PSORIASIS

Dra Ofelia Baniandrés
HGU Gregorio Marañón
INDIVIDUALIZED THERAPY IN MAJOR INFLAMMATORY SKIN DISEASES
Chairs: Jan Gutermuth (Belgium) & Ronald Vender (Canada)

1. Treat to target - Alexander Nast (Germany)

- The choice of different treatment sequences may lead to very different „waiting times“. Individually tailored treatments targets adapted to patients preferences are needed

TOA=Weighted mean time until 25% of the patients achieved PASI 75 response
2. Transitioning between biologics
Ronald Vender (Canada)

- No washout
- Switch at next scheduled dose of the failed biologic
- Use standard induction dosing
- Followed by standard maintenance dosing

<table>
<thead>
<tr>
<th>Failed Biologic</th>
<th>Start new biologic in..</th>
</tr>
</thead>
<tbody>
<tr>
<td>Etanercept$^1$</td>
<td>1 week</td>
</tr>
<tr>
<td>Adalimumab$^1$</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Infliximab$^1$</td>
<td>2-4 weeks</td>
</tr>
<tr>
<td>Certolizumab$^2$</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Ustekinumab$^2$</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Secukinumab$^2$</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Ixekizumab$^2$</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Brodalumab$^2$</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Guselkumab$^2$</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Tildrakizumab$^2$</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Risankizumab$^2$</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

Mrowietz et al., JEADV 2013 (online first)
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3. Combination therapy - Pablo Coto (Spain)

• Combinations with phototherapy are safe and may work with systemic (Retinoids, Methotrexate, apremilast, fumaric acid esters) or biological agent (etanercept)

• Combination with Apremilast and retinoids are also suitable to combine with others therapies with an increase in efficacy and a good safety profile.

• Methotrexate is the most frequent used in combined therapy (adding MTX to CZM does not improve efficacy).
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4. Therapeutic drug monitoring in biologics - Ann Gils (Belgium)

• Can stratify primary non-responders from patients with insufficient exposure

• Can confirm secondary non-responders caused by low drug exposure possibly due to formation of anti-drug antibodies

• Can be used in follow up of patients with secondary loss response receiving dose escalation

• Can identify overexposed patients

• Can guidedose de-escalation in overexposed patients

Clinical response correlates with 4-week post injection ustekinumab concentrations in moderate to severe patients
DEFINING A MINIMAL EFFECTIVE SERUM THROUGH CONCENTRATION OF SECUKINUMAB IN PSORIASIS: A STEP TOWARDS PERSONALIZED THERAPY
Jo Lambert (Belgium)
FREE COMMUNICATIONS:
IDENTIFICATION OF CLINICAL AND BIOMARKER PARAMETERS ASSOCIATED WITH LONG-TERM MAINTENANCE OF PASI 90 RESPONSE FOLLOWING GUSELKUMAB TREATMENT WITHDRAWAL IN PSORIASIS

• Long-term maintenance of PASI 90 response to guselkumab following drug withdrawal was associated with
  • Shorter disease duration
  • Lower BMI
  • Achiving PASI 100 improvement al week 28
  • Lower levels of serum IL17F and MIP1 beta al baseline
  • High guselkumab concentration at week 28
Eficacia a semana 52 tras la randomización.

**PASI 90 en el 52,4% de los pacientes a semana 52 tras únicamente 3 dosis de risankizumab (sem 0, 4 y 16)**

No hubo señales adicionales de seguridad a semana 52. A destacar:

*De los 31 pacientes con TB latente que no recibieron profilaxis durante el estudio y sí fármaco activo, no hubo reactivación de TB a semana 55.*

Langley R et al. AAD 2019, P10093
*Bachelez H et al. SPIN 2019, P068*
Paradoxical reactions - Anna Lopez (Spain)

• Disbalance in the contraregulation between TNF alfa e IFN

• Genetics factors polymorphism of a single nucleotide that affect genes involved in the production of cytokines: IL23R, CTLA4.

• The most common paradoxical psoriasis reaction is paradoxical psoriasis. (Hidradenitis suppurativa, pioderma gangrenosum)
MUCHAS GRACIAS