

## PURPOSE

### BACKGROUND

- Inflammatory skin diseases involve pronounced immune-cell infiltration and local cytokine release.
- Dermal Open-Flow Microperfusion (dOFM) has proven to enable continuous sampling of different drugs and cytokines in inflamed and healthy skin in humans *in vivo* in PK-PD and topical bioequivalence trials<sup>1-3</sup>.

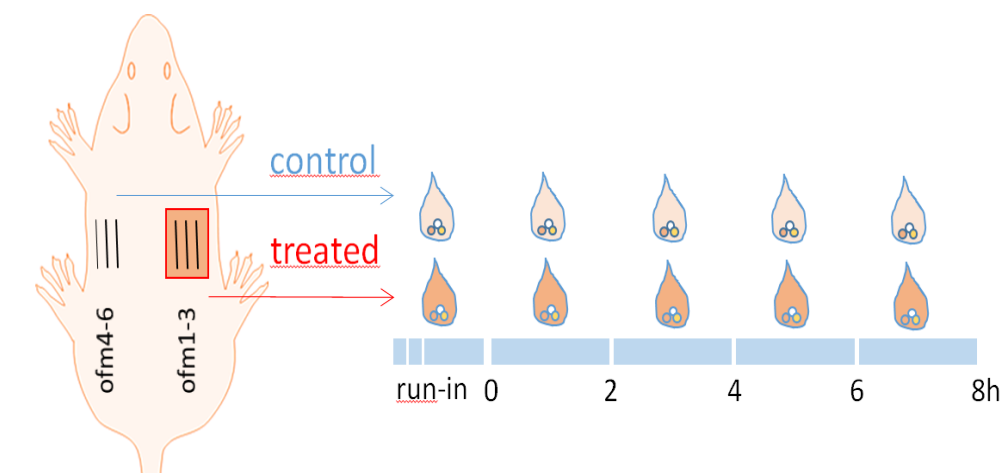
### AIM

- To investigate whether dOFM enables continuous sampling of immune cells from inflamed and healthy skin.

## METHOD

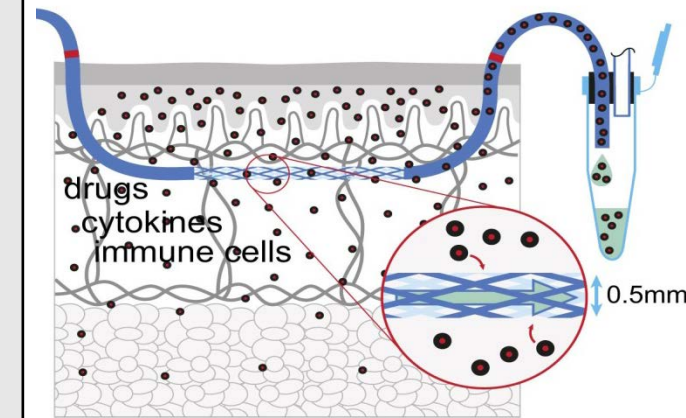
- Sprague-Dawley rats (n=6)
- Day 1-8: Introduction of a psoriasis-like skin lesion by daily topical dosing of imiquimod (IMQ) cream
- Day 8: Dermal interstitial fluid sampling by dOFM
  - from IMQ-treated skin (inflamed, right back)
  - from control skin (non-inflamed, left back)
- Fig. 1 shows protocol, Fig. 2 dOFM principle
- FACS analysis:
  - Non-quantitative analysis of immune cells by size vs. granularity plots (Fig. 3)
  - Quantitative analysis of immune cells (Fig. 4) using BD TruCOUNT Tubes [cells/ $\mu$ L]

**Figure 1: Daily treatment with imiquimod and sampling in the skin on day 8**



Rats were treated with imiquimod for 8 days on their right back to induce skin inflammation. dOFM probes (3 in treated skin, 3 in untreated skin) deliver interstitial fluid for FACS-analysis.

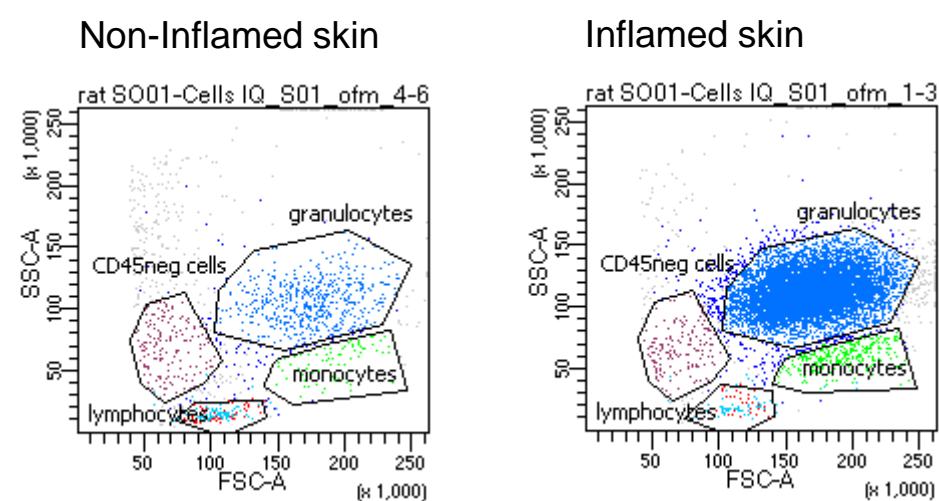
**Figure 2: dOFM sampling working principle**



dOFM continuously delivers unfiltered dermal interstitial fluid for analysis of biomarkers, drugs, and immune cells.

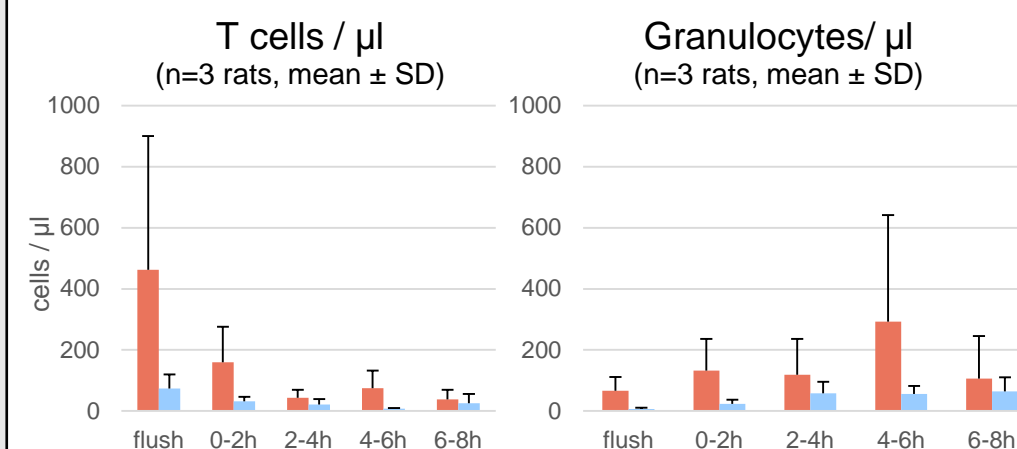
## RESULTS

**Figure 3: Size vs granularity plots of leukocytes (example for one rat for period 6-8h on day 4)**



Size vs. granularity plots show different leukocyte types:  
**Granulocytes:** Basophils, eosinophils, neutrophils, mast cells  
**Lymphocytes:** T-cells, B-cells >> mem.cells, nat. killer cells  
**Monocytes** >> macrophages, dendritic cells, foam cells  
 Staining and true count analysis deliver absolute count (Fig.4).

**Figure 4: Absolute counts from dOFM samples (example: T-cells and granulocytes in 3 rats on day 8)**



Absolute count confirms a significant number of cells in all dOFM samples. Inflamed skin delivers higher cell number. Lymphocytes/T-cells decrease over time (left panel). Granulocytes are stable or slightly increasing (right panel) Monocytes decrease over time on day 8 (data not shown)

## CONCLUSION

- dOFM enables continuous sampling of immune competent cells from inflamed tissue.
- Significant differences seen between treated (inflamed) and non-inflamed skin.
- The method of OFM has the potential to enable a combined investigation of locally released cytokines and the involved immune competent cells in clinical and preclinical *in vivo* studies of inflammatory diseases.

## REFERENCES

- [1] C. Dragatin et al. "Secukinumab distributes into dermal interstitial fluid of psoriasis patients as demonstrated by open flow microperfusion.," *Exp. Dermatol.*, 2016.
- [2] F. Kolbinger et al. "β-defensin-2 is a responsive biomarker of IL-17A-driven skin pathology in psoriasis," *J Allergy Clin Immunol*, 2016.
- [3] M. Bodenlenz et al. "Open Flow Microperfusion as Dermal Pharmacokinetic Approach to Evaluate Topical Bioequivalence", *Clin. Pharmacokinet.*, 2016.