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## **New drugs in dermatology**

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## NEW DRUGS IN DERMATOLOGY

Prof Dr Claude FAVROT

### **A new class of insecticides: Isoxazoline**

Isoxazoline is a new class of potent insecticides including Fluralaner, afoxolaner and sarolaner among others [1-3].

The mode of action studies of this class of drugs demonstrated that these compounds control insects by inhibiting GABA-gated chloride ion channels [1]. All these compounds are acting against fleas and ticks in a similar way. GABA-gated chloride ion channels are the target of several ectoparasites such as ivermectin, fipronil or cyclodienes [4]. However, ivermectin binds a distinct site and activates rather than blocks GABA-gated chloride ion channels [5]. That is the reason why, it is very unlikely that insects which exhibit resistance to commonly used insecticide compounds will also show cross-resistance to this class of drug [4].

The safety profile of this class of drug is excellent, as demonstrated in several studies [6, 7].

Another very interesting feature of this group of ectoparasitic compounds is the length of activity. In example, Fluralaner has been shown to be active against ticks and fleas for three months[8]. The activity of Afoxolaner is more limited but still very long, one month[2].

Interestingly, these drugs demonstrated a wide spectrum of activity against acarids and insects [9]. Studies have shown efficacy to sarcoptes, otodectes and even demodex [10, 11]. For this latter indication, even though the first results are encouraging, additional studies on various form of canine demodicosis are warranted. In fact, all studies published yet have been carried out on juvenile demodicosis, a form of the disease often associated with spontaneous cure.

Fluralaner can also be used in cats and in spot-on[12, 13].

Last but not least several studies have shown a possible and safe association with other drugs, especially endoparasitic drugs [14-16].

### **IL31, the new target for atopic patients**

Oclacitinib is not really a new drug as the first studies mentioning its efficiency for the control of allergic pruritus were published a few years ago [17-19]. However, this drug was not widely distributed and many practitioners are still not very familiar with its use.

Oclacitinib belongs to a large family of so-called JAK inhibitors but this specific compounds exhibits the unique property of blocking IL31 [17, 20]. This cytokine belongs to the group of Th2 cytokines and specifically induces pruritus in carnivores. Interestingly, it has been recently shown that IL31 is one of the first activated gene in a model of allergic dogs. As pruritus is not only the consequence but also one of the most important inducer of development of AD, oclacitinib is a very potent anti-allergic drug. In fact, pruritus induced stratum corneum impairment, which, in turn, facilitates allergen and microbe penetration in the living epidermis. One of the most fascinating feature of oclacitinib is the speed of activity. This drug alleviates pruritus within a few minutes, which is sometimes mandatory, especially in patients which have very severe itch behaviour. After several weeks of use, Oclacitinib demonstrates a similar efficacy when compared with references drugs such as glucocorticoids or Cyclosporine[21]. Some studies have shown that it could be associated with these drugs [22]. This latter feature allows combinations that are sometimes very helpful for patients. The safety profile of this drug is good and short-term use is associated with less side-effects

than cyclosporine or glucocorticoids. It is however worth mentioning that very long-term studies and data of the pharmacovigilance are still lacking.

Oclacitinib has however some limitations. It cannot be used in dogs under one year, mainly because it could induce demodicosis in some patients. As well, it has been observed that some dogs may have a deep rebound of the pruritus when the drug is discontinued. It is also difficult to taper or discontinue the treatment. In some rarer occasions, dogs responding well initially seem to respond more modestly after a few weeks of treatment. Efficacy in cats not yet well documented [23]

Oclacitinib is certainly not the drug that will solve all problems associated with the treatment of atopic dogs but it definitely belongs to the arsenal, that practitioners should get, to treat adequately our allergic patients

Lokivetmab is a very recently registered anti-IL31 antibody. The target of this drug is IL31 and the drug should control on a longer term the clinical signs of atopy [24, 25]. The injectable compound is administered once monthly and could adequately complete a symptomatic treatment with none of the drug mentioned above. Studies on the efficacy, especially long-term efficacy, are still missing and further independent studies are warranted.

It is also worth recalling that the first trials with anti IgE monoclonal antibodies were conducted recently in allergic dogs [26].

### **New routes for allergen-specific immunotherapy**

Allergen-specific immunotherapy is the only etiologic treatment of the allergic disease. In this regard, every improvement is welcome [27]. During decades, ASIT has been applied subcutaneously and success rates range from 50% to 75% depending on the authors. In humans new routes for ASIT have been tested, especially transdermal, sublingual and intralymphatic. In veterinary allergology, some recent studies demonstrated that sublingual or intralymphatic may be, at the least, as effective as the subcutaneous route [28-30]. More importantly, it seems that these routes are safe and may lead, at least in some patients, to more rapid and more pronounced improvement. It has also been shown that some patients not responding to regular subcutaneous IT responded better to another route.

Some other progress has been made in this domain. In particular, a Japanese group recently presented fascinating data showing a remarkable improvement of DF sensitized atopic dogs when treated with an ASIT solution composed with Derf2 allergens and adjuvant pullulan [31]. A Spanish group presented recently safety data on the use of allergoids for ASIT [32]. Allergoids are modified allergens. Results in human allergology are very promising. The same group also presented data on another adjuvant (mannan), while data coming from Hungary suggested that associating lactobacillus strains improve the efficacy of ASIT [32-34].

Last but not least a first successful attempt was recently made to desensitize food allergic dogs [35].

### **New drugs for AD: why not trying Palmitoylethanolamine?**

Palmitoylethanolamine is a naturally-occurring bioactive lipid with anti-itch, -pain and -inflammation properties. It has recently been shown that an ultra-micronized solution administered orally improves significantly the pruritus and lesions of about 60% of the treated atopic dogs. This open study is very encouraging especially because only a minority of treated dogs experienced side-effect, generally mild [36].

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