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Advances in Psoriasis Treatment: Selecting the Right Biologic Therapy

Announcer:
You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Robert Gniadecki, who's a Professor of Dermatology and the Director of the Division of Dermatology at the University of Alberta. He'll be discussing using biologics to treat psoriasis.

Here's Dr. Gniadecki now.

Dr. Gniadecki:
So the biologics are no less than a revolution in dermatology, and they hugely reshaped the care of skin disease, especially in psoriasis. After biologics, especially after the second generation of biologics like IL-17 blockers or IL-23 blockers, the response rate is huge, and all the patients are now managed on an ambulatory basis. And most of the patients respond, so we rarely see resistant cases that are difficult to treat.

Deciding which biologic to give is not an easy decision because we have so many choices now. It very often depends on the experience of dermatologists, what they like as a drug, and also the need and the health profile of the patients. Some biologics may have some adverse events. For example, IL-17 blockers may adversely affect inflammatory bowel disease, so we will not choose this drug for the patient, but probably most of the patients will be offered one of the top drugs from the IL-23 or IL-17 group, and I think they are very comparable.

So the often-asked question is "When do we choose IL-17, and when do we choose IL-23?" In my opinion, it's not the greatest question, because not all IL-23 drugs are the same and not all IL-17 drugs are the same, so very often we're thinking about single molecules rather than the class of molecules. Previously, IL-17 were chosen for the patients with concomitant psoriatic arthritis, but this I don't believe is still true. IL-23 are also quite effective. So again, this comes back to the question how do we choose the biologic, and again, our experience and what we perceive is the patient's need will steer us toward the decision.

Also, IL-23, the current IL-23, injects less frequently, so this may be a factor for many patients. That is why many patients will opt for IL-23 blocker to begin with. But there are no big differences in terms of the efficacy and even in terms of mechanism of action, because IL-23 and IL-17 are part of the same immunological pathway.

I think what is really exciting are the oral cytokine inhibitors, like oral I-23 inhibitors. They are not yet available, but there are clinical trials, and the results are very promising. What is a bit farther away are the vaccines. Maybe the use of vaccine will, for the first time, have a chance to cure psoriasis. This will be huge. For the first time, maybe, the chronic inflammatory disease can be cured, not only suppressed. There are two approaches to this. One is microbial-based vaccine, and the other was inverse vaccine, so rather than boosting the immune system, the vaccine will block the immune system, which will be the part of the immune system which is responsible for psoriasis. But those, to my knowledge, are not really close to being released for clinical use.

Announcer:
That was Dr. Robert Gniadecki talking about managing psoriasis with biologics. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!