URTICARIA, ANGIOEDEMA

EFFICACY AND SAFETY OF OMALIZUMAB IN PATIENTS AFFECTED BY SEVERAL COMORBIDITIES: DATA FROM REAL-LIFE CLINICAL PRACTICE

Laura Vollono [(1)] - Laura Diluvio [(1)] - Eleonora Di Matteo [(1)] - Caterina Lanna [(1)] - Maria Esposito [(1)] - Luca Bianchi [(1)]

Tor Vergata University, Dermatology And Venereology Department, Rome, Italy [(1)]

Introduction: Omalizumab is recombinant humanized monoclonal antibody to immunoglobulin E. Guidelines for the treatment of Chronic Spontaneous Urticaria (CSU) recommend the use of omalizumab as third-line therapy in addition to high doses of H1 antihistamines when they are unsuccessful as first- and second-line therapy.

Objectives: To assess Omalizumab efficacy and safety in a heterogeneous population of patients affected by (CSU) and several comorbidities in a real-world setting.

Materials and methods:Patients affected by CSU (UAS7>16) who underwent at least 4 weeks of treatment with nonsedating H1-antihistamines and were still symptomatic were treated with Omalizumab 300 mg injection as add-on to H1-antihistamines administered every 4 weeks for 6 months. In case of recurrence of symptoms a second cycle of 5 additional doses was administered (total treatment duration 13 months). Clinical assessment of UAS-7, DLQI and blood tests were performed at baseline, 12 , 24 and 52 weeks of treatment. Response was assessed based on reduction of UAS-7.

Results: 25 patients (9M,16F mean age 54,16) affected by CSU were enrolled. Comorbidities affecting our study population were divided into 5 categories: cardio-metabolic (68%), oncologic (24%), infectious (16%), allergic (56%) and immunologic (40%). We also divided our population in hyper-IgE and non hyper-IgE patients.6 patients completed 2 cycles of treatment, while 14 patients completed 1 cycle of treatment and 5 patients underwent 12 weeks of treatment to date. The majority of patients achieved consistent reduction of UAS-7 and DLQI within the first 4 weeks of treatment. A smaller percentage achieved a satisfactory response after 12 weeks of treatment.

Conclusions: In our population Omalizumab determined a satisfactory reduction of symptoms of CSU. No serious variations regarding patients' comorbidities were encountered. Real-life data are a valuable source of information about a drug's safety and efficacy profile, especially in patients affected by different comorbidities and taking different

medications.