasis and psoriatic arthritis. Among the complicated cytokine and chemokine network in psoriasis, Th17 cells play an important role by producing IL-17 that induces keratinocyte proliferation and IL-8 production, which in turns attracts neutrophils to form pustules. In addition, our study also showed that macrophage M1 polarization and circulating monocyte-derived osteoclasts regulate the pathogenesis of psoriasis and psoriatic arthritis, respectively. After an introduction to the pathophysiology of psoriasis, the treatment status for psoriasis in general in Taiwan is reviewed. Clinical treatment experiences using monoclonal antibodies against IL-17 axis are to be presented.



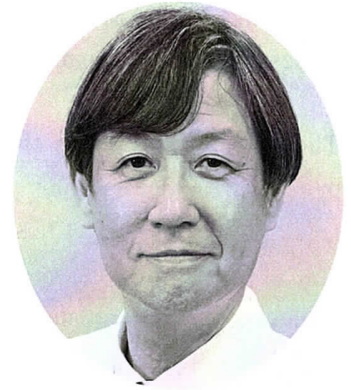
The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Sweets seminar 2

Akimichi MORITA

Professor and Chairman of the Department of Geriatric and Environmental Dermatology, Nagoya City University Graduate School of Medical Sciences, JP

Professor Akimichi Morita is the Vice Director of Nagoya City University Hospital, Japan. He is also Professor and Chairman of the Department of Geriatric and Environmental Dermatology, Nagoya City University Graduate School of Medical Sciences. Prof Morita is the current President of the Japanese Society for Psoriasis Research and the Japanese Society for Photomedicine and Photobiology and is in the Editorial Board of several prestigious medical journals. His main research interests are photobiology, phototherapy, cutaneous immunology, skin aging, and psoriasis. Prof Morita has published over 200 articles for peer-reviewed journals and written 26 books or book chapters.



Toshiyuki YAMAMOTO

Professor and Chairman, Department of Dermatology, Fukushima Medical University, JP

Professor Toshiyuki Yamamoto is Professor and Chairman of the Department of Dermatology, in Fukushima Medical University, Japan. He is involved in numerous societies including the Japanese Society for Dermatological Association and German-Japanese Dermatological Association. His research activities focus on psoriasis, palmoplantar pustulosis, scleroderma, rheumatic disease, sarcoidosis, Behçet's disease, and neutrophilic dermatosis.



Yu-Huei HUANG

Associate Professor, Department of Dermatology, Chang Gung University in Taipei, TW

Professor Yu-Huei Huang is an Associate Professor at the Department of Dermatology, Chang Gung University in Taipei, Taiwan. She is the current Director and Spokeswoman for the Taiwanese Dermatological Association, as well as the Executive Director of Taiwanese Association of Psoriasis and Skin Immunology. Prof Huang has published widely in top journals such as Journal of American Academy of Dermatology, the Journal of Dermatology, Dermatology and Therapy, and JAMA Dermatology.





The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Palmoplantar Pustulosis: Management Challenges and Treatment Advances

Toshiyuki YAMAMOTO

Professor and Chairman, Department of Dermatology, Fukushima Medical University, JP

The lecture will discuss the findings of a paper that described the clinical characteristics of Japanese patients with palmoplantar pustulosis (PPP). The lecture will emphasise how focal infection is a key unmet need in PPP as well as describe the various types of focal infections and the pathogenesis of PPP. The eradication of focal infection can have a dramatic effect on skin lesions. The lecture will also highlight the evolution of treatment for PPP in Japan, with a focus on guselkumab, which was approved in Japan for psoriasis and PPP in 2018. Results of a key phase 3 clinical trial on the efficacy and safety of guselkumab in Japanese patients with PPP will be presented. In addition, case studies demonstrating the clinical experience of using guselkumab to treat moderate to severe PPP will be featured. Efficacious treatments are important as PPP is refractory to conventional therapies and impacts the quality of life of patients. The lecture will provide guidance on the type of patients who may benefit from biologics and the treatment algorithm for PPP. Finally, key learnings from the 2022 Japanese clinical guidance on PPP will be discussed.

Unmet Needs and Achieving Treatment Goals in Psoriasis.

Yu-Huei HUANG

Associate Professor, Department of Dermatology, Chang Gung University in Taipei, TW

This lecture will give an overview of clinical, patient-related, and social unmet needs in managing moderate to severe psoriasis. Patient's perceptions and attitudes play a vital role in how the patient responds to psoriasis treatment. A recent Asia Pacific study revealed that patients tend to choose treatments that provide clear skin for a longer period. This lecture will discuss the results of this Asia Pacific study which focused on key factors driving psoriasis patients' treatment choices, patient strategies for managing flare-ups, and sources of anxiety/worry among patients on biologics. This lecture will also focus on how these unmet needs can be addressed with efficacious treatments, based on data from clinical trials and patient registries. The VOYAGE 1 and 2 trials were phase 3, randomized, double-blind, placebo- and active comparator-controlled studies conducted in ten countries (USA, Canada, Poland, Czech Republic, Germany, Spain, Russia, Australia, South Korea, and Taiwan) and assessed the efficacy, safety, and pharmacokinetics of guselkumab. The responses with guselkumab treatment in Asian and non-Asian patients with psoriasis were compared. Data from the Psoriasis Longitudinal Assessment and Registry will provide insights into the impact of systemic treatment on mortality risk and data from the British Association of Dermatologists Biologics and Immunomodulators Register assessed longer-term treatment effects, safety, tolerability, and background comorbidities of using biologics in patients with psoriasis. Finally, the National Health Insurance Research Database looked at the persistence and adherence to biologics in patients with psoriasis in Taiwan.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Sweets Seminar 3

Tsen-Fang Tsai, M.D.

Head, Department of Dermatology, National Taiwan University Hospital

EDUCATION:

1981-1988 Taipei Medical College, M.D.

POSTGRADUATE TRAINING & OCCUPATIONAL HISTORY:

1988-1989 Resident, Department of Pathology, Taipei Institute of Pathology & Taipei Municipal Jen-Ai Hospital

1989-1993 Resident, Department of Dermatology, National Taiwan University Hospital

1993-1994 Staff, Department of Dermatology, Taiwan Provincial Tai-Nan Hospital

1994 Staff, Department of Dermatology, National Taiwan University Hospital

1998.5-1998.6 Jefferson Medical College, Philadelphia, USA

1998.7-1999.5 University of California, San Francisco, USA

1999.5- Staff, Department Of Dermatology, National Taiwan University Hospital

FACULTY APPOINTMENT:

1996-1998 Consultant of Cosmetics, Bureau of Health

1996-1998 Advisory Board of New Drug Application, Bureau of Health

1999 Chief Editor Of Journal Of Chinese Dermatological Association

1999- Board Of Chinese Dermatological Association

1995- Lecturer, Department of Dermatology, National Taiwan University

2003- Assistant Professor, Department of Dermatology, National Taiwan University Hospital

2012- Associate Professor, Department of Dermatology, National Taiwan University Hospital

2018- Professor, Department of Dermatology, National Taiwan University Hospital

2019-, Head, Department of Dermatology, National Taiwan University Hospital





The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Yukari Okubo, M.D., Ph.D.

Professor, Department of Dermatology, Tokyo Medical University

Education

Institution	Dates	Degree
Tokyo Medical University, Japan	1998	Ph.D.
Tokyo Medical University, Japan	1978-84	M.D.

A thesis for a degree of Doctor of Medicine: "Peripheral blood monocytes in psoriatic patients overproduce cytokines" J Dermatol Sci 1998; 17: 223-232

Postgraduate Training

Tokyo Medical University (Internal Medicine)	1987-88	Staff Physician
Tokyo Medical University (Dermatology)	1986-87	Staff Physician
Tokyo Medical University (Dermatology)	1984-86	Residency

Positions Held After Completion of Graduate Training

Tokyo Medical University Department of Dermatology	2012-Present	Professor
Tokyo Medical University Department of Dermatology	2010-12	Associate professor
Palo Alto Medical Foundation Department of Cardiovascular Biology	2002-04	Post-doctoral Fellow
Stanford University Department of Dermatology	2001-04	Post-doctoral Fellow
Tokyo Medical University Department of Dermatology	1998-2010	Assistant professor
Tokyo Medical University Department of Dermatology	1990-98	Assistant
Tokyo Metropolitan Otsuka Hospital Department of Dermatology	1988-90	Staff Physician
Tokyo Medical University Department of Dermatology	1987-88	Assistant



Membership in Scientific Societies

International Psoriasis Council Councilor	
Japanese Dermatological Association	Japanese Society for Investigative Dermatology
Japanese Society for Psoriasis Research	Japanese Society of Allergology
Japanese Society for Dermatoallergology	Japanese Society for Clinical Immunology
Japan Organization of Clinical Dermatology	Medical Society of Tokyo Medical University



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Kazumitsu Sugiura, M.D. Ph.D.

Professor and Chairman, Department of Dermatology, Fujita Health University School of Medicine

Education and Training

1995-1999 Ph.D., Nagoya University Graduate School of Medicine, Nagoya, Japan

1988-1994 M.D., Nagoya University School of Medicine, Nagoya, Japan

Professional Experiences

2016.04-Present Professor and Chairman, Department of Dermatology, Fujita Health University School of Medicine, Toyoake, Japan

2008.08-2016.03 Associate Professor, Department of Dermatology, Nagoya University Graduate School of Medicine, Nagoya, Japan

2004.10-2008.07 Assistant Professor, Department of Dermatology, Nagoya University Graduate School of Medicine, Nagoya, Japan

Awards

2018 Takagi Award

2015 Rhoto Dermatology Prize

Membership and Professional Societies

The Japanese Dermatological Association

The Japanese Society for Dermatological Science



Min Zheng, MD

Professor and Honorary Chair of the Department of Dermatology at the Second Affiliated Hospital of Zhejiang University School of Medicine

EDUCATION:

1978-1982 Bachelor's degree, Zhejiang Medical University

1985-1988 Master's degree, Zhejiang Medical University

1989-1995 Medical doctor, Christian-Albrechts University in Kiel, Germany.

OCCUPATIONAL HISTORY:

1986-1990 Resident, The Second Affiliated Hospital of Zhejiang University School of Medicine

1990-1996 Staff, The Second Affiliated Hospital of Zhejiang University School of Medicine

1996-1999 Associate Professor/Associate Chief Physician, The Second Affiliated Hospital of Zhejiang University School of Medicine

1999- Professor/Chief Physician, The Second Affiliated Hospital of Zhejiang University School of Medicine

FACULTY APPOINTMENT:

- Scientific Committee member and Chinese National coordinator of the Skin Inflammation & Psoriasis International Network (SPIN; www.spindermatology.org/).
- Honorary President of the Asian Psoriasis Society (ASP)
- In 2017 he was elected as Councillor of the International Psoriasis Council
- Deputy Chair of the Psoriasis Committee of the Chinese Society of Dermatology, where he has also served as Deputy-President and Executive Committee member
- In 2016, Professor Zheng received the International League of Dermatological Societies (ILDS) Certificate of Appreciation
- Editorial Board member of Experimental Dermatology
- Expert of the National Food and Drug Evaluation Committee.

He has also acted as a chair, co-chair or speaker at symposia and workshops at numerous international congresses, including the World Congress of Dermatology.





The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

New era of treatment for generalized pustular psoriasis

Kazumitsu Sugiura

Professor and Chairman, Department of Dermatology, Fujita Health University School of Medicine

In psoriasis, inflammation of the skin involves innate and acquired immunity, and each inflammatory pathway is closely related and cross-talked to form a positive inflammatory loop.

Psoriasis vulgaris is an acquired immune disease caused by the IL-17/IL-23 axis, which is mainly composed of cytokines such as IL-17, TNF- α , and IFN- γ . On the other hand, GPP is considered to be an innate immune disease caused by the IL-36 pathway, which activates cells such as neutrophils, T cells, dendritic cells, and monocytes. The severity of acute symptoms of GPP varies widely. If appropriate primary care is not provided, the disease can progress to cardiac failure, renal failure, sepsis, and other fatal conditions. Therefore, the treatment of acute GPP requires medications that act directly on the core of the disease and provide a rapid onset of effect. In this talk, I will outline the verden, unmet needs, and pathogenesis of GPP and propose a new treatment concept in the practice of GPP.

The new treatment strategies for GPP

Min Zheng

Second Affiliated Hospital, Zhejiang University, School of Medicine

Professor and Honorary Chair of the Department of Dermatology at the Second Affiliated Hospital of Zhejiang University School of Medicine

Generalized pustular psoriasis (GPP) is a rare disease that presents with fever, generalized flushing, and multiple sterile pustules. GPP is also potentially life-threatening and is associated with several serious complications and may require urgent treatment, especially for complications resulting from systemic inflammation.

However, the rarity of the treatment of pustular psoriasis makes it difficult to collect evidence-based publications.

Recently, results from a clinical trial of spesolimab, an IL36-targeted therapy for GPP, were reported.

In this seminar, I will give a talk on the latest treatment of GPP based on the findings from these recently published data.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Sweets seminar 4

TADA Yayoi, M.D. & Ph.D.

The Director

Chief Professor, Department of Dermatology, Teikyo University School of Medicine, Tokyo, JAPAN

- 1995 Resident, Department of Dermatology, The University of Tokyo
- 2001 Assistant Professor, Department of Dermatology, The University of Tokyo
- 2002 Research fellow, Dermatology Branch, National Cancer Institute, USA
- 2005 Assistant Professor, Department of Dermatology, Teikyo University School of Medicine
- 2006 Assistant Professor, Department of Dermatology, The University of Tokyo
- 2008 Lecturer, Department of Dermatology, The University of Tokyo
- 2011 Chief, Department of Dermatology, Kosei General Hospital
- 2013 Associate Professor, Department of Dermatology, Teikyo University School of Medicine
- 2017 Chief Professor, Department of Dermatology, Teikyo University School of Medicine
- 2022 Director, The Asian Society for Psoriasis (ASP)



Hideki Nakajima

Kochi Medical School, Kochi University, Kochi, Japan

- 2013-Present: Associate Professor, Department of Dermatology, Kochi Medical School, Kochi University
- 2008-2013: Assistant Professor, Department of Dermatology, Kochi Medical School, Kochi University
- 2007-2008: Director of Dermatology, Kochi Prefectural Aki Hospital
- 2004-2007: Assistant Professor, Department of Dermatology, Kochi Medical School, Kochi University.
- 1999-2004: Assistant Professor, Department of Dermatology, Kochi Medical School.
- 1996-1999: Clinical Fellow, Department of Dermatology, Kochi Medical School.
- 1994-1996: Resident in Kochi Medical School Hospital (Dermatology)





The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Yukie Yamaguchi

Yokohama City University School of Medicine, Kanagawa, Japan

- 2000 MD, Hamamatsu University School of Medicine, Shizuoka, Japan.
- 2001 Resident, Yokohama City University Hospital, Yokohama, Japan
- 2003 Fellow, Dermatology, Fujisawa City Hospital, Fujisawa, Japan
- 2004 Graduate student, Yokohama City University, Graduate School of Medicine, Yokohama, Japan
- 2005 Research Associate, Division of Rheumatology, Department of Internal Medicine, Keio University School of Medicine, Tokyo, Japan
- 2008 Postdoctoral associate in the division of Pulmonary, Allergy, and Critical Care of Medicine, University of Pittsburgh, USA
- 2010 Assistant professor, Department of Environmental Immuno-Dermatology, Yokohama City University Graduate School of Medicine, Yokohama, Japan
- 2013 Lecturer, Department of Environmental Immuno-Dermatology, Yokohama City University Graduate School of Medicine, Yokohama, Japan.
- 2018 Associate professor, Department of Environmental Immuno-Dermatology, Yokohama City University Graduate School of Medicine, Yokohama, Japan
- 2021.5-present Professor, Department of Environmental Immuno-Dermatology, Yokohama City University Graduate School of Medicine, Yokohama, Japan





The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Immunological aspects of psoriasis and characteristics of plaque phenotype

Hideki Nakajima, M.D., Ph.D.

Kochi Medical School, Kochi University, Kochi, Japan

Psoriasis presents various clinical forms, and it is thought that the number of infiltrating cells and the amount of cytokine expression differ depending on the type of rash. In 2016, Kim et al. classified Korean psoriasis lesions into small, medium, and large types, and examined the expression levels of cytokines in lesions and non-lesions. They reported that IFN- α expression was high in both lesional and non-lesional areas in small and medium-sized psoriasis, but that IFN- α expression was not observed in large-sized psoriasis. Interestingly, it has been shown that TNF- α expression is also enhanced in non-lesional areas of large type psoriasis. It may be possible to continue treatment without recurrence or secondary failure by treating psoriasis based on the eruption type in Japanese patients. As a specific method of using biological agents, TNF- α inhibitors are suitable for large type psoriasis, because it is thought that inflammation centered on TNF- α silently exists in non-lesional areas in large psoriasis. For small to medium sized psoriasis patients, it may be better to administer IL-17 inhibitors or IL-23 inhibitors so as not to enhance the expression of IFN- α .

Update on Psoriasis Treatment in Japan: Including Pediatric Psoriasis

Yukie Yamaguchi, MD, PhD

Yokohama City University School of Medicine, Kanagawa, Japan

As of August 2022, a total of 19 drugs, 11 original biologics and 8 biosimilars, are available in Japan for the treatment of psoriasis. The Japanese Dermatological Association requires institutional approval by a dermatologist for the use of biologics, and as of July 2022, 760 institutions have received approval. Drug development in the field of psoriasis has expanded beyond biologics, with the approval of oral inhibitors, such as PDE-4 inhibitors, apremilast, followed by JAK inhibitors and Tyk2 inhibitors, further expanding treatment options. Each drug has its own characteristics, and we need to understand these characteristics and make the best treatment choice through shared decision making with patients.

Another recent topic is that Cosentyx is the only biologic agent to receive an additional indication for pediatric patients aged 6 years and older. The incidence of pediatric psoriasis varies by country; even in the United States, where the prevalence of adult psoriasis is high, the incidence is 128 per 100,000 population under the age of 18 (Amy S Paller, 2018), while in Japan it is reported to be 2.5% of patients under 19. (Ito T, 2018). Although psoriasis in children is not as common as in adults, the impairment of quality of life may be more significant when school life and other factors are considered. In this seminar, we would like to discuss psoriasis treatment updates including pediatric psoriasis based on our daily practice and our research findings.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Evening Seminar

Choe Yong-Beom, M.D. & Ph.D.

The Special Advisor

Professor and chairman, Department of Dermatology, Konkuk University,
Seoul, KOREA

M.D. Seoul National University College of Medicine, Seoul, KOREA

M.S. Seoul National University Graduate School, Seoul, KOREA

Ph.D. Seoul National University Graduate School, Seoul, KOREA

2022~2023 The President, the Korean Society for Psoriasis
The Special Advisor, The Asian Secretary for Psoriasis (ASP)

- The Treasurer, Korean Dermatological Association, KOREA
- The Director of general affairs, Korean Society for Psoriasis, KOREA



Shi Yuling, M.D. & Ph.D.

The Director

Department of Dermatology

Shanghai Skin Disease Hospital, Tongji University School of Medicine,
Shanghai, CHINA

Vice President of Shanghai Skin Disease Hospital

Director of the Institute of Psoriasis, Tongji University School of Medicine

Director of Psoriasis Clinical Research Center, Tongji University

Director of the Research and Innovation Team of the Institute for Advanced
Study of Tongji University

1991 - 1996 Medical Student, Tongji University School of Medicine, China (Degree: M.D.)

1996 - 2001 Resident Doctor, Department of Dermatology, Shanghai Tenth People's Hospital, Tongji University School of Medicine

2001 - 2004 Tongji University School of Medicine, China, Degree: M.S.

2001 - 2009 Attending Doctor, Department of Dermatology, Shanghai Tenth People's Hospital, Tongji University School of Medicine

2007 - 2010 The Second Military Medical University, China (Degree: Ph.D.)

2009 - 2015 Associate Prof., Associate Chief Physician, Depart. of Dermatology, the Tenth People's Hosp., Tongji University School of Medicine

2011-2012 Postdoctoral Research fellow, Henry Ford Hospital Immunology program & Dermatology Research, USA

2016-Present Professor, Chief Physician, Department of Dermatology, Shanghai Tenth People's Hospital, Tongji University School of Medicine



The Vice President: The Psoriasis Research Group of Chinese Society of Dermatology

The Vice President: The Psoriasis Research Group of Chinese Association of Integrative Medicine



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Masahiro Kamata

Department of Dermatology, Teikyo University School of Medicine

- 2004-2006 Residency, International Medical Center of Japan, Tokyo, Japan
- 2006-2006 Residency, The University of Tokyo Hospital, Tokyo, Japan
- 2006-2008 Residency, Mitsui Memorial Hospital, Tokyo, Japan
- 2008-2012 Graduate Student, Department of Dermatology, The University of Tokyo Graduate School of Medicine, Tokyo, Japan
- 2012-2013.3 Assistant, Department of Dermatology, The University of Tokyo Graduate School of Medicine, Tokyo, Japan
- 2013.4-2015.9 Research Associate, Department of Immunology, Duke University Medical Center Durham, Durham, USA
- 2015.10-2017.6 Lecturer, Department of Dermatology, The University of Tokyo, Tokyo, Japan
- 2017.7-2019.3 Lecturer, Department of Dermatology, Teikyo University School of Medicine, Tokyo, Japan
- 2019.4- Associate Professor, Department of Dermatology, Teikyo University School of Medicine, Tokyo, Japan



Diana Rubel

Consultant dermatologist in private practice at Woden Dermatology, Canberra, a visiting medical officer at The Canberra Hospital, and Senior Lecturer at the Australian National University (ANU)

Dr Rubel is a consultant dermatologist in private practice at Woden Dermatology, Canberra, a visiting medical officer at The Canberra Hospital, and Senior Lecturer at the Australian National University (ANU).

She completed her undergraduate medical degree (1988) and postgraduate Diploma in Paediatrics (1992) at the University of NSW, her Masters of Medicine (specialising in cutaneous immunology) at Sydney University (1995) and completed her Postgraduate Specialist training in Dermatology (Australasian College of Dermatologists' fellowship) in 1998.





The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Cumulative life course impairment: importance of early detection and early intervention in psoriatic arthritis

Masahiro Kamata, M.D., Ph.D..

Department of Dermatology, Teikyo University School of Medicine

Psoriasis is a chronic inflammatory skin disease, and 10-30% of patients develop arthritis (psoriatic arthritis, PsA). Furthermore, its association with depression, anxiety, metabolic syndrome, and cardiovascular diseases have been reported. Therefore, recently it has been considered that psoriasis is not a skin disease but rather a systemic inflammatory disease (psoriatic disease). Comorbidities and impairment caused by skin manifestations impose an enormous burden on patients cumulatively. Considering long-term prognosis, early intervention by treatment with sufficient effectiveness is essential to minimize cumulative life course impairment. In this view, early detection of PsA and early intervention are important. Dermatologists have abundant opportunities to detect early PsA since skin manifestations precede arthritis in most of PsA patients. However, PsA tends to be overlooked. The delay of diagnosis with PsA can result in irreversible joint destruction. In this lecture, we discuss tips on early detection of PsA and treatment strategy of PsA.

Aiming for a higher goal in psoriasis management - Perspectives from Australia

Diana Rubel, M.D., Ph.D..

Consultant dermatologist in private practice at Woden Dermatology, Canberra, a visiting medical officer at The Canberra Hospital, and Senior Lecturer at the Australian National University (ANU)

Treatment strategies for moderate to severe plaque psoriasis have evolved over the past two decades, and we can now select various targeted therapies to best meet patient needs. A crucial first step in individualising therapy is to understand the impact of psoriatic disease on our patients, and studies have shown that dermatologists and patients have different interpretations of the disease journey. Recently bimekizumab, a novel IL-17A and IL-17F inhibitor, has demonstrated efficacy and safety in clinical trials of moderate to severe plaque psoriasis, with a high degree of patient satisfaction.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Acknowledgments

Thank you very much for your support in holding ASP Tokyo 2022.

I would like to express my sincere gratitude to all of you.

MABUCHI Tomotaka, M.D., Ph.D.
President of the ASP Tokyo 2022

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Constitution (Rule)

I. General Provision

1. Name

- 1) This Society is named "The Asian Society for Psoriasis (the ASP)"
- 2) The headquarters secretariat of the ASP shall be placed at the facility to which the president belongs.

II. Background to the Establishment and Concept

1. Background

By the present, many nationwide meetings as to psoriasis have been held in Asian region. For examples, the Japanese Society for Psoriasis Research (the JSPP), the Korean Society for Psoriasis (the KSP), the Chinese Psoriasis Conference (the CPC), the Xi'an International Psoriasis Forum and so on are well known. Therefore, psoriasis researchers in those countries gathered in one place, to know each other, and know the psoriasis study of the other country, time on the basis of it, to build cooperation and further development of each other also have come to we hope. A strong cooperation from the psoriasis conference of each country must be indispensable. However, at this time, social activities so far are not ripe in many Asian countries except Japan, China and Korea.

So, as part of preparations, the Tokai International Psoriasis Summit 2014 (the TIPS 2014) was held in Tokyo in 2014 (The President: OZAWA Akira and the Secretary General: MABUCHI Tomotaka). In the TIPS 2014, more than 75 Japanese researchers and 25 researchers from China, Korea, Chinese Taipei, Thailand and the United States participated. And this conference was held by Tokai University research funding only. Because we wanted to be able to discuss in the 2014 TIPS without any bias from pharmaceutical companies and so on. Therefore, this meeting was held without any research funds from Pharmaceutical companies. We believe that holding such a meeting will be useful and varied for the development of future research while maintaining mutual friendship and introduction of research activities.

And in the TIPS, we were able to create a joint declaration and cooperation minutes in English by cooperation and support of all the participants. As the summary of "the Statement of the TIPS 2014", the concepts of "To Know Others and To Do Something Together" were not only meaningful but also in demand. Therefore, we will share the concepts and collaborate, and ultimately hope to establish an official academic organization for Psoriasis that represents Asia. From that time, the meeting for Psoriasis will be held in two years each. And the next meeting will be held on September in 2016, Seoul.

The Asian Summit for Psoriasis 2016 (the ASP 2016) was held in Seoul (The President: YOUN Jai Il and the Secretary General: SONG Hae Jun. The ASP 2016 was an extension of the same spirit we shared in the meeting of the TIPS 2014, Tokyo. The Slogan of the ASP 2016 was "Raising our blossom together!" About 50 Korean dermatologists from the KSP and 25 researchers from outside the country, Japan, China, Chinese Taipei, Thailand and Mongolia as a new member joined to the ASP 2016, Seoul. As the statement of ASP 2016, China undertook and held the next meeting which was held by the President Dr. ZHENG Min, as the International Psoriasis Symposium 2018, Kunming.

2. Concept

The concept of "the Asian Society for Psoriasis" is "To Know Others and To Do Something Together", and it is not only meaningful, but also in demand.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

Therefore, we will share the concepts and collaborate, and ultimately hope to establish an official academic organization for psoriasis that represent Asia.

III. Purpose

According to the Concepts of the ASP, the following matters have to be considered and carried out smoothly and appropriately.

1. "To Know Others"

- 1) Make a chance an encourage more doctors and lectures from foreign countries outside the country where the academic conference is held to attend.
- 2) Promote an encourage young dermatologists to have the opportunity to participate and learn in an exchange program in various regions in Asia.
- 3) Assist the establishment of an official psoriasis organization in regions that do not have such organization.

2. "To Do Something Together"

- 1) Epidemiological study of psoriasis
- 2) Research on the efficacy of treatment and side effects
- 3) Research on Quality of Life (QOL)
 - (1) Assessing the difference in a survey of QOL between doctors and patients
 - (2) Assessing the change in QOL value before and after treatment
- 4) Establishing an educational system for young dermatologists regarding psoriasis
- 5) Establishing a system to educate patients with psoriasis
- 6) Co-writing a textbook on psoriasis

IV. Membership

1. Member Type

The ASP consists of regular members and supporting members.

1) Regular members

- (1) Having participation registration at the ASP, after the membership fee is paid, it becomes a regular member.
- (2) A regular member can participate in the ASP.
- (3) Information by the ASP will be distributed to regular members.

2) Supporting member

- (1) We agree with the purpose of the ASP and make individuals or corporations that pays support membership expenses a supporting member.
- (2) For supporting members, obtain approval from the president.
- (3) Supporting members can participate in the ASP.
- (4) Information by the ASP will be distributed to supporting members.

2. Membership Fee

- 1) When registering at the an academic event, regular members pay 10% of the registration fee as a two-year membership fee.
- 2) Supporting members shall pay \$2,000 as membership fee for 2 years.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

3. Participation Fee Paid / Refunded

- 1) The member shall pay the membership fee specified respectively.
- 2) Membership fees will not be refunded for any reason.
- 3) Honorary President, Honorary Advisor, Special Advisor and Auditor shall exempt dues.

4. Loss of Qualification

- 1) When not paying membership fee.
- 2) When you are declared prohibited or quasi-prohibited.
- 3) When you receive death or a declaration of disappearance.
- 4) When expelled.

5. Exclusion

If the member falls under one of the following items, the president may exit it after going through the Board of Directors' decision.

- 1) As a member of the ASP, those who have lost their qualifications.
- 2) What hurt the honor of the ASP markedly.
- 3) When the member acts contrary to the concept and purpose of the ASP.

V. Officers

1. Officers and terms of office

We have the following officers at our society. In addition, after the term of office of officers expires until you are appointed, the duties shall be taken.

- 1) President (2 years, reappointment is not disturbed)
- 2) Vice President (2 years, reappointment is not disturbed)
- 3) Director (2 years, reappointment is not disturbed)
- 4) Secretary General (2 years, reappointment is not disturbed)
- 5) Secretary (2 years, reappointment is not disturbed)
- 6) Honorary President (lifetime)
- 7) Honorary Adviser (lifetime)
- 8) Special Adviser (2 years, reappointment is not disturbed)
- 9) Auditor (2 years, reappointment is not disturbed)
- 10) Administrative staff (2 years, reappointment is not disturbed)

2. Duties

1) President

- (1) On behalf of the ASP, pursue smooth and appropriate management in accordance with its concept and purpose.
- (2) Convene the Board of Directors at the time of the ASP.
- (3) Call an extraordinary Board of Directors as necessary.

2) Vice President

- (1) Comply with the matters decided at the Board of Directors and assist the President in order to carry out proper management of the ASP.
- (2) When the president is unable to fulfill its duties (such as illness, death, dismissal, etc.), the Vice President shall perform the duties of the President at the remaining term of office of the President.

3) Director

- (1) Attend the Board of Directors and the ASP.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

- (2) Following the resolutions at the Board of Directors, endeavor to ensure smooth and appropriate management.
 - (3) Cooperation for an investigation and/or research, which was decided at the Board of Directors.
 - 4) Honorary President
Advice and support the President on the smooth and appropriate operation of the ASP.
 - 5) Honorary Advisor
 - (1) Advise and support the President on smooth and appropriate operation of the ASP.
 - (2) Provide advice and support on matters requested by the President.
 - 6) Special Advisor
 - (1) Advise and support the President on smooth and appropriate operation of the ASP.
 - (2) Provide advice and support on matters requested by the President.
 - 7) Secretary General
 - (1) Assist the President and serve as a smooth operation of the ASP.
 - (2) To oversee the Secretary of each country, to manage the smooth operation of international affairs.
 - (3) In the ASP, report the affairs to the member.
 - 8) Secretary
 - (1) Manage membership affairs of each country.
 - (2) Collaborate with the Secretary-General to make efforts to facilitate the operation of the Association.
 - 9) Auditor
 - (1) Audit the accounting situation and business execution situation of the ASP.
 - (2) Report the status of the audit at the Board of Directors.
 - 10) Administrative Staff
 - (1) Assist the administrative work of the Secretary General and the Secretariat.
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3. Election
 - 1) President
The President is determined by mutual election at the Board of Directors.
 - 2) Vice President
Under the recommendation of the President, obtain approval at the Board.
 - 3) Director
Under the recommendation of the President, Vice Presidents or Directors, obtain approval at the Board.
 - 4) Honorary President
 - (1) A person who has experienced the President or has been accredited equivalent there to.
 - (2) Under the recommendation of the President, obtain approval at the Board.
 - 5) Honorary Advisor
 - (1) A person who has experienced the Vice president, Director, Secretary General, Special Adviser, Auditor or have been accredited equivalent there to.
 - (2) Under the recommendation of the President, obtain approval at the Board.
 - 6) Special Advisor
 - (1) Responsible person such as the Psoriasis Society of each country or equivalent academic conference.
 - (2) Responsible person of the Dermatological Association of each country.
 - (3) Under the recommendation of the President, obtain approval at the Board.
 - 7) Secretary General
Under the recommendation of the President, obtain approval at the Board.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

8) Secretary

After consultation between the President and the Secretary General, under the recommendation of the President, obtain approval at the Board.

9) Auditor

Under the recommendation of the President, obtain approval at the Board.

10) Administrative Staff

Where necessary, the Secretary General requested the President and, in response to the recommendation of the President, obtain approval at the Board.

VI. Conference

1. Board of Directors

- 1) The Board of Directors consists of the President, the Vice Presidents and Directors.
- 2) The regular Board of Directors is held by the president at the time of the ASP meeting.
- 3) If the President finds it necessary, the extraordinary Board of Directors is held.
- 4) If the Auditor deems it necessary for the performance of its work, the President shall promptly call the extraordinary Board of Directors.
- 5) The President, Vice presidents and Directors attend the executive Board and take part in the vote.
- 6) Honorary President, Honorary Advisor, Special Advisor, Auditor and Secretary General can participate in the Board, but will not participate in the decision.
- 7) Supporting members are not able to participate in the Board.
- 8) If the President finds it necessary, members and others can participate in the Board, but they will not participate in the decision.

2. Chairman of the Board of Directors

The Chairman of the Board shall be appointed from the Vice Presidents or the Directors.

3. Proceedings of the Board of Directors

The following matters shall be submitted to the regular Board of Directors and their approval will be obtained.

- 1) Executive personnel affairs
- 2) Selection of the next term President, approval of the meeting requirements
- 3) Confirmation items to be summarized at the next ASP
- 4) Project plan and report
- 5) Accounting report
- 6) Matters deemed necessary by the President for deliberation

4. Establishment of Board of Directors

Including the power of attorney, the Board of Directors is established with the attendance of more than two thirds of the directors.

5. Voting by the Board of Directors

- 1) The proceedings of the Board of Directors, including power of attorney, shall be decided by a majority of the directors present.
- 2) When the number is equal, the President decides this.
- 3) Honorary Presidents, Honorary Advisor, Special Advisor, Auditor, Secretary-General, Secretary may not participate in the vote.



The 1st ASP 2022 Tokyo, Nov. 26-27, 2022, JAPAN

6. Report of Resolution

The President shall report to the member the matters voted for approval at the Board of Directors.

VII. Asset

1. Assets

The Association's assets are allocated to this, with membership fees and donations, and income from it, and other income.

2. Management

Assets of the ASP are managed by the head office secretariat.

3. Expenses

The expenses required for the execution of the project of ASP have assets and will be applied to this.

4. Budget / Settlement

In the following matters, after auditing by the Auditor, approval shall be obtained by the Board of Directors.

- 1) Business plan and related budget
- 2) Business report and account settlement

5. Fiscal Year

The fiscal year of the academic societies shall begin on January 1 every year, until December 31.

6. Terms Change

Changes to this agreement are discussed at the Board of Directors, and more than two-thirds of attendees including power of attorney decide by agreeing.

VIII. Supplementary Provisions

1. Enforcement of the Covenant

This Agreement shall come into force as from January 1, 2019.