14TH GEORG RAJKA INTERNATIONAL SYMPOSIUM ON ATOPIC DERMATITIS

DOHA QATAR 2024

ISAD

SHERATON GRAND DOHA
24TH - 26TH OCTOBER 2024

GLOBAL PERSPECTIVES ON ATOPIC DERMATITIS: UNITING FOR BETTER CARE

ISAD
INTERNATIONAL SOCIETY OF ATOPIC DERMATITIS

INDEX

PFIZER IS EXCITED TO WELCOME YOU AT

ISAD 2024

As platinum sponsors of ISAD 2024, Pfizer is excited to share our leading innovations in atopic dermatitis (AD) and engage in essential conversations about developments in the Dermatology space.

Visit Pfizer at Booth Platinum #2

Pfizer Gulf FZ-LLC-Dubai Branch Sheikh Zayed Road, Al Moosa Tower 2
P.O. Box 29553, Dubai, UAE Tel: +971-4-3322286, Fax: +971-4-3320212

DUPIXENT— PRESCRIBED TO OVER 1 MILLION PATIENTS WITH TYPE 2 INFLAMMATORY DISEASES[1,2]

1 MILLION
PATIENTS ON THERAPY
WORLDWIDE ACROSS ALL INDICATIONS[1,2,a]

No other biologic precisely targets IL-4 and IL-13, key and central drives of type 2 inflammation[1]

ATOPIC DERMATITIS[1]
6+ Months
moderate-to-severe in 12+ years; severe in 6 months to 11 years

ASTHMA[1]
6+ Years
type 2 or OCS dependent

CHRONIC RHINOSINUSITIS WITH NASAL POLYPOSIS[1]
18+ Years
inadequately controlled

EOSINOPHILIC ESOPHAGITIS[1]
12+ Years
in patients weighing at least 40 kg

PRURIGO NODULARIS[1]
18+ Years
moderate-to-severe

DUPIXENT® (dupilumab)

Kuwait Qatar Bahrain Oman

INDICATIONS

Atopic Dermatitis (AD)
Adults and adolescents
DUPIXENT is indicated for the treatment of moderate-to-severe atopic dermatitis in adults and adolescents 12 years and older who are candidates for systemic therapy.

Children 6 months to 11 years of age
DUPIXENT is indicated for the treatment of severe atopic dermatitis in children 6 months to 11 years old who are candidates for systemic therapy.

Asthma
Adults and adolescents
Dupixent is indicated in adults and adolescents 12 years and older as add-on maintenance treatment for severe asthma with type 2 inflammation characterized by raised blood eosinophils and/or raised FeNO, who are inadequately controlled with high dose ICS plus another medicinal product for maintenance treatment.

Children 6 to 11 years of age
Dupixent is indicated in children 6 to 11 years old as add-on maintenance treatment for severe asthma with type 2 inflammation characterized by raised blood eosinophils and/or raised fraction of exhaled nitric oxide (FeNO), who are inadequately controlled with medium to high dose inhaled corticosteroids (ICS) plus another medicinal product for maintenance treatment.

Chronic Rhinosinusitis with Nasal Polyposis (CRSwNP)
DUPIXENT is indicated as an add-on therapy with intranasal corticosteroids for the treatment of adults with severe CRSwNP for whom therapy with systemic corticosteroids and/or surgery do not provide adequate disease control.

Prurigo Nodularis (PN)
DUPIXENT is indicated for the treatment of adults with moderate-to-severe prurigo nodularis (PN) who are candidates for systemic therapy.

Eosinophilic Esophagitis (EoE)
DUPIXENT is indicated for the treatment of eosinophilic esophagitis in adults and adolescents 12 years and older, weighing at least 40 kg, who are inadequately controlled by, are intolerant to, or who are not candidates for conventional medicinal therapy.

For additional information, please see the Summary of Product Characteristics.

[a] ~1,000,000 patients on therapy worldwide across all approved indications.
Not all indications approved world-wide may be approved in your country.

OCS, oral corticosteroid.

DUPIXENT has a demonstrated safety profile underpinned by targeted immunomodulation, not broad-spectrum immunosuppression[1]

- Not metabolized through the liver or excreted through the kidneys[1]
- No known drug-to-drug interactions[1]
- DUPIXENT is not an immunosuppressant[1]
- No requirement for initial lab testing or ongoing lab monitoring[1]

Please see DUPIXENT Summary of Product Characteristics for additional safety information.

DUPIXENT® (dupilumab) – Abbreviated Prescribing Information

Kuwait

Qatar

Oman

Bahrain

Sanofi Greater Gulf MCO

For further medical information, please contact: For UAE ✆ 800 MEDICAL Toll-Free Number.
For all Gulf countries ✆ +971 45 50 38 63 or email: medical-information.gulf@sanofi.com.

To report an adverse event please call: +971 561747001 or Email: Gulf.Pharmacovigilance@sanofi.com

References: 1. DUPIXENT Summary of Product Characteristics, 2023. **2.** IQVIA/Sanofi Integrated DUPIXENT platform, data through August 2024.

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DUPIXENT® (dupilumab)

WELCOME TO DOHA

It is with great pleasure and privilege to welcome you to the '14th Georg Rajka Symposium on Atopic Dermatitis' in Doha, Qatar — October 24~26, 2024.

This year we chose the theme **'Global Perspectives on Atopic Dermatitis: Uniting for a better Care'**, and we are very pleased and proud that we are able to welcome world-renowned basic scientists and clinicians covering all aspects of atopic dermatitis, many of them pioneers in their field.

Since Atopic Dermatitis is a global, frequent disease, we also sought to invite experts from WHO and all around the world to discuss how we can improve patient's quality of life by providing and uniting for better treatments for all patients.

One of the main subjects of this meeting will be the debilitating symptom of "pruritus (itching)", its pathophysiology, assessment and treatment, because of its novel treatments, a very hot topic in dermatology and neuroimmunology. Here, we will explore where the future of Atopic Dermatitis therapy will go.

The City of Doha is the capital of the State of Qatar and represents all the beauty and hospitality of the Arabian peninsula. Despite the astonishing natural and quite beauty of the desert, Qatar is a growing industrial modern country which attracts many tourists and families, as well as industry and universities.

The venue of the meeting, the Sheraton hotel is located in the heart of the beautiful center of Doha, close to museums, cafes and beaches, which invite to relax during a pleasant Arabic winter enjoying culture and nature alike.

For the first time in the Middle East, we have assembled an exciting program for scientists, clinicians, residents, students and industry partners alike, that will cover all aspects of Atopic Dermatitis research.

Please join us for a special program in which you can experience in the best way possible, Arabic hospitality and make new friends. We are looking forward to welcoming you to Doha.

Sincerely,
Conference Chair

Prof. Martin Steinhoff MD, PhD, M.Sc., FRCPI
Chairman, Dept. of Dermatology and Venereology
Director, Translational Research Institute
Hamad Medical Corporation, Qatar
Professor, Weill Cornell Medicine-Qatar and New York, USA
Clinical Professor, Qatar University
Professor, Hamad Bin Khalifa University
Doha, Qatar.




WELCOME TO QATAR

Organizing a conference in Doha, Qatar, can offer several advantages due to the city's unique characteristics, strategic location, and excellent infrastructure. Some of the notable advantages of hosting a conference in Doha, Qatar, include:

Strategic location: Doha's strategic location in the Middle East makes it easily accessible from various parts of the world, attracting attendees from different regions, especially Europe, Asia, and Africa. Modern infrastructure: Doha boasts state-of-the-art infrastructure with world-class venues, conference centers, and hotels equipped with advanced technology and amenities, providing an excellent setting for hosting large-scale international events.

Cultural diversity: Doha offers a rich cultural experience, showcasing the blend of traditional Qatari heritage and modern influences. This cultural diversity can add an extra dimension to the conference, enabling participants to engage in a vibrant and unique cultural exchange.

Accommodation and hospitality: The city provides a range of luxurious accommodations and hospitality services that cater to the needs of conference attendees, ensuring a comfortable and convenient stay for participants and delegates. Safety and security: Doha is known for its high levels of safety and security, ensuring a secure environment for conference attendees, speakers, and organizers. This factor contributes to the overall positive experience and peace of mind for all participants.

Excellent transportation links: Doha has a well-connected transportation system, including the Hamad International Airport, an efficient metro system, and a network of well-maintained roads, making it easy for attendees to travel to and from the conference venue and explore the city. Opportunities for leisure and recreation: Doha offers various recreational and leisure activities, including cultural attractions, culinary experiences, and entertainment options, allowing conference attendees to unwind and explore the city's unique offerings during their visit.

Enjoy in Qatar !!



RINVOQ® upadacitinib

LEVEL UP

their treatment goals with RINVOQ

RINVOQ is indicated for the treatment of moderate to severe atopic dermatitis (AD) in adults and adolescents 12 years and older who are candidates for systemic therapy.[1]

Little to
NO ITCH
(WP-NRS 0-1)
Optimal treatment target[2-4]

Almost
CLEAR SKIN
(EASI 90)
Optimal treatment target[2,3,5]

In LEVEL UP, RINVOQ demonstrated superiority in the **ONLY** H2H study vs dupilumab to assess the **simultaneous achievement of 2 optimal treatment targets** as a primary endpoint.[2,*,†]

Visit us at the RINVOQ booth to learn more

The primary endpoint, the simultaneous achievement of WP-NRS 0-1 and EASI 90 at Week 16 (19.9% for RINVOQ and 8.9% for dupilumab), and all ranked secondary endpoints were met (*P*<0.0001 vs dupilumab, ITT [NRI-MI], multiplicity-controlled analysis).[2,‡]

TREATMENT CONSIDERATIONS: RINVOQ 15 mg QD is the recommended dose for patients at higher risk of VTE, MACE, or malignancy, adolescents 12 to 17 years of age, and patients ≥65 years of age. The lowest effective dose to maintain response should be used.[1]

LEVEL UP is a global, Phase 3b/4, randomized, open-label, head-to-head, efficacy assessor-blinded, multicenter study evaluating the efficacy and safety of RINVOQ (n=458) compared with dupilumab (n=462) in adults and adolescents (≥12-64 years of age weighing at least 40 kg) with moderate to severe AD who had inadequate response to systemic therapy or when use of those therapies was inadvisable. Patients on RINVOQ were initiated at 15 mg QD and dose-escalated based on clinical response. Dupilumab was administered per its label.[2]

†The primary endpoint of LEVEL UP, the simultaneous achievement of WP-NRS 0-1 and EASI 90, is an example of MDA, defined as the achievement of ≥1 CRO and ≥1 PRO optimal treatment targets.[2,3] ‡Patients were initiated on RINVOQ 15 mg and dose-adjusted based on clinical response. Patients randomized to RINVOQ 15 mg QD had their dose increased to 30 mg QD if any of the following parameters were met: starting at Week 4, patient had a <EASI 50 response; starting at Week 4, patient had a <4-point improvement in WP-NRS; starting at Week 8, patient had a <EASI 75 response.[2]

The recommended dose of RINVOQ is 15 mg once daily for adolescents (12-17 years of age) weighing at least 30 kg. The posology in adolescent patients 30 kg to <40 kg was determined using population pharmacokinetic modeling and simulation. No clinical exposure data are available in adolescents <40 kg. The safety and efficacy of RINVOQ in children with atopic dermatitis below the age of 12 years have not been established. No data are available.[1]

▼This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions.[1]

abbvie

Please see Important Safety Information on next page and refer to the Summary of Product Characteristics for complete prescribing information.

INDICATIONS AND IMPORTANT SAFETY INFORMATION ABOUT RINVOQ® (UPADACITINIB)

Indications

Rheumatoid arthritis

RINVOQ is indicated for the treatment of moderate to severe active rheumatoid arthritis (RA) in adult patients who have responded inadequately to, or who are intolerant to one or more disease-modifying anti-rheumatic drugs (DMARDs). RINVOQ may be used as monotherapy or in combination with methotrexate.

Psoriatic arthritis

RINVOQ is indicated for the treatment of active psoriatic arthritis (PsA) in adult patients who have responded inadequately to, or who are intolerant to one or more DMARDs. RINVOQ may be used as monotherapy or in combination with methotrexate.

Axial spondyloarthritis

Non-radiographic axial spondyloarthritis (nr-axSpA)

RINVOQ is indicated for the treatment of active non-radiographic axial spondyloarthritis in adult patients with objective signs of inflammation as indicated by elevated C-reactive protein (CRP) and/or magnetic resonance imaging (MRI), who have responded inadequately to nonsteroidal anti-inflammatory drugs (NSAIDs).

Ankylosing spondylitis (AS, radiographic axial spondyloarthritis)

RINVOQ is indicated for the treatment of active ankylosing spondylitis in adult patients who have responded inadequately to conventional therapy.

Atopic dermatitis

RINVOQ is indicated for the treatment of moderate to severe atopic dermatitis (AD) in adults and adolescents 12 years and older who are candidates for systemic therapy.

Ulcerative colitis

RINVOQ is indicated for the treatment of adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response, lost response or were intolerant to either conventional therapy or a biologic agent.

Crohn's disease

RINVOQ is indicated for the treatment of adult patients with moderately to severely active Crohn's disease who have had an inadequate response, lost response or were intolerant to either conventional therapy or a biologic agent.

Important Safety Information

Contraindications

RINVOQ is contraindicated in patients hypersensitive to the active substance or to any of the excipients, in patients with active tuberculosis (TB) or active serious infections, in patients with severe hepatic impairment, and during pregnancy.

Special warnings and precautions for use

RINVOQ should only be used if no suitable treatment alternatives are available in patients:

- 65 years of age and older;
- patients with history of atherosclerotic cardiovascular (CV) disease or other CV risk factors (such as current or past long-time smokers);
- patients with malignancy risk factors (e.g. current malignancy or history of malignancy)

Use in patients 65 years of age and older

Considering the increased risk of MACE, malignancies, serious infections, and all-cause mortality in patients ≥65 years of age, as observed in a large randomised study of tofacitinib (another JAK inhibitor), RINVOQ should only be used in these patients if no suitable treatment alternatives are available. In patients ≥65 years of age, there is an increased risk of adverse reactions with RINVOQ 30 mg once daily. Consequently, the recommended dose for long-term use in this patient population is 15 mg once daily.

Immunosuppressive medicinal products

Use in combination with other potent immunosuppressants is not recommended.

Serious infections

Serious and sometimes fatal infections have been reported in patients receiving RINVOQ. The most frequent serious infections reported included pneumonia and cellulitis. Cases of bacterial meningitis and sepsis have been reported with RINVOQ. Among opportunistic infections, TB, multidermatomal herpes zoster, oral/esophageal candidiasis, and cryptococcosis have been reported. RINVOQ should not be initiated in patients with an active, serious infection, including localized infections. RINVOQ should be interrupted if a patient develops a serious or opportunistic infection until the infection is controlled. A higher rate of serious infections was observed with RINVOQ 30 mg compared to 15 mg. As there is a higher incidence of infections in the elderly and patients with diabetes in general, caution should be used when treating these populations. In patients ≥65 years of age, RINVOQ should only be used if no suitable treatment alternatives are available.

Tuberculosis

Patients should be screened for TB before starting RINVOQ. RINVOQ should not be given to patients with active TB. Anti-TB therapy may be appropriate for select patients in consultation with a physician with expertise in the treatment of TB. Patients should be monitored for the development of signs and symptoms of TB.

Viral reactivation

Viral reactivation, including cases of herpes zoster, was reported in clinical studies. The risk of herpes zoster appears to be higher in Japanese patients treated with RINVOQ. Consider interruption of RINVOQ if the patient develops herpes zoster until the episode resolves. Screening for viral hepatitis and monitoring for reactivation should occur before and during therapy. If hepatitis B virus DNA is detected, a liver specialist should be consulted.

Vaccination

The use of live, attenuated vaccines during or immediately prior to therapy is not recommended. It is recommended that patients be brought up to date with all immunizations, including prophylactic zoster vaccinations, prior to initiating RINVOQ, in agreement with current immunization guidelines.

Malignancy

Lymphoma and other malignancies have been reported in patients receiving JAK inhibitors, including RINVOQ. In a large randomised active-controlled study of tofacitinib (another JAK inhibitor) in RA patients ≥50 years of age with ≥1 additional CV risk factor, a higher rate of malignancies, particularly lung cancer, lymphoma, and non-melanoma skin cancer (NMSC), was observed with tofacitinib compared to tumour necrosis factor (TNF) inhibitors. A higher rate of malignancies, including NMSC, was observed with RINVOQ 30 mg compared to 15 mg. Periodic skin examination is recommended for all patients, particularly those with risk factors for skin cancer. In patients ≥65 years of age, patients who are current or past long-time smokers, or patients with other malignancy risk factors (e.g., current malignancy or history of malignancy), RINVOQ should only be used if no suitable treatment alternatives are available.

Hematological abnormalities

Treatment should not be initiated, or should be temporarily interrupted, in patients with hematological abnormalities observed during routine patient management.

Gastrointestinal Perforations

Events of diverticulitis and gastrointestinal perforations have been reported in clinical trials and from post-marketing sources. RINVOQ should be used with caution in patients who may be at risk for gastrointestinal perforation (e.g., patients with diverticular disease, a history of diverticulitis, or who are taking nonsteroidal antiinflammatory drugs (NSAIDs), corticosteroids, or opioids. Patients with active Crohn's disease are at increased risk for developing intestinal perforation. Patients presenting with new onset abdominal signs and symptoms should be evaluated promptly for early identification of diverticulitis or gastrointestinal perforation.

Major adverse cardiovascular events

MACE were observed in clinical studies of RINVOQ. In a large randomised active-controlled study of tofacitinib (another JAK inhibitor) in RA patients ≥50 years of age with ≥1 additional CV risk factor, a higher rate of MACE, defined as CV death, non-fatal myocardial infarction and non-fatal stroke, was observed with tofacitinib compared to TNF inhibitors. Therefore, in patients ≥65 years of age, patients who are current or past long-time smokers, and patients with history of atherosclerotic CV disease or other CV risk factors, RINVOQ should only be used if no suitable treatment alternatives are available.

Lipids

RINVOQ treatment was associated with dose-dependent increases in lipid parameters, including total cholesterol, low-density lipoprotein cholesterol, and high-density lipoprotein cholesterol.

Hepatic transaminase elevations

Treatment with RINVOQ was associated with an increased incidence of liver enzyme elevation. If alanine transaminase (ALT) or aspartate transaminase (AST) increases are observed and drug-induced liver injury is suspected, RINVOQ should be interrupted until this diagnosis is excluded.

Venous thromboembolism

Events of deep venous thrombosis (DVT) and pulmonary embolism (PE) were observed in clinical trials for RINVOQ. In a large randomised active-controlled study of tofacitinib (another JAK inhibitor) in RA patients ≥50 years of age with ≥1 additional CV risk factor, a dose-dependent higher rate of VTE including DVT and PE was observed with tofacitinib compared to TNF inhibitors. In patients with CV or malignancy risk factors, RINVOQ should only be used if no suitable treatment alternatives are available. In patients with known VTE risk factors other than CV or malignancy risk factors (e.g. previous VTE, patients undergoing major surgery, immobilisation, use of combined hormonal contraceptives or hormone replacement therapy, and inherited coagulation disorder), RINVOQ should be used with caution. Patients should be re-evaluated periodically to assess for changes in VTE risk. Promptly evaluate patients with signs and symptoms of VTE and discontinue RINVOQ in patients with suspected VTE.

Hypersensitivity reactions

Serious hypersensitivity reactions such as anaphylaxis and angioedema have been reported in patients receiving RINVOQ. If a clinically significant hypersensitivity reaction occurs, discontinue RINVOQ and institute appropriate therapy.

Adverse reactions

The most commonly reported adverse reactions in RA, PsA, and axSpA clinical trials (≥2% of patients in at least one of the indications) with RINVOQ 15 mg were upper respiratory tract infections, blood creatine phosphokinase (CPK) increased, ALT increased, bronchitis, nausea, neutropenia, cough, AST increased, and hypercholesterolemia. Overall, the safety profile observed in patients with psoriatic arthritis or active axial spondyloarthritis treated with RINVOQ 15 mg was consistent with the safety profile observed in patients with RA.

The most commonly reported adverse reactions in AD trials (≥2% of patients) with RINVOQ 15 mg or 30 mg were upper respiratory tract infection, acne, herpes simplex, headache, blood CPK increased, cough, folliculitis, abdominal pain, nausea, neutropenia, pyrexia, and influenza. Dose dependent increased risks of infection and herpes zoster were observed with RINVOQ. The safety profile for RINVOQ 15 mg in adolescents was similar to that in adults. The safety and efficacy of the 30 mg dose in adolescents are still being investigated.

The most commonly reported adverse reactions in the UC and CD trials (≥3% of patients) with RINVOQ 45 mg, 30 mg or 15 mg were upper respiratory tract infection, pyrexia, blood CPK increased, anemia, headache, acne, herpes zoster, neutropenia, rash, pneumonia, hypercholesterolemia, bronchitis, AST increased, fatigue, folliculitis, ALT increased, herpes simplex, and influenza. The overall safety profile observed in patients with UC was generally consistent with that observed in patients with RA. Overall, the safety profile observed in patients with CD treated with RINVOQ was consistent with the known safety profile for RINVOQ.

The most common serious adverse reactions were serious infections.

The safety profile of RINVOQ with long-term treatment was generally similar to the safety profile during the placebo-controlled period across indications.

This is not a complete summary of all safety information.

See RINVOQ full Summary of Product Characteristics (SmPC) , available at our booth.

Globally, prescribing information varies; refer to the individual country product label for complete information.

References: 1. RINVOQ® (upadacitinib) Summary of Product Characteristics. **2.** Silverberg JI, Bunick C, Chih-ho Hong H, et al. Efficacy and Safety of Upadacitinib vs Dupilumab in Adults and Adolescents with Moderate-to- Severe Atopic Dermatitis: Results of an Open-label, Efficacy Assessor-Blinded Head-to-Head Phase 3b/4 Study (Level Up). Revolutionizing Atopic Dermatitis (RAD) 2024; June 8-10, 2024; Chicago, IL, USA. Abstract 734. **3.** Silverberg JI, Gooderham M, Katoh N, et al. Combining treat-to-target principles and shared decision-making: International expert consensus- based recommendations with a novel concept for minimal disease activity criteria in atopic dermatitis. *J Eur Acad Dermatol Venereol.* 2024;00:1–10. doi:10.1111/jdv.20229. **4.** Phan NQ, Blome C, Fritz F et al. Assessment of Pruritus Intensity: Prospective Study on Validity and Reliability of the Visual Analogue Scale, Numerical Rating Scale and Verbal Rating Scale in 471 Patients with Chronic Pruritus. *Acta Derm Venereol.* 2012;92(5):502-7. doi: 10.2340/00015555-1246. **5.** Leshem YA, Hajar T, Hanifin JM et al. What the Eczema Area and Severity Index score tells us about the severity of atopic dermatitis: an interpretability study. *Br J Dermatol.* 2015;172(5):1353-7. doi: 10.1111/bjd.13662.

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KEYNOTE SPEAKERS

• Rayana BOU HAKA, WHO	• Brian KIM
• Thomas BIEBER	• Shawn KWATRA
• Mark HOON	• Wei LI
• Carsten FLOHR	• Georg STINGL
• Uwe GIELER	• Claudia TRAIDL-HOFFMANN
• Emma GUTTMAN-YASSKI	• Sabine WERNER
• Kenji KABASHIMA	

LEO Pharma

VISIT THE LEO PHARMA BOOTH!

PRE-MEETING PROGRAM - DAY 1

THURSDAY, OCTOBER 24TH, 2024

PATIENT-CENTERED CARE IN ATOPIC DERMATITIS (PaCeCAD)

OUR VISION:

Patients at the center – to highlight developments, knowledge gaps, and barriers in atopic dermatitis.

08:00	**Welcome to the pre meeting**
PRE MEETING: PATIENT-CENTERED CARE IN ATOPIC DERMATITIS (PaCeCAD)	
09:00	Introduction *Jean-François STALDER, France / Martin STEINHOFF, Qatar*
09:05	Welcome address *Rayana Ahmed BOU HAKA (WHO), Qatar*
Session 1	**Atopic Dermatitis, Global Health Perspectives Worldwide – The Middle East compared to the Rest of the World** *Chairs: Tammi SHIPOWICK, Canada / Maryam DASHTI, Kuwait*
09:20	Atopic Dermatitis in the Middle East *Martin STEINHOFF, Qatar*
Brief examples from the rest of the world:	
09:30	Atopic Dermatitis in Egypt *Mahira EL SAYED, Egypt*
09:35	Atopic Dermatitis in Algeria *Aomar AMMAR-KHODJA and Samira ZOBIRI, Algeria*
09:40	Atopic Dermatitis in China *Fang WANG, China*
09:45	Atopic Dermatitis in Germany *Uwe GIELER, Germany*
09:50	Atopic Dermatitis in Brazil *Roberto TAKAOKA, Brazil*
09:55	Atopic Dermatitis in Mali *Ousmane FAYE, Mali*
10:00	Atopic Dermatitis in Madagascar *Fahafahantsoa RABENJA RAPELANORO, Madagascar*

CHECK THE LATEST
UPDATE OF THE PROGRAM

PRE-MEETING PROGRAM - DAY 1

THURSDAY, OCTOBER 24TH, 2024

PATIENT-CENTERED CARE IN ATOPIC DERMATITIS (PaCeCAD)

OUR VISION:

Patients at the center – to highlight developments, knowledge gaps, and barriers in atopic dermatitis.

10:05	Round Table Discussion *Chairs + speakers*
10:35	**COFFEE BREAK**
Digital Tools in the Management of Atopic Dermatitis *Chairs: Jean-François STALDER, France/ Claudia TRAIDL-HOFFMANN, Germany*	
11:00	Introduction to Digital Tools *Peter LIO, USA*
11:15	The Impact of Chat GPT in AD *Pranvera SULEJMANI, USA*
11:25	As an AD patient, where to find reliable answers to your needs in between consultations? *Fanny SENTENAC, France*
11:35	Round Table Discussion *Chairs + speakers + participants from other regions of the world:* *Chia-Yu CHU, Taiwan / Kiran GODSE, India*
11:55	Closure *Jean-François STALDER, France*
12:00	**Closing Remarks** *Alain TAÏEB (ISAD), France*

CHECK THE LATEST
UPDATE OF THE PROGRAM

SYMPOSIUM PROGRAM - DAY 1

THURSDAY, OCTOBER 24TH, 2024

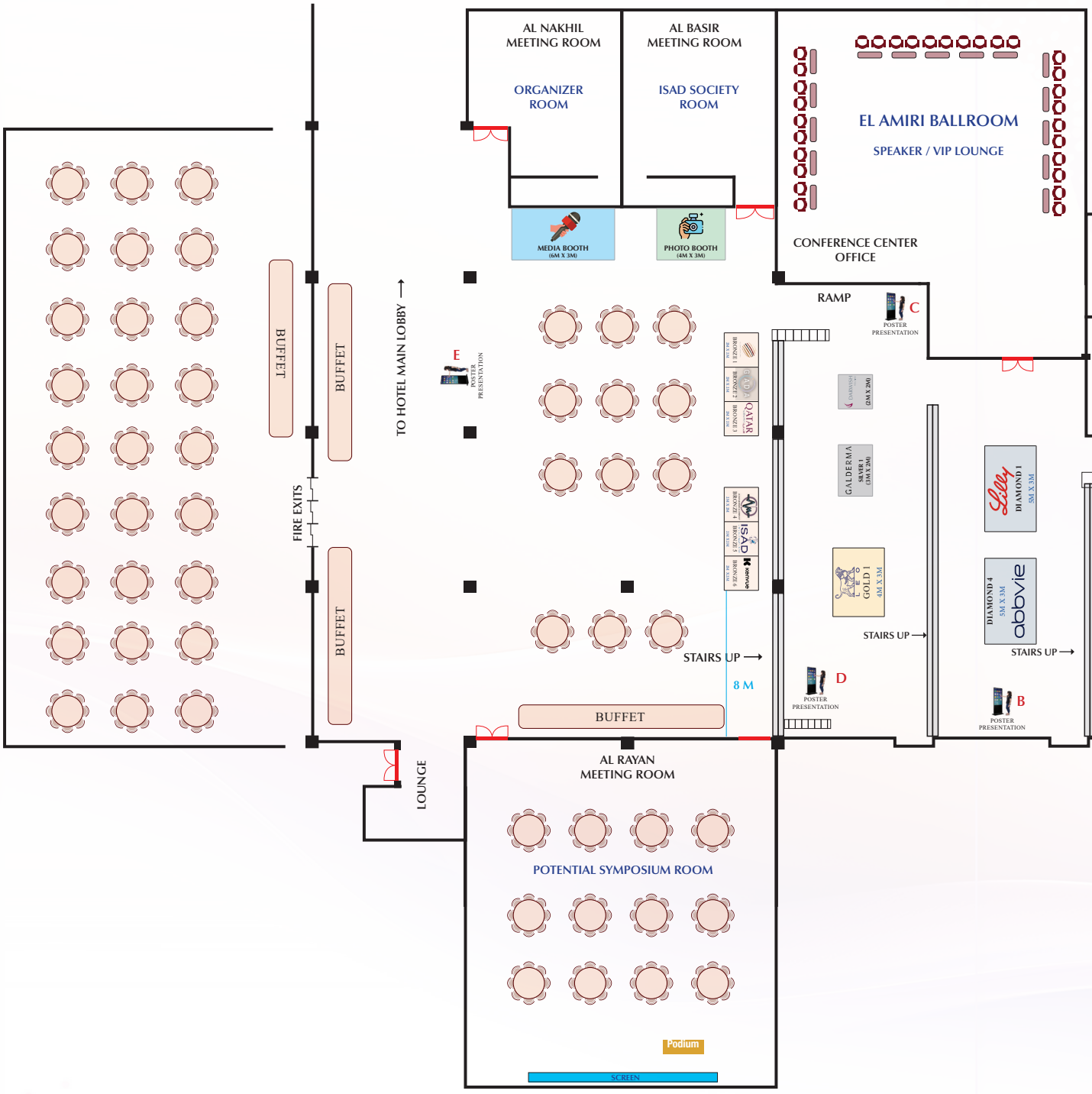
OUR VISION:

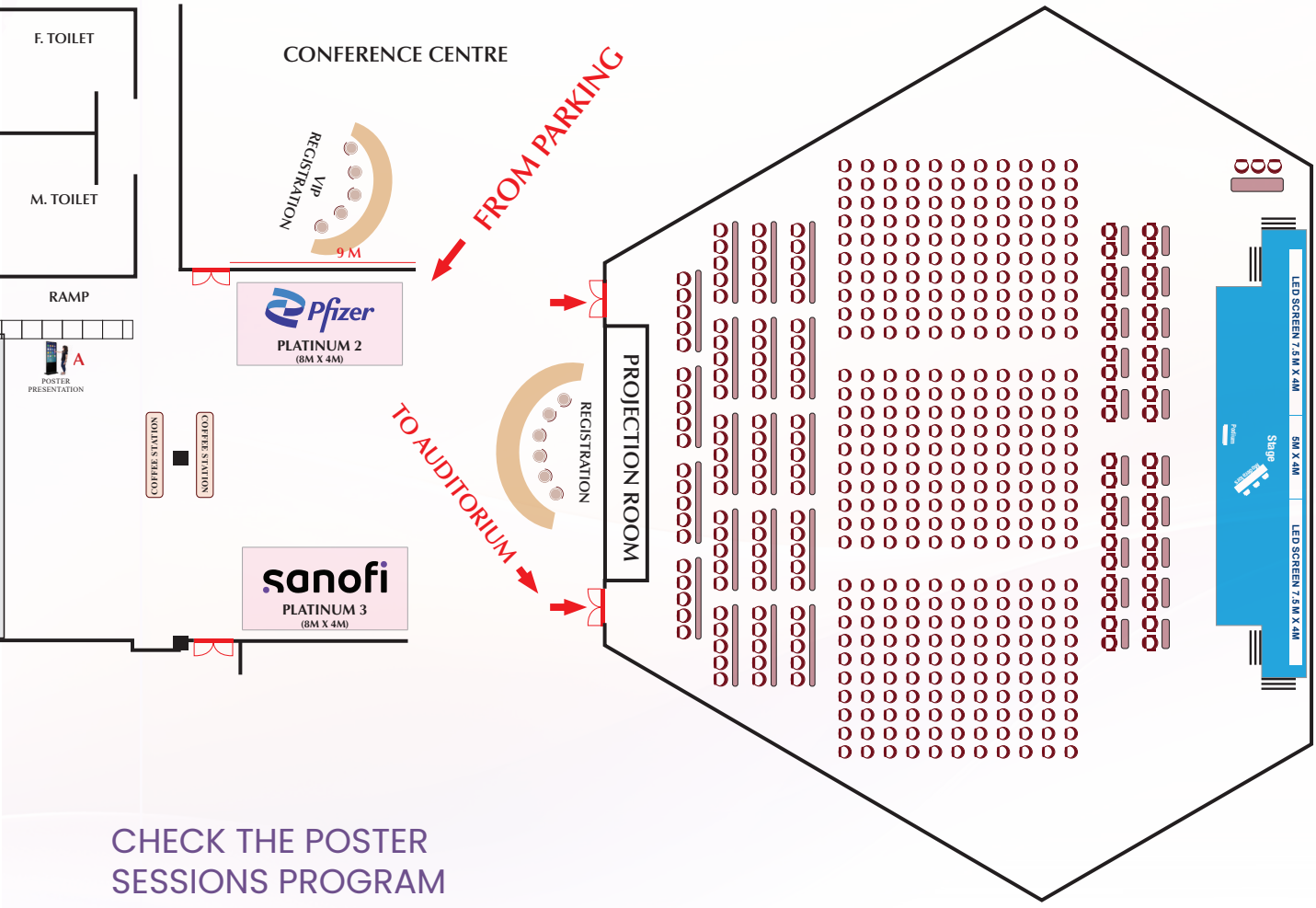
Patients at the center – to highlight developments, knowledge gaps, and barriers in atopic dermatitis.

13:00		**Welcome addresses** *Martin STEINHOFF, Qatar*
13:00		Welcome to Doha *Martin STEINHOFF, Qatar*
13:05	IL1	WHO address *Rayana BOU HAKA (WHO), Qatar*
13:15	IL2	President address *Alain TAÏEB (ISAD), France*
13:20	IL3	Introduction into History of ISAD and Rajka meetings *Johannes RING, Germany*
13:30	Session 1	**Conference Key Note Lecture** *Martin STEINHOFF, Qatar*
13:30	KL1	Conference Keynote lecture: Pruritus Research: Presence and future *Mark HOON, USA (NIH)*
14:15	Session 2	**Pathophysiology of Atopic Dermatitis – Barrier and Epidermis** *Chairs: Alan IRVINE, Ireland / Ameen ALAWADHI, UAE / John C. SU, Australia*
14:15	KL2	New aspects in the role of the epidermis in skin biology *Sabine WERNER, Switzerland*
14:45	OL2	The neuropeptide Endothelin-1 drives skin barrier disruption *Rari LEO, Qatar*
15:00	OL3	Stratum corneum interleukin-2 in eczema at predicts later atopic dermatitis *Eriko MAEHARA, Japan*
15:15	OL4	Dupilumab Treatment Provides Sustained Improvement in Skin Barrier Composition and Function in Patients Aged 6 to 11 Years With Moderate-to-Severe Atopic Dermatitis *Annie ZHANG, USA*
15:30	PS1	**Poster session 1** *Refreshment Break & Visit Exhibits & Posters*

CHECK THE LATEST
UPDATE OF THE PROGRAM

AL MAJILIS AUDITORIUM & EXHIBITION AREA FLOOR PLAN





CHECK THE POSTER SESSIONS PROGRAM

SYMPOSIUM PROGRAM - DAY 1

THURSDAY, OCTOBER 24TH, 2024

OUR VISION:

Patients at the center – to highlight developments, knowledge gaps, and barriers in atopic dermatitis.

16:15	Session 3	**Innate Immune dysregulation in AD** *Chairs: Rabenja RAPELANORO, Madagascar / Georges NEHMER, Qatar / Aysha AL-MALKI, Qatar*
16:15	KL3	Cytokine based circuits and innate immunity in atopic dermatitis *Kenji KABASHIMA, Japan*
16:45	OL5	Methotrexate and ciclosporin improve skin biomarkers in childhood atopic dermatitis: results from the TREAT Trial *Helen ALEXANDER, UK*
17:00	OL6	Changes in oral microbiome of atopic dermatitis (AD) patients treated with dupilumab or upadacitinib *Gabriela ŻUK, Poland*
17:15	Session 4	**What's new from the Industry** *Chairs: Mohammed AL OTAIBI, Kuwait / Peter SCHMID-GRENDELMEIER, Switzerland / Delphine STAUMONT-SALLE, France*
17:15	WL1	What's New for Abrocitinib - Summary of Key Evidence for M2S Atopic Dermatitis *Erman GÜLER, Turkey*
17:35	WL2	In search of the Holy Grail in Atopic Dermatitis: Is dupilumab the first disease-modifying atopic dermatitis drug? *Ana ROSSI, USA*
17:50	WL3	Advancing patient care in immune-mediated skin diseases: The past, present and future of JAK inhibition *Mark KIRCHHOF, Canada*
18:05	WL4	IL-13: Role in pathophysiology of atopic dermatitis and how to master the driver of inflammation *Thomas BIEBER, Switzerland*
18:20		Refreshment Break & Visit Exhibits & Posters
19:30		WELCOME RECEPTION Sheraton Hotel Garden

CHECK THE LATEST
UPDATE OF THE PROGRAM

SYMPOSIUM PROGRAM - DAY 2

THURSDAY, OCTOBER 25TH, 2024

OUR VISION:

Patients at the center – to highlight developments, knowledge gaps, and barriers in atopic dermatitis.

08:00		**Welcome**
08:30	Session 5	**Primary Prevention and Comorbidities** *Chairs: Peter SCHMID-GRENDELMEIER,Switzerland / Fatima Ahmed ALBREIKI, UAE / Lin MA ,China*
08:30	KL4	Does atopic dermatitis cause food allerg *Carsten FLOHR, UK*
09:00	OL7	Maternal supplementation with prebiotics during pregnancy regulates colonization of the microbiota of high-risk children, but does not prevent atopic dermatitis at one year of age. The PREGRALL multicenter randomized control trial *Sébastien BARBAROT,France*
09:15	OL8	SERPINB7 mutations in hereditary palmoplantar keratosis and atopic dermatitis *Shan WANG, China*
09:30	PS2	**Poster session 2**
10:00	Session 6	**Adaptive Immunity dysregulation** *Chairs: Thomas BIEBER, Switzerland / Yousef BINAMER, Saudi Arabia / Fareed AHMAD, Qatar*
10:00	KL5	New molecular and cellular players in the immunopathogenesis of AD *Georg STINGL, Austria*
10:30	OL9	The Critical Function of a Peripheral-induced Specific Skin-resident Treg cells in Allergen-Specific Immunotherapy for Atopic Dermatitis *Kelun ZHANG, South Korea*
10:45	OL10	JAK1 inhibitor improves skin barrier function and associated proteomics in atopic dermatitis: a controlled real-world study *Fang WANG, China*
11:00	OL11	Atopic Dermatitis: Untangling the Autoimmunity Novel Insights in the Era of Targeted Immunotherapy *Husham Yousuf BAYAZED, Iraq*
11:15		**Prayer time**
12:00		Lunch break

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SYMPOSIUM PROGRAM – DAY 2

THURSDAY, OCTOBER 25TH, 2024

OUR VISION:

Patients at the center – to highlight developments, knowledge gaps, and barriers in atopic dermatitis.

13:00	Session 7	**Pruritus and AD** *Chairs: Fang WANG, China / Muna AL MURRAWI, UAE / Joerg BUDDENKOTTE, Qatar*
13:00	IL4	Neuroimmune circuits of pruritus in AD and therapeutic consequences Martin STEINHOFF, Qatar
13:30	KL6	JAK-inhibitors for treatment of pruritus and prurigo Brian KIM, USA
14:00	OL12	Nemolizumab was associated with rapid and significant improvements in itch and sleep in patients with moderate-to-severe atopic dermatitis: Results from two global phase 3 pivotal studies (ARCADIA 1 and ARCADIA 2) *Andreas WOLLENBERG, Germany*
14:15	OL13	Efficacy and Safety of Upadacitinib in Adolescents with Moderate-to-Severe Atopic Dermatitis Versus Dupilumab *Chih-Ho HONG, Canada*
14:30	OL14	Atopic Dermatitis in Ethiopians: The Role of Rare FLG2 and NOD2 Variants *Isabel TAPIA, Sweden*
14:45	OL15	Improvement in Sleep and Quality of Life With Abrocitinib Versus Dupilumab in Patients With Moderate-to-Severe Atopic Dermatitis and Severe Itch: A Pooled Analysis of 2 Randomized Trials *Erman GÜLER, Turkey*
15:00	OL16	Dupilumab treatment provides sustained, consistent improvements of signs and symptoms over 1 year in pediatric patients with moderate-to-severe atopic dermatitis *Carsten FLOHR, UK*
15:15	PS3	**Poster session 3**

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SYMPOSIUM PROGRAM – DAY 2

THURSDAY, OCTOBER 25TH, 2024

OUR VISION:

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16:00	Session 8	**Quality of Life & Comorbidities, Epidemiology** *Chairs: Johannes RING, Germany / Mariam AL NESF, Qatar/ Haya AL-MANNAI, Qatar*
16:00	KL7	AD – a stress disorder? The psychodermatological aspect! *Uwe GIELER, Germany*
16:30	IL5	Readibility of patient electronic materials for atopic dermatitis, itch and prurigo: is it of importance for patients' well-being? *Jacek Szepietowski, Poland*
16:45	OL17	Atopic Dermatitis and Prurigo nodularis in The State of Qatar: Retrospective study from 2015-2023 on epidemiology, associated comorbidities, and Clinical Practice Guidelines (CPG) from Hamad Medical Corporation *Mohammed Nasser AL-ABDULLA, Qatar*
17:00	KL8	Prurigo Nodularis: from disease comorbidities to new therapeutics *Shawn KWATRA, USA*
17:30	OL18	Multimorbidity in adults with atopic dermatitis in a population-based cohort *Leon A. MILTNER, The Netherlands*
17:45	OL19	Hand eczema or atopic hand eczema: a single center, prospective study on clinical features, etiology, and diagnosis in China *Yifeng GUO, China*
18:00		Refreshment Break & Visit Exhibits & Posters
		Local Organizing Committee Cultural invitation *Katara (old cultural city)*
19:30		Qatar symphony orchestra *Classical music*
20:30		President's dinner *Presentation of Rajka Medal & ILDS award by Alain Taieb* *Invited guests only*

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SYMPOSIUM PROGRAM - DAY 3

THURSDAY, OCTOBER 26TH, 2024

OUR VISION:

Patients at the center – to highlight developments, knowledge gaps, and barriers in atopic dermatitis.

08:00		**Welcome**
09:00	Session 9	**New Technologies and Atopic Dermatitis** *Chairs: Magdalena TRZECIAK, Poland / Roberto TAKAOKA, Brazil / Ayda AL-HAMMADI, Qatar*
09:00	KL9	Climate change and AD *Claudia TRAIDL-HOFFMANN, Germany*
09:30	IL6	Methods and devices to assess pruritus in AD *Akihiko IKOMA, Japan*
09:50	OL20	Skin Pathology Assessment with Optical Technologies (SPOT): Leveraging Optical Biomarkers for Sub-Clinical Atopic Dermatitis Severity Monitoring *Robert BYERS, UK*
10:05	OL21	Shotgun Metagenomics Reveals Microbiome Dysbiosis in Dupilumab-Associated Head and Neck Dermatitis *Wanjin KIM, South Korea*
10:20	OL22	The feasibility of using the Emerald Touchless Sensor for nighttime scratching and sleep quantification *Annie ZHANG (bis), US*
10:35	PS4	**Poster session 4**
11:05	Session 10	**Topical therapies for AD: New advances** *Chairs: Andreas WOLLENBERG, Germany / Dirk J. HIJNEN, Netherlands /* Ousmane FAYE, Mali
11:05	KL10	Disease modification in atopic dermatitis: fiction or soon reality? *Thomas BIEBER, Switzerland*
11:35	KL11	Endotypes and phenotypes of atopic dermatitis *Thomas WERFEL, Germany*
11:50	OL23	General practitioners knowledge about use of topical steroids in atopic dermatitis *Fandresena Arilala SENDRASOA, Madagascar*

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SYMPOSIUM PROGRAM - DAY 3

THURSDAY, OCTOBER 26TH, 2024

OUR VISION:

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12:05	OL24	Topical Steroid Withdrawal in Atopic Dermatitis: Patient-Reported Characterisation from a Swedish Social Media Questionnaire *Mikael ALSTERHOLM, Sweden*
12:20	OL25	Phage Therapy *Yousef DASHTI, Kuwait*
12:35		Lunch break & Visit Exhibits & Posters
13:35	Session 11	**New Targeted and Systemic Therapies for Atopic Dermatitis** Chairs: Kyu-Han KIM, South Korea / Medhat ASKAR, Qatar
13:35	KL12	Biologics in AD: an update *Wei LI, China*
14:05	OL26	HADS anxiety and depression scores improved in Japanese patients with moderate-to-severe atopic dermatitis following lebrikizumab treatment: 68-week results from a randomized, double-blind, placebo-controlled Phase 3 trial (ADhere-J) *Martin DOSSENBACH, US*
14:20	IL7	New targeted therapies for Atopic Dermatitis *Andreas WOLLENBERG, Germany*
14:40	OL27	A novel antimicrobial peptide catestatin modulates skin barrier and immune responses in atopic dermatitis *Ge PENG, Japan*
14:55	OL28	Dupilumab injection intervals in Adult Atopic Dermatitis Patients: Experiences in Korean Patients *Jong Hee LEE , South Korea*
15:10	IL8	JAK-inhibitors for treatment of AD *Kilian EYERICH, Germany*
15:30	PS5	**Poster session 5**

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SYMPOSIUM PROGRAM - DAY 3

THURSDAY, OCTOBER 26TH, 2024

OUR VISION:

Patients at the center – to highlight developments, knowledge gaps, and barriers in atopic dermatitis.

16:10	Session 12	**Future treatments of AD** *Alain TAÏEB (ISAD), France / Kenji KABASHIMA, Japan / Sara AL-KHAWAGA, Qatar*
16:10	KL13	Future therapy of AD: A precision medicine perspective *Emma GUTTMAN-YASSKY / USA*
16:40	OL29	Efficacy of Combined Topical Pimecrolimus, Antibiotics, and Topical Ivermectin Therapy for Rosacea in 39 Patients Among 315 Receiving Dupixent: A Detailed Analysis *Kim HYUN JUNG, South Korea*
16:55	OL30	Combined dupilumab and allergen-specific immunotherapy in severe refractory atopic dermatitis *Jemin KIM, South Korea*
17:10	OL31	Development of an Emulgel for the Effective Treatment of Atopic Dermatitis in children and adults: Biocompatibility and Clinical Investigation *Almudena GÓMEZ-FARTO, Spain*
17:25	OL32	Dupilumab Efficacy and Safety up to 2 Years in Children Aged 6 Months to 5 Years With Atopic Dermatitis *John C. SU, Australia*
17:40	IL9	TBA *Diamant THACI, Germany*
CLOSING CEREMONY		
17:55		Best poster/presentation awards, local best posters *Martin STEINHOFF, Qatar*
18:05		Next Rajka Symposium: Melbourne, Australia *John C. SU, Australia*
18:10		Closing remarks *Alain TAÏEB (ISAD), France*

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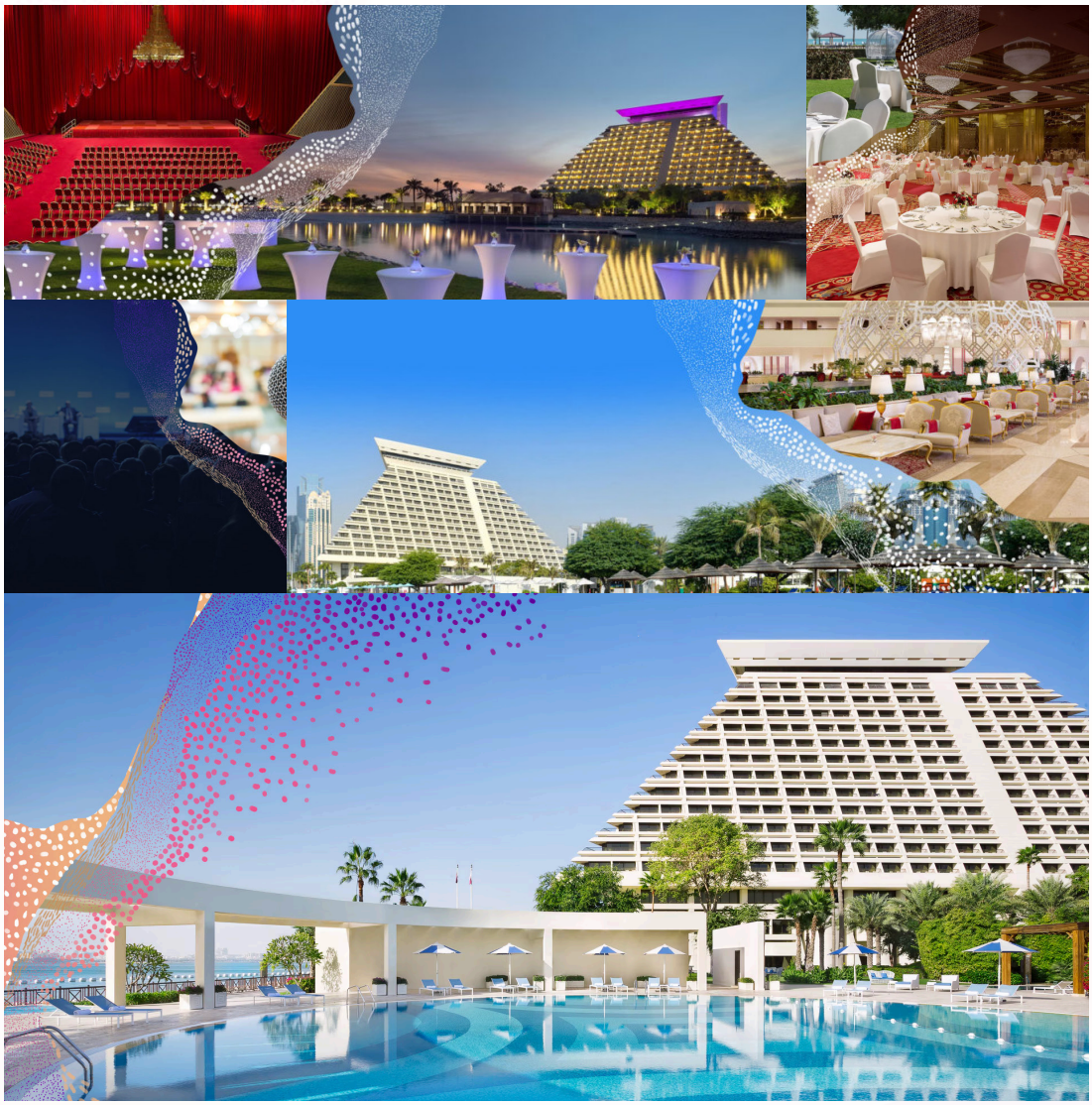
VENUE AND ACCOMMODATIONS

CONFERENCE VENUE: SHERATON GRAND DOHA



- Al Corniche Street, P.O. Box 6000, Doha, Qatar
- Toll Free: +974-448-54444
- Fax: +974 448-32323

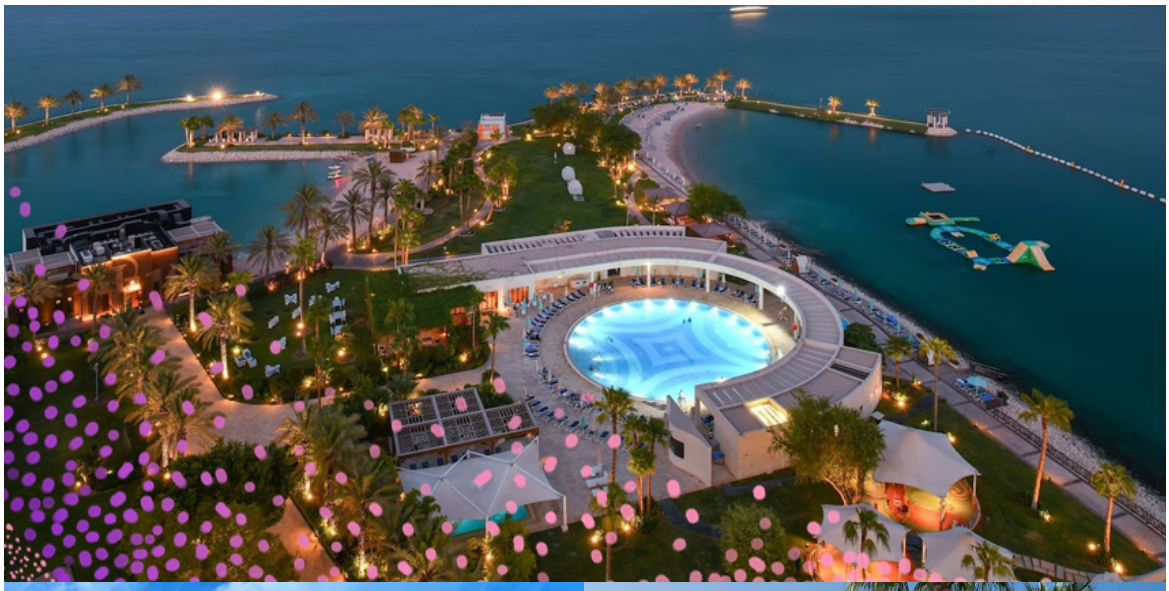
VIEW MAP

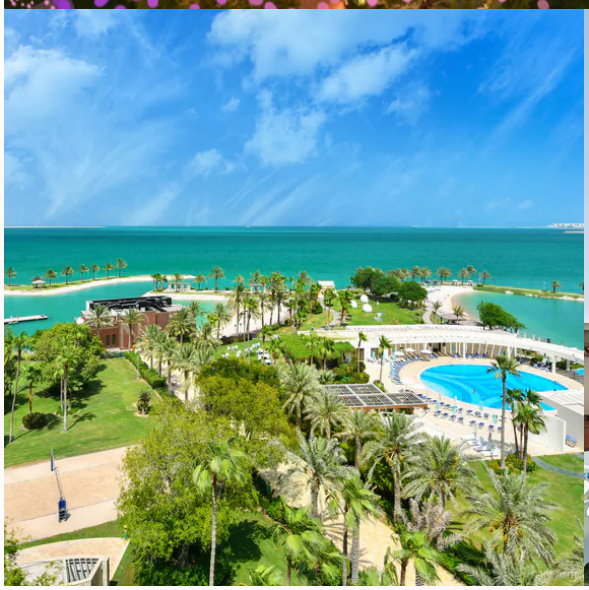
Conveniently located in the heart of West Bay; check The Website.

SOCIAL EVENTS

WELCOME RECEPTION

October 24, 19:30 – Sheraton Hotel Garden – Open to all attendees (*Free*)





We are delighted to invite you to the Welcome Reception of the 14th Georg RAJKA International Symposium on Atopic Dermatitis (ISAD) in Doha. Join us for an evening of networking and celebration in the beautiful garden of the Sheraton Hotel.

We look forward to welcoming you to what promises to be an enjoyable and memorable evening.

SOCIAL EVENTS

LOCAL ORGANIZING COMMITTEE INVITATION

October 25, Katara (old cultural city)

QATAR PHILARMONIC ORCHESTRA (CLASSIC MUSIC) & DANCING WITH SWORDS

19:30 – Open to all attendees* (free)

أوركسترا قطر الفلهارمونية
Qatar Philharmonic Orchestra

The Qatar Philharmonic Orchestra performs and promotes western and Arabic music in order to inspire the children and adults of Qatar and the Arab world to create and enjoy music. The Philharmonic is a member of the Qatar Foundation, which is supporting Qatar on its journey from carbon economy to knowledge economy by unlocking human potential.

The Opera House, Building 16, easily recognizable as the tallest building in Katara Cultural Village, is just north of the blue, Turkish mosque and two conical birdhouses.

Most concerts of the Qatar Philharmonic Orchestra are given in the Opera House, Building 16 of the Katara Cultural Village in the West Bay. While the round of balconies may remind you of La Scala or other Italian opera houses, the furnishings and ornamentation draw on Arabic sources in general and Qatari features in particular.

Website

Location

SOCIAL EVENTS

PRESIDENT'S DINNER AT LA MARSA RESTAURANT

October 25, 20:10 – Invited guests only

LA MARSA
AT THE CHEDI KATARA

This singular overwater restaurant is the jewel in the culinary crown at The Chedi Katara. Rising above West Bay and accessed on foot by an elongated jetty, the first-of-its-kind in Qatar dining room extends to eight exclusive bungalows for private functions and serves a gourmet menu of Mediterranean flavours and Middle Eastern classics plus Shisha, accompanied by sublime sea views to the Doha skyline and Pearl Island.

website

instagram

Map

**Tickets for the event & instructions for free transportation from/back to Sheraton hotel will be given in the Welcome Pack at the desk upon check-in.*

QA

Q: How can I get to La Marsa Restaurant?
A: La Marsa is uniquely located at The Chedi Katara, accessible by an elongated jetty that rises above West Bay, offering stunning views of the Doha skyline and Pearl Island.

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15th Georg RAJKA International Symposium on Atopic Dermatitis 2025 AUSTRALIA

Memory, History and Retelling

The Welcome Word
from John C. SU
GENERAL CHAIR

Rendez-vous
next year in Melbourne
on Oct. 24-26, 2025

melbourne2025.isad.org

ISAD
INTERNATIONAL SOCIETY OF ATOPIC DERMATITIS

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ISAD 2024

As platinum sponsors of ISAD 2024, Pfizer is excited to share our leading innovations in atopic dermatitis (AD) and engage in essential conversations about developments in the Dermatology space.

Visit Pfizer at Booth Platinum #2

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Thank you

ISAD
INTERNATIONAL SOCIETY OF ATOPIC DERMATITIS

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