



ADVERSE DRUG REACTIONS, INCLUDING SJS, TEN

## THE EFFICACY OF ETANERCEPT IN THE TREATMENT OF STEVENS-JOHNSON SYNDROME AND TOXIC EPIDERMAL NECROLYSIS; AN OBSERVATIONAL STUDY FROM USC AND UCLA

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**Background:** Toxic Epidermal Necrolysis (TEN) can be fatal in up to 30% of patients. As the pathogenesis of SJS/TEN continues to be more well-defined, the possibility of using more targeted therapies has also expanded and our therapeutic arsenal now includes TNF- $\alpha$  blockade.

**Observation:** Our cohort includes data from over 30 subjects from the University of California Los Angeles (UCLA) and the University of Southern California (USC) between 2013 and 2018, who were diagnosed with SJS/TEN disease spectrum. Those seen before 2014 were treated with either supportive care or IVIG, while those diagnosed in 2014 and after were predominantly treated with one dose of 50mg of subcutaneous etanercept. In most cases, subjects demonstrated cessation of progression of disease within 24 hours of etanercept administration and there were no deaths in the etanercept-treated group. Based on SCORTEN data the expected mortality in the etanercept-treated group was 17.5%. In contrast, nine patients from 2013 to 2014 who were treated before our centers began using etanercept to treat SJS/TEN had an expected mortality of 20.8% and an actual mortality of 33%.

**Key Message:** Our data adds further support to the use of etanercept as a potentially beneficial agent in the treatment of SJS/TEN, and we are the first group to compare etanercept outcomes directly to treatment with IVIG and supportive care alone. We therefore suggest consideration of etanercept as a potential therapy in adult and pediatric patients with SJS/TEN.

