Ambition in psoriasis: Striving for more

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The goal of clear skin: higher PASI responses correlate with improved quality of life

- Data from Phase 3 secukinumab trials.
- CI, confidence interval; DLQI, Dermatology Life Quality Index; PASI, Psoriasis Area and Severity Index.
Current treatment goals incorporate change in psoriasis severity and quality of life

• Improvement in skin and good quality of life are important to patients and both are reflected in current treatment goals\(^1,2\)
• The higher efficacy observed with new biologics means that PASI 90 response is increasingly being considered as a new treatment goal\(^3,4\)

\[\Delta PAI < 50\% \quad \Delta PAI 50 - 75\% \quad \Delta PAI \geq 75\% \quad \Delta PAI \geq 90\%\]

**Inadequate response**: Modify treatment

**Modification Strategies:**
- Increase the dose
- Reduce dose intervals
- Combination therapy
- Change the drug

**Adequate response:** Continue treatment

**Optimal response:** Continue treatment

\[\text{DLQI} > 5 \quad \text{DLQI} \leq 5\]

**Adequate response:**

\[\text{PASI} \geq 75\% \quad \text{PASI} 50 - 75\% \quad \text{PASI} < 50\% \quad \text{PASI} \geq 90\%\]

\*There is no established definition of inadequate response. In published anti-TNF clinical trials, non-response was defined as <PASI 50. \(\Delta\text{PASI}\), change from baseline in Psoriasis Area and Severity Index; DLQI, Dermatology Life Quality Index; PASI, Psoriasis Area and Severity Index; TNF, tumour necrosis factor.

Face-to-face in-depth interviews with Dutch psoriasis patients, which were analysed using template analysis

• Data analysis resulted in one central theme, mentioned by more than 90% of patients:

  Total skin clearance

• Van der Ploeg et al, JEADV, in press
Improvements in appearance and itching are the most important therapy goals for patients

By week 16, PASI 100 was achieved in 55% of patients who received risankizumab (90 and 180 mg pooled) and 20% of patients who received ustekinumab. Complete clearance was maintained in 29% of patients in 90 mg risankizumab group and 26% of 180 mg risankizumab group for up to 32 weeks after last dose of risankizumab.
Treatment goals

• 1. Skin? PASI 100 PASI 90 PASI 75 Rest PASI<3 Patient satisfied
• 2. Comorbidities
• True disease modification
• Early active intervention
Selective TYK2 inhibition: a novel mechanism for psoriasis treatment

TYK2, an intracellular signaling kinase, mediates cytokine-driven immune and pro-inflammatory signaling pathways that are critical in the cycle of chronic inflammation. **Central to immune-mediated diseases**

TYK2 inhibition selectively blocks **IL-23, IL-12, and Type I IFN-driven** responses, but not cytokine responses mediated by other kinases, such as IL-6, hematopoietic growth factors, and the IL-2 family.

BMS-986165 is a novel, oral, **selective TYK2 inhibitor** with a unique mechanism of action distinct from other kinase inhibitors and has the potential to treat a wide spectrum of immune-mediated diseases.

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IFN=interferon; IL=interleukin; JAK=Janus kinase; MOA=mechanism of action; TYK=tyrosine kinase.

Time Course of Response.

A PASI 75

End of intervention period

Patients with PASI 75 (%)

0 2 4 6 8 10 12 14 16 18

Week

B PASI 90

End of intervention period

Patients with PASI 90 (%)

0 2 4 6 8 10 12 14 16 18

Week

C PASI 100

End of intervention period

Patients with PASI 100 (%)

0 2 4 6 8 10 12 14 16 18

Week

D sPGA Score of 0 or 1

End of intervention period

Patients with sPGA Score of 0 or 1 (%)

0 2 4 6 8 10 12 14 16 18

Week
Artificial intelligence

- P4 medicine
- Pattern recognition
The future of the treatment of psoriasis

• Comprehending and targeting disease modifying factors in psoriasis

• Information technology is innovating healthcare

• New pathogenesis based treatments

• A personalized approach of patients with psoriasis, reconciling the individual course of psoriasis as a disease beyond the skin