Transcript Details
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The Future of Psoriasis Care: Novel Therapies and Earlier Intervention

Announcer:
This is *DermConsult* on ReachMD. On this episode, Dr. James Song will share updates on the treatment landscape for psoriasis. He's a clinical instructor at the University of Washington, as well as the Co-Chief Medical Officer and Director of Clinical Research at Frontier Dermatology. Here's Dr. Song now.

Dr. Song:
We have a lot of emerging data in psoriasis that earlier intervention in certain patients might translate to better outcomes for these patients. And that means not only higher levels of response, but maybe the ability to get them off medication completely—not just remission, but potentially a cure.

There's also some data showing that for patients who have comorbidities with psoriasis, namely obesity, who are historically more difficult to treat with our medications, if you're able to use certain classes of medications, specifically the GLP-1 receptor agonists, in conjunction with our standard of care, these patients actually have even better efficacy, not just in the skin, but particularly in the joints. And so this might be a call to action for us as dermatologists to become experts in not just treating the skin, but knowing how to use these newer classes of medications that not only help the weight, but also have maybe separate or independent immunomodulatory effects.

We're also seeing newer mechanisms of action as well as improvements on previous MOAs as well. For example, we have a now an oral IL-23 peptide that blocks the IL-23 receptor called icotrokinra, which really set the bar for efficacy and safety for an oral agent. And I would say this actually compares to some of our best biologics.

We also have newer TYK2 inhibitors that are improving on the previous generation of TYK2 inhibitors with higher specificity and binding affinity towards the allosteric domain of TYK2, and that has translated into even better efficacy from a speed of onset standpoint, but also from a depth of response standpoint as well.

And then lastly, we have this newer class of biologics, which we refer to as extended half-life biologics, where we are taking a validated target—IL-17 or IL-23, just to give you two examples—and then we are extending the half-life so that we can get higher levels of the drug exposure. That may lead to even better efficacy but also even more convenient dosing—so having the potential to treat these patients maybe once every three, six, or even twelve months.

So even though we have a lot that's already out there for psoriasis, the future is bright for our patients. I think more and more, the direction that we're going in medicine, especially with psoriasis, is going to be trying to have more personalized medicine, so trying to predict who is going to respond the best to what particular class of medication. And there are some signals early on that we may have tests that can help predict that. It's still not ready, I think, for primetime, but that is the hope—that we know who will benefit the most from what medication. But also, if there are certain patient populations we can treat early and then eventually get them off of treatment for good, we could essentially cure these patients and prevent them from developing other comorbidities long-term that can have a significant impact on their life.

Announcer:
That was Dr. James Song discussing current and emerging approaches to psoriasis care. To access this and other episodes in our series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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