

the first time to characterize and distinguish the active and cicatricial lesions of the oesophagus in the patients with MMP, which would be helpful for choosing targeted treatments.

Characterizing oesophageal involvement by endoscopy is a novel method. But owing to the low incidence of the disease, the endoscopic study may not be a routine examination for patients. Therefore, its feasibility for the early diagnosis of oesophageal involvement in MMP should be considered. Moreover, endoscopy may lead to rapid symptomatic improvement; however, subepithelial haemorrhages and bullae formation¹³ caused by endoscopy have been reported. Thus, this examination should be performed with caution.

In the previous research, a barium swallow study (which entailed X-ray imaging) was used to diagnose oesophageal involvement in MMP and reveal types of oesophageal abnormalities; it could also give clues for differentiating the stages of oesophageal involvement in MMP.¹⁴

To sum up, this report by Zehou *et al.*¹² confirms and broadens our understanding of the characteristics of oesophageal involvement in MMP, especially through the novel method of endoscopic examination. The findings of this report could help in the selection of targeted treatment and lead to better care for patients.

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Conflicts of interest

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Department of Dermatology, Rui Jin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai 200025, China

Correspondence: Meng Pan.

E-mail: panmeng@medmail.com.cn

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Towards a better categorization of patients with chronic urticaria

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Linked Article: Stull *et al.* *Br J Dermatol* 2017; **177**:1093–1101.

Chronic spontaneous urticaria (CSU)^{1–3} is a rather frequent disorder showing a large spectrum of severity and exerting a largely variable effect on patients' quality of life (QoL), both of which may show impressive changes over time in the same patient. During the last decade, in order to measure the severity of the disease at a certain time point in an objective way, to assess the clinical response to the different treatment regimens given, and to simplify the comparisons between populations of patients followed up by doctors working in different geographical areas, the Urticaria Activity Score (UAS) and the Urticaria Activity Score over 7 days (UAS7) have been developed and validated. These instruments, which are based on patients' direct observation and recording of only two signs/symptoms, namely itch and wheals, are convenient and easy to use and represent

the best currently available measure of the disease. Nonetheless, both UAS and UAS7 are continuous measures ranging from 0 to 6 or 42, respectively, and it is difficult to establish beyond any doubt in real life at which point a disease can be considered 'severe', 'moderate' or 'slight'.

In the study appearing in this issue of the *British Journal of Dermatology*,⁴ a group of renowned urticaria experts from Germany, Spain and the U.K. supported by professionals and representatives of pharmaceutical companies investigate whether transforming the continuous UAS7 score into five categories of disease state (absent, well-controlled, mild, moderate and severe; UAS7 scores of 0, 1–6, 7–15, 16–27, 28–42, respectively) may be of help in the clinical assessment of the disease and in evaluating the response to treatment in patients with CSU. To this end the authors used the data from the three well-known randomized phase III clinical studies of omalizumab in CSU, and established different cut-off points of the continuous UAS7 scores in the function of two existing QoL measurement systems as well as of sleep and daily activity interference, angio-oedema, and rescue use of antihistamines. It turned out that the five categories of disease state were able to discriminate clearly and in a statistically significant way different levels of disease activity and of response to the treatment. The different categories showed a consistent pattern: a higher disease activity was associated with significantly higher frequency of angio-oedema and a higher impact on QoL. Further, the results at different treatment time points were consistent. Based on these results the authors conclude that using these five categorical disease states may make the management of CSU simpler.

Of course, whether this type of categorization will stand the test of time or will meet with the appreciation of practical doctors dealing with patients with CSU in everyday life has to be seen. What remains is the feeling that progress in our understanding of CSU pathogenesis, and in management of this difficult disease is moving on.

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Conflicts of interest

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Ambulatorio di Allergologia, Clinica San Carlo, Paderno Dugnano, Italy
E-mail: r.asero@libero.it

R. ASERO

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Cost-effectiveness of HLA-B*15:02 screening in Malaysia

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Linked Article: Chong et al. *Br J Dermatol* 2017; **177**:1102–1112.

This issue of *BJD* includes an interesting article considering the cost-effectiveness of HLA-B*15:02 screening in Malaysia.¹ Adverse drug reactions (ADRs) are a major cause of iatrogenic morbidity, mortality and treatment costs.^{2–4} Strategies to avoid ADRs, including pharmacogenetic prediction, have clear therapeutic potential. There is strong evidence associating HLA-B*15:02 with increased susceptibility to severe cutaneous ADRs, including Stevens–Johnson syndrome (SJS) and toxic-epidermal necrolysis (TEN), in patients prescribed carbamazepine. Consequently, the U.S. Food and Drug Administration requires [and the Health Canada (Santé Canada) recommends] screening prior to initiation of carbamazepine for patients with ancestry from genetically at-risk populations.⁵

Economic evaluations of HLA-B*15:02 screening indicate that routine testing may be cost-effective in Thai and Singaporean populations; however, results are sensitive to allele prevalence and choice of comparator.^{6–8} In this issue, Chong and colleagues present a decision-analytic model to assess the cost-effectiveness of screening for HLA-B*15:02 in an ethnically diverse population of Malaysian patients with epilepsy. The analysis compares realistic strategies of universal carbamazepine initiation without screening (current practice); universal screening for HLA-B*15:02 with carbamazepine or sodium valproate prescribed depending on test result; and universal prescription of sodium valproate. In cases of treatment failure with sodium valproate, topiramate is assumed as a third-line option. The analysis is conducted from a Malaysian societal perspective, and is therefore inclusive of patient and carer out-of-pocket expenses and productivity loss. Results are reported over a lifetime horizon, capturing the full effects of SJS/TEN sequelae and the impact of alternative treatments.

The results of the base-case analysis indicate that current practice is both less costly and more effective than either alternative strategy; hence, screening is unlikely to be cost-effective in Malaysia.