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Integrating Patient Perspectives in Dermatologic Care

Announcer:
Welcome to *DermConsult* on ReachMD. This medical industry feature, titled "Integrating Patient Perspectives in Dermatologic Care," is sponsored by Johnson & Johnson Medical Affairs and is intended for healthcare professionals. And now, here's your host, Dr. Mona Shahriari.

Drs. Mona Shahriari, Linda Stein Gold, and Jennifer Soung are paid speakers for Janssen Biotech Inc., a Johnson and Johnson company. The speakers are presenting on behalf of Janssen and must present information in compliance with FDA requirements applicable to Janssen.

Dr. Shahriari:
This is *DermConsult* on ReachMD, and I'm Dr. Mona Shahriari. I'm an Associate Clinical Professor of Dermatology at Yale University, the Associate Director of Clinical Trials at CCD Research, and a co-founder at Central Connecticut Dermatology.

Today, I'm joined by my good friends and colleagues, Dr. Linda Stein Gold and Dr. Jennifer Soung. I've had the privilege of working closely with both of them on the global ENCOMPASS study, which explores patient and provider preferences in psoriasis care.

Dr. Stein Gold is the Director of Dermatology Clinical Research for the Henry Ford Health System in Detroit as well as the Division Head of Dermatology at Henry Ford in West Bloomfield, Michigan.

Dr. Stein Gold, thanks for being here.

Dr. Stein Gold:
Thank you for including me.

Dr. Shahriari:
And Dr. Soung is the Founder and Director of Clinical Research at Southern California Dermatology in Santa Ana. She also serves on the clinical faculty at the University of California Los Angeles Harbor Medical Center.

Dr. Soung, it's great to have you with us as well.

Dr. Soung:
It's great to be here.

Dr. Shahriari:
In just a moment, we'll be sharing some data from the ENCOMPASS study. But first, I want to ground our discussion in shared decision-making and ensuring the patient voice truly guides how we choose and adjust therapies.

So with that in mind, Dr. Stein Gold, let me start with you. What do your patients typically tell you about their experience living with psoriasis, and how do you bring that perspective into treatment selection?

Dr. Stein Gold:
Well, my patients tell me that psoriasis affects all aspects of their lives: the physical, emotional, social and professional. They live their lives around their disease and they're desperate to be free from the isolation and limitation that psoriasis brings.

Most of my patients understand the importance of systemic therapy. They now recognize that psoriasis is a systemic disease,[1] and they want options to receive their medication as an oral therapy or an injection. But I haven't always felt comfortable offering oral options that

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balance efficacy with the safety and tolerability we see with biologic agents.

Dr. Shahriari:
Now, turning to you, Dr. Soung, do you hear similar themes in your practice, and how do those experiences guide your approach to treatment planning?

Dr. Soung:
I do, I believe ensuring patients with psoriasis feel heard and understood is key. We can make treatment decisions easier and more intuitive for both the clinician and the patient by understanding the severity of their psoriasis and how it impacts their life. And so, I like to ask two questions to make the visit more efficient: first, "How has psoriasis impacted your life?" And second, "What are your treatment goals?"

Dr. Shahriari:
Those are some wonderful examples highlighting how clinicians are trying to align care with individual patient needs for the approximately eight million American adults and over 125 million people worldwide living with psoriasis.[2]

With that in mind, let's zero in on ENCOMPASS. Dr. Stein Gold, could you provide our listeners with some background on the study?

Dr. Stein Gold:
Of course. ENCOMPASS is a study designed to capture a fuller picture of both patient and prescriber preferences so we can ultimately improve care for those living with psoriasis. We may think we understand patients' needs, but research helps us to confirm whether that perception aligns with their actual experiences.[3]

For today's discussion, we'll be focusing on the completed US dataset, which is part of the broader ENCOMPASS survey conducted across 11 countries.[3]

The goal was to better understand how psoriasis impacts daily life and evaluate what treatment preferences might look like for both patients and providers. Through quantitative surveys and in-depth qualitative interviews, we explored key aspects such as treatment experiences, satisfaction, and patient and provider perceptions of different therapies.[3]

Dr. Shahriari:
Now, Dr. Soung, can you walk us through the study design for the US ENCOMPASS analysis?

Dr. Soung:
Absolutely. So, the data for the US arm of this cross-sectional survey were collected between March and May of 2025 and included 400 adults living with psoriasis and 200 dermatology providers.[3]

On the patient side, we focused on adults 18 years or older with psoriasis who were eligible for systemic therapy. That meant patients who had[3]:

- At least ten percent body surface area involvement,
- Psoriasis affecting high-impact areas such as the scalp, nails, hands, feet, face, or genitals,
- And/or symptoms that weren't controlled with topical therapy.

I want to point out that these criteria aligned with those from the International Psoriasis Council, or IPC, which was endorsed by the National Psoriasis Foundation to redefine the classification of psoriasis severity. The previous classification of psoriasis as mild, moderate, or severe was overly simplistic and didn't fully account for quality-of-life impact or disease location. This updated approach helps ensure that patients aren't undertreated and that they can access advanced systemic therapies.[4,5]

As for the provider side, we included dermatologists and advanced practice providers who spent at least half their time on medical dermatology and who had managed patients with psoriasis within the past year.[3]

And as Dr. Stein Gold mentioned, this was a non-interventional study that combined quantitative surveys with qualitative interviews, intentionally selecting and balancing participants across key groups to ensure robust patient representation.[3]

Dr. Shahriari:
Thank you, Dr. Soung.

For those just tuning in, you're listening to *DermConsult* on ReachMD. I'm Dr. Mona Shahriari, here with Drs. Jennifer Soung and Linda Stein Gold as we review US findings from the global ENCOMPASS study, which looks at patient and healthcare provider preferences in

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psoriasis care.

Now, turning to the results, I'd like to hear about what stood out to each of you in the study findings. Dr. Stein Gold, would you start us off?

Dr. Stein Gold:
So one of the strongest signals we saw was the preference for oral therapies among both patients and healthcare providers. In fact, half of patients said they preferred orals, compared with just 34 percent who favored topicals and 15 percent for injectables.[3]

And providers showed a similar pattern. Nearly half preferred oral treatments, while about 20 and 22 percent leaned toward topicals and injectables, respectively. Providers also had the option to mark their indifference to the mode of administration, and about 11 percent selected that response.[3]

But notably, when we looked at what patients were actually prescribed, the story was different. Less than 30 percent of patients reported being on an oral therapy despite 51 percent of them demonstrating a preference for oral drugs.[3]

The most common treatment was topical corticosteroids at 46 percent, followed by topical non-corticosteroids and injectables, both between 20 to 25 percent. And nearly 20 percent of patients said they weren't on any treatment at all. I should note here that some patients were on more than one treatment, so these categories aren't mutually exclusive.[3]

And with that in mind, Dr. Soung, I'd love to hear your perspective on these results.

Dr. Soung:
So I think this disconnect between what patients say they prefer and what they actually receive raises an important clinical question—are we truly recognizing when topical therapies aren't enough?

This is why the IPC recently published the definition of topical failure, describing it as the inability to achieve clear or nearly clear skin—typically one percent body surface area or less—after two consecutive four-week courses of appropriate therapy. They also highlight that persistent symptoms, poor satisfaction, and meaningful life impact should be considered signs of treatment failure, even if the disease appears mild.[6]

So using this framework in our conversations may help patients gain access to appropriate advanced therapies and possibly reduce cycling through topicals. Traditional approaches to assessing disease severity often rely on numeric measures, like body surface area and the Psoriasis Area and Severity Index, or BSA and PASI for short. It's time to incorporate quality-of-life impact as well so that our treatment decisions better align with the true burden of disease.[4]

There are situations where a patient may self-report their psoriasis as moderate or severe, while the provider assesses it as mild. For example, involvement of high-impact areas like the scalp or face may not score as severe based on clinical measures like BSA or PASI, but the quality-of-life impact based on the Dermatology Life Quality Index can be similar to that seen in patients with BSA involvement of ten percent or more or those classified as having moderate-to-severe disease.[4,6]

Dr. Shahriari:
Before we move on, I'd like to pause and hear how these findings compare to what you're hearing directly from patients.

Dr. Soung, let's start with you—have you seen this preference for orals come up in your practice?

Dr. Soung:
Yes, and I'm not surprised by this preference for orals. Patients tell me they're more comfortable with oral medications because that's what they're familiar with in their day-to-day care. On the other hand, they'll describe concerns about injections feeling more painful or more invasive.

However, biologics have been more effective at clearing skin in my patients living with psoriasis. I found that when these therapies were first approved, it often took time to counsel patients, help them understand the safety and efficacy, and review the risks and benefits. Over time, that education made my patients more open to trying biologics.

Dr. Shahriari:
And how about you, Dr. Stein Gold? Are you hearing similar things from your patients?

Dr. Stein Gold:
Many of my patients initially ask if there's a pill I would recommend. And in some cases, the answer is yes, but at times, I still feel there's an unmet need in the oral arena that balances efficacy, safety, and tolerability. Ultimately, the most important thing is giving patients a

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treatment that sets them up for success.

Dr. Sharhriari:
I think those experiences really bring the ENCOMPASS findings to life, and they highlight why it's so important that we guide more patient-centered treatment strategies for psoriasis.

So, Dr. Stein Gold, how can dermatologists better support patient preferences in the clinic?

Dr. Stein Gold:
The first step is really just having the conversation. If we prescribe a treatment that a patient isn't comfortable with, they're probably not going to use it. That's why shared decision-making is critical.

Dr. Shahriari:
Now, Dr. Soung, if a patient expresses interest in switching to an oral treatment option, how do you approach that conversation?

Dr. Soung:
I usually start by saying, "Tell me more." I want to understand the patient's motivation. Is it tolerability or insufficient skin clearance?

I really believe that shared decision-making leads to the best outcomes, so I let my patients know that I'm here to guide and support them throughout their journey. That also means acknowledging that sometimes, it can take a bit of trial and error to find the right treatment.

Dr. Shahriari:
Wonderful. With those final insights in mind, I'd like to thank my colleagues, Dr. Linda Stein Gold and Dr. Jennifer Soung, for joining me in this discussion. As investigators on the ENCOMPASS study, it's been so valuable to reflect on these findings together.

Dr. Stein Gold, Dr. Soung, it was great speaking with both of you today.

Dr. Stein Gold:
It was a pleasure! Thank you for taking the time to explore this important topic.

Dr. Soung:
It's always a joy chatting with the both of you, and thanks for having me.

Announcer:
This program was sponsored by Johnson and Johnson Medical Affairs. If you missed any part of this discussion or to find others in this series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge.

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