<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9am</td>
<td>Big Data Symposium Follow-up</td>
<td>Chris/Joelle</td>
</tr>
<tr>
<td>9 – 9:30 am</td>
<td>Working Group Reports</td>
<td></td>
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<tr>
<td></td>
<td>Biosimilars Working Group</td>
<td>Arnon</td>
</tr>
<tr>
<td></td>
<td>Topical Therapies Working Group</td>
<td>Lars</td>
</tr>
<tr>
<td></td>
<td>Latin American Working Group</td>
<td>Claudia</td>
</tr>
<tr>
<td>9:30 – 10:10 am</td>
<td>Moderate Patient Survey</td>
<td>Peter</td>
</tr>
<tr>
<td>10:10 – 10:30 am</td>
<td>IPC’s 2017 Strategic Plan</td>
<td>Chris/Christy</td>
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Big Data Symposium Discussion
IPC Working Groups
Biosimilars Working Group

- Arnon Cohen/Jay Wu
**Update on Manuscripts**

- **Manuscript 1:** Biosimilars for Psoriasis: Pre-Clinical Analytical Assessment to Determine Similarity – published in BJD, November 2015

- **Manuscript 2:** Biosimilars for Psoriasis: Clinical Studies to Determine Similarity – published in BJD, September 2016
  - BJD will publish a video on website

- **Manuscript 3:** Worldwide Uptake of Psoriasis Biosimilars in Clinical Practice – final draft will be submitted to BJD, November 2016
Ideas for Future Work

• Will there be savings for patients and will cost savings lead to greater access?
  • A full-day meeting was proposed including presenters from health economics, payer groups and pharmacy groups.
  • Possible joint meeting with Global Alliance for Patient Access (GAfPA)
  • GAfPA has put out a report on the impact of biosimilars – they could be invited and/or be a potential partner in hosting a round table in order to assess cost implications globally.

• Develop standard statement/opinion document that summarizes key points on specific biosimilar issues (naming, labelling, switching, pharmacovigilance) from the manuscripts that can be sent out to other groups, organizations, and/or policy makers

• Provide country specific biosimilar updates on IPC webpage
Update on Manuscripts

- Topical treatment of psoriasis: questionnaire results on topical therapy accessibility and influence of body surface area on usage”
  - Submitting to JEADV November
- Topical treatment of psoriasis: questionnaire results on long-term continuous topical use and guidelines for treating specific body sites
  - Analysis is underway
- Literature search to inventory known/published guidelines of topical corticosteroid use for chronic plaque psoriasis
  - Final draft will go to IPC board review by end of year
Ideas for Future Work

• A Delphi process regarding recommendations for the use of topical treatment of “difficult to treat areas”
  • Literature review
  • Delphi to draft position statements
  • Survey based to get IPC consensus
• Combination therapy literature review
  • Gaps in knowledge
  • Follow up with Leo Pharma for data
• High needs literature review
  • Improving/refining drug delivery; Individualized treatment; Improving/refining existing drugs
• Questionnaire to patients about view of topical treatments
  • Disseminate questionnaire via clinic dermatologists
  • Leo Pharma data
  • Partner with IFPA
• Claudia de la Cruz

Latin America Working Group
Update on Manuscript


• Poster presentation at PIN
Future Work

- Epidemiology studies in Latin America
  - Work with GPA structure to initiate studies
  - Currently, working group members are evaluating existing publications and databases on psoriasis prevalence to get an “inventory” for each country

- Biosimilars
  - Develop standard statement/opinion document that summarizes key points on specific biosimilar issues (naming, labelling, switching, pharmacovigilance) from the manuscripts that can be sent out to other groups, organizations, and/or policy makers
Moderate patient survey

- Peter van de Kerkhof
- Joelle van der Walt
The moderate psoriasis survey

Peter van de Kerkhof, MD PhD
Joelle van der Walt, PhD, IPC Scientific director
Aim:

- To be informed on the definitions of “moderate” psoriasis by our councilors

and

- To be informed on the actual management of patients with “moderate disease”

Dilemma:
- There is no generally accepted definition on moderate psoriasis
- Investigating the actual use of treatment the definition by the individual councilor is most natural, but heterogeneous
Survey Project Team

Paolo Gisondi, MD, Italy
April Armstrong, MD, MPH, United States
Edgardo Chouela, MD, Argentina
Vermen Verallo-Rowell, MD, Philippines

- Project Team responsibilities
  - Finalize survey questions
  - Review and analyze results
  - Develop manuscript (by December 31, 2016)
Survey Development

Key Domains of Survey:
1. Criteria for disease severity
2. Criteria for switching treatment classes
3. The order in which treatments are used
4. The duration of individual treatments
5. The type of combination treatments in current use
Survey project team and councilors group in Paris and Vienna

- A lot of commitment
- Difficult to get a consistency: The development was an add on process
Results

Total surveys: 35

Completed surveys: 31
Demographics & Drug Availability
Please tell us which region you live in.

- Africa
- Asia
- Europe
- Latin America
- North America
- Oceania
Q3-Q6: Availability of treatments in countries

- The definition availability not clear
- The respondents per country are small

*No significant conclusion*
Domain 1: Criteria for disease severity
Domain 1: Criteria for Disease Severity

- **Mild**
  - PASI <...
  - BSA < ....
  - PGA <...
  - DLQI <...
  - OTHER

- **Moderate**
  - PASI <...
  - BSA > <
  - PGA > <
  - DLQI > <
  - OTHER

- **Severe**
  - PASI >...
  - BSA >...
  - PGA >...
  - DLQI >...
  - OTHER
Cut off between mild to moderate and cut off between moderate to severe

• Technical limitation: The ranges for PASI BSA and QOL were too detailed and partly overlapping
• The cut of defining moderate psoriasis high inter-councilor variability
Please indicate which PGA score you use to determine mild, moderate and severe psoriasis. Please leave blank if you do not use PGA to measure psoriasis severity.

Answered: 26    Skipped: 9

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<tr>
<th>PGA Score</th>
<th>0</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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<td>15.38%</td>
<td>53.85%</td>
<td>30.77%</td>
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<td>0.00%</td>
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<tr>
<td></td>
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<td>14</td>
<td>8</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Moderate</td>
<td>0.00%</td>
<td>4.00%</td>
<td>48.00%</td>
<td>48.00%</td>
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<tr>
<td>Severe</td>
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<td>0.00%</td>
<td>4.00%</td>
<td>44.00%</td>
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<td>1</td>
<td>11</td>
<td>13</td>
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</table>
Domain 2: Criteria for switching treatment classes
How important are the following factors in determining the decision to switch therapies in a patient with moderate psoriasis?
In general, do you use a stepwise approach from topical to UVB to classical/oral systemics to biologics in treating a moderate patient (if insurance were not a consideration)?
Domain3: The order in which treatments are used
What is the order of preference of oral therapies in a moderate patient without psoriatic arthritis or other co-morbidities? Leave row blank for any product which you do not use or do not have access to.

Answered: 32   Skipped: 3

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<th>1</th>
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<th>Weighted Average</th>
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<td>30.00%</td>
<td>36.67%</td>
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<td>18.75%</td>
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<td>31.25%</td>
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conclusions

• High commitment by councilors on getting insight in management of moderate psoriasis

• The results from the questionnaire show the enormous variation on all domains addressed: a personalised approach

• From councilor discussions in Vienna and Paris it was clear that management of moderate psoriasis requires in-depth investigation, reconciling the regionality providing context for p4 medicine

• Based on discussions and questionnaire a commentary will be written.

• Further studies on definition and treatment of moderate psoriasis reconciling regionality
Questions
IPC Strategic Plan
IPC’s 2017 Strategic Plan

Chris
Strategic planning process

Input from our stakeholders

• Councilors
• Corporate members
• Other organizations
Vision:
A world free of psoriasis.

Mission:
The mission of the IPC is to advance the care of people with psoriasis world-wide through education, research and advocacy.
Strategic Aims

**PATIENT CARE:** Elevate the standard of care of those living with psoriasis with a focus on personalized outcomes

**EDUCATION & OUTREACH:** Expand IPC’s influence with individual health-care practitioners

**RESEARCH:** Facilitate the exchange of ideas around basic and clinical research and support collaboration between researchers

**MARKETING:** Increase brand awareness to establish IPC as the preeminent, professional organization related to psoriasis

**OPERATIONS:** Ensure financial stability and sound operations, by developing a strong back-office function that accelerates our impact
New Organizational Structure
Christy
Goals of The New Structure

• Better align IPC activities and working groups with the strategic plan
• Create a more efficient communication structure between activities and the IPC board, staff and councilors
• More effectively engage Councilors in the IPC
Roles and responsibilities

- The committees’ general responsibilities are to:
  - Review general areas of work and recommend program priorities and activities to the IPC board of directors through an annual business planning cycle
  - Recommend potential taskforces, working groups, round table or other activities
  - Oversee new program development, and to monitor and assess existing programs
  - Provide guidance to staff to solve day-to-day issues or questions that may arise
  - Act as a link between program operations and the board through a member who serves on both groups (Committee chair)
  - Participate in committee meetings via teleconference and in-person (frequency to be determined but not less than quarterly)
Eligibility:
Chair – Board Member
Members – IPC Councilors & Board members

Number: 6-7

Term: Each member shall serve an initial term of two years with a maximum of 4 years

Criteria for committee membership:
The IPC board will utilize the following criteria for appointing new members:

- Good standing as an IPC board member or IPC Councilor
- Past participation in IPC programs and activities
- Representative diversity of membership will be taken into consideration
Process and Timeline for Committee Appointments

**December**
- Solicit councilor interest

**January**
- Review applications and select members

**February**
- Teleconference

**March**
- Meeting at AAD