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Urticaria: Dr. Hawkes

### Dr. Jason Hawkes:

Hi, I'm Dr. Jason Hawkes, Medical Dermatologist and Principal Investigator at the Oregon Medical Research Center in Portland, Oregon. And I'm here at Maui Derm, and I just presented on an update for urticaria.

What I really walked the audience through is really going through the different types of urticaria, from acute to chronic urticaria, with a focus on 80% of the chronic cases, which is chronic spontaneous urticaria, or CSU. And we really walked through some cases to highlight how do we manage these patients, how do we approach these patients, and really walking through some of the clinical guidelines, both the Quad AI guidelines and also the International Urticaria Guidelines. And this is a disease that's coming back to dermatology. This is different from some of the chronic inflammatory conditions that we've dealt with through our clinical practice that are T-cell mediated diseases. This is really a disease that's centric around the mast cell, mast cell being activated, causing degranulation, and then, resulting in the clinical symptoms that our patients experience with both their wheals and also their angioedema.

And we walked through some of the cases, moving beyond omalizumab, which, for the last decade, has been really our primary treatment for these patients with severe chronic spontaneous urticaria, really blocking the IgE mechanism, which is activating these mast cells. But we're seeing a real excitement and a bolster of activity in the research space looking at novel therapies, things like dupilumab, which can block that IgE class switching, but also some of the other antibodies that might be contributing to both the type 1 autoimmunity and the type 2 autoimmunity mechanisms that activate these mast cells.

And excitingly, we're also seeing some oral therapies in this space, so remibrutinib, which is an oral BTK inhibitor, which is the primary intracellular mechanism in mast cells. We can disable that with remibrutinib, this oral medication that's highly effective, rapid onset, it works in both patients with wheals or wheals and angioedema. And we're seeing a whole host of other Phase II therapies coming up. So, this is something that's going to come back to dermatologists that outnumber allergists by about three or four times. We need to help take care of these patients, but shifting from these T-cell mediated disorders back to the mast cell disorders. And hope this session was helpful. Thanks.