IL-17 Summit (Novartis): managing psoriatic disease from trials to real-world practice

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Venue: 1881 Heritage, Tsimshatsui, Kowloon, Hong Kong
Organiser: The Hong Kong Society of Dermatology and Venereology

Practical guidance on managing of hepatitis infection with immunosuppressant

Speaker: Man-fung Yuen
Division of Gastroenterology & Hepatology, Department of Medicine, Queen Mary Hospital, Hong Kong

Hepatitis B virus (HBV) reactivation is defined as an increase in HBV replication indicated by the surge of HBV DNA levels. Hepatitis flare up is defined as a significant increase in liver enzyme level due to HBV reactivation but not due to toxicity of chemotherapy. The risk factors of HBV reactivation in HBsAg+ patients depend on patient factors, HBsAg status and level of immunosuppression.

For HBsAg+ patients receiving steroid therapy, HBV reactivation depends on the dose, duration and rapidity of steroid dose reduction. However, there are no good studies to address these factors in detail. According to Hospital Authority recommendations, prednisolone >10 mg prescribed for longer than four weeks is considered to be high dose steroid therapy.

Prophylactic antiviral nucleoside analogues are strongly recommended during therapy regardless of HBV DNA levels and for 6-12 months after stopping immunosuppressive therapy in HBsAg+ patients receiving biologics as they may reactivate latent infection.

For occult HBV infection (HBsAg- and Anti-HBc+), patients receiving rituximab are considered to be high-risk and prophylaxis is strongly recommended; patients receiving high-dose steroids, anti-TNF, tyrosine kinase inhibitors and cytokine inhibitors are considered to be medium risk and the indication for prophylaxis is weaker. No prophylaxis is recommended for patients receiving azathioprine and methotrexate.

The effect of secukinumab on patients with HBV infection is not known since patients with known prior history of hepatitis B infection have been excluded from clinical studies.

Learning points:

Prophylactic anti-virals should be given for all HBsAg+ patients undergoing immunosuppressive therapy. For occult HBV infection, the risk of reactivation in rituximab-containing chemotherapy and Haematopoietic Stem Cell Transplantation is high, but with other treatment therapies, the risk is uncertain.

IL-17 inhibition in managing psoriasis

Speaker: Johnny CY Chan
Dermatologist, Private Practice, Hong Kong

Secukinumab is a human monoclonal antibody to interleukin-17A which is used to treat systemic immune-mediated disorders. It is a fully humanised IgG which binds to human interleukin-17A and acts directly on keratinocytes. Compared to etanercept, studies have shown that secukinumab has a faster onset of action and the clinical response is maintained. When compared to ustekinumab, more patients treated with secukinumab reached PASI 75, 90 and 100.

Secukinumab has a high clinical efficacy which is not affected by any preceding systemic treatments and has a quicker onset of clinical action. It has been shown that patients receiving IL-17 antagonist could reach PASI 50 within two to four weeks and the clinical response was sustained in general and that there are also benefits in treating nail and scalp psoriasis.

Learning points:

Overall, secukinumab has a good clinical efficacy and favourable safety profile.